

Rehabilitation Protocol: Reverse Total Shoulder Arthroplasty

Date of Surgery: _____

Subscapularis: ☐ Repaired ☐ Not Repaired **Case Type:** ☐ Primary ☐ Revision/Conversion

Revision/Conversion: Progression may be slower depending on bone stock, soft tissue quality, and implant fixation. If so, specific changes to the timeline will be noted in the Comments section below.

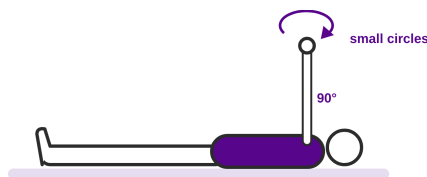
Time points are guidelines – goals of each phase should be achieved before advancing. Please contact our office with any questions or concerns.

☐ Phase I – Initial Healing (Weeks 0–2)

- **Sling:** Sling with abduction pillow 24/7 except for hygiene and home exercises (3–5 times daily)
- **Weightbearing:** None through the operative arm (no transfers, pushing up from a chair, or walker use)
- **Dislocation Precautions:**
 - Avoid shoulder extension behind the frontal plane of the body – when reclining, place a pillow behind the upper arm with the sling on; patient should always be able to see their elbow
 - Avoid combined IR, adduction, and extension (reaching behind the back)
 - No AROM
 - No submersion in water for 4 weeks
- **Range of Motion** – PROM in scapular plane: **forward elevation 90–120° max, ER 30° max**
- **Therapeutic Exercises**
 - Active elbow, wrist, and hand ROM
 - Passive forward elevation and ER in the scapular plane within limits above
 - Active scapular retraction with arms resting in neutral
 - Home exercise program (see attached)
- **Goals:** Protect implant and soft tissue healing; PROM to 120° elevation and 30° ER (goal through week 6); optimize distal circulation and muscle activity; sling fit, ice after HEP, signs of infection
- **Criteria to Progress:** Pain <3/10 with PROM; incision healed without signs of infection; clearance at 2-week postoperative visit

☐ Phase II – Range of Motion (Weeks 2–6)

- **Sling:** May remove at home or in controlled environments; wear in the community (without abduction pillow) as a precaution
- **Activity:** Light ADLs (feeding, brushing teeth, dressing) with elbow near the side and arm in front of the body. May submerge in water after 4 weeks
- **Precautions:** No weightbearing through operative arm. Continue to avoid reaching behind the back (IR/extension/adduction) and reaching across the chest (IR with adduction)
- **Range of Motion** – Passive forward elevation to 120° and ER to 30° in the scapular plane, arm supported on table top
- **Therapeutic Exercises**
 - Discontinue elbow/wrist/hand exercises once using arm well for ADLs out of sling at home
 - Submaximal, pain-free isometrics for anterior, middle, and posterior deltoid
 - Posterior deltoid: ensure the shoulder does not move into extension and the arm stays anterior to the frontal plane
 - **Week 4:** Begin balanced position – 90° elevation supine. Once held with ease, begin reverse pendulums (small circles, clockwise and counterclockwise)



- **Goals:** Passive elevation 120° and ER 30°; pain <3/10; able to fire all heads of the deltoid
- **Criteria to Progress:** PROM goals met; pain-free isometric activation of all deltoid heads; able to hold balanced position with ease

□ Phase III – Strengthening (Weeks 6–12)

- **Sling:** Discontinue
- **Activity:** May advance active use of the arm in ADLs away from the side; no heavy lifting or impact sports
- **Precautions:** Do not force end range in any direction (dislocation risk). Gentle functional IR behind the back may begin. **No upper body ergometer**
- **Therapeutic Exercises**
 - Active forward elevation in scapular plane: supine, then incline, then vertical; short to long lever arm
 - Balanced position long-lever AROM; supine inverted pendulums
 - Active ER/IR with arm at side
 - Scapular retraction with light band resistance
 - Functional IR with hand slide up back – very gentle and gradual
 - Wall walks and/or pulleys
- **Goals:** Realistic expectations – passive elevation ~145–160°, ER 40–50°, functional IR to L1; active elevation ~135–150°, ER ~30°, IR to L1. Establish dynamic stability with gradual deltoid and periscapular strengthening
- **Criteria to Progress:** AROM equals/approaches PROM with good elevation mechanics; no pain; demand on shoulder beyond ADLs

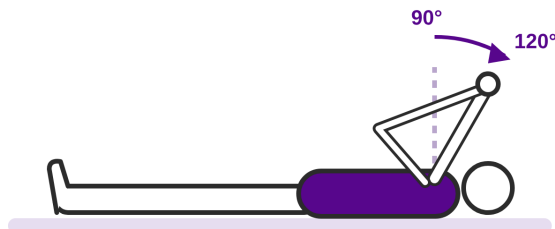
□ Phase IV – Functional Strengthening (Week 12+)

- **Precautions:** No heavy lifting, heavy pushing, or overhead sports. **No upper body ergometer**
- **Therapeutic Exercises**
 - Deltoid: light hand weights (**max 3 lbs**) – anterior and posterior long-arm lifts against gravity; abduction in scapular plane with elbow bent to 90°
 - Theraband extension to hip with scapular depression and retraction
 - Theraband supine serratus punches – avoid wall, incline, or prone press-ups
 - Gentle end-range stretching in all planes without forceful overpressure – continue daily for life
- **Goals:** Optimize functional use; gradual deltoid, scapular, and rotator cuff strengthening; pain-free activities
- **Return to Sport:** Golf may begin at ~4–6 months (putting/chipping first, progressing to full swing) with physician clearance. Doubles tennis/pickleball may be considered at ~6 months with physician clearance; singles tennis and other high-demand overhead sports are discouraged
- **Notes for Therapist:** Gains may continue beyond 1 year. Report signs of complications (infection, fracture, heterotopic ossification, instability, nerve injury, stiffness), unusual symptoms, or lack of progress to our office

Home Range of Motion Exercises (Weeks 0–6)

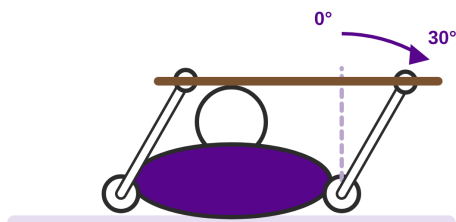
- Perform passive, assisted forward flexion and external rotation with the operative arm. Use your non-operative arm as the "therapist arm" while the operative arm stays completely relaxed.
- Do 10 reps of each exercise, 5 times daily, slowly working up to the maximum degrees.

Forward Flexion – Maximum 120°



Lie flat on your back and completely relax your operative arm. Grasp the wrist of your operative arm with your opposite hand. Using your non-operative arm, raise the operative arm up to a maximum of 120° (your arm pointing straight up toward the ceiling is 90°). Hold for 10 seconds, working up to 30 seconds. Breathe slowly and deeply. Repeat 10 times; do this 5 times per day.

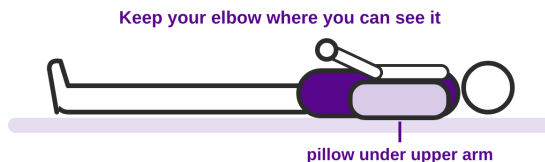
External Rotation – Maximum 30°



View from the foot of the bed – elbows at sides, operative arm relaxed

Lie on your back holding a cane, yardstick, or broom handle in both hands with both elbows bent to a right angle and close to your body. With your operative arm completely relaxed, use gentle, steady force from your other arm to rotate the operative hand out away from your body – only to a maximum of 30° (0° is your hand pointing straight in front of you). Hold for 10 seconds. Repeat 10 times; do this 5 times per day.

Protecting Your New Shoulder



When lying down or reclining, place a pillow behind your upper arm so your elbow stays in front of your body – **you should always be able to see your elbow**. Do not reach behind your back, tuck in your shirt, or reach across your chest with the operative arm. Do not push up from a chair or bed, or use a walker, with the operative arm.