



Reverse Total Shoulder PT Protocol

There is a higher risk of shoulder dislocation following a reverse total shoulder arthroplasty (rTSA) than with conventional shoulder replacement. Stability and mobility of the shoulder joint is now dependent upon the deltoid and periscapular musculature. Patients with rTSA don't dislocate with the arm in abduction and external rotation. Rather, they tend to dislocate with the arm in internal rotation and adduction and extension. The following precautions will remain in effect for at least 12 weeks postoperatively:

- No using arm to push up from seated position
- No combined adduction/internal rotation/extension

Phase I (Weeks 0-4 to 6):

Goals:

- Allow healing of soft tissue
- Restore active AROM of elbow/wrist/hand
- Begin pendulum exercises/shoulder shrugs/isometric shoulder girdle exercises
- Teach home exercises -heat/ice before and after
- Maximize ADL's with modifications/precautions in mind
- Sling immobilization for first 4-6 weeks (out of sling to do home exercise program/bathing and sitting at home with arm supported).
- Frequent cryotherapy for pain, swelling and inflammation management
- Active assisted supine forward elevation may begin at 2 weeks if instructed by provider

Criteria for progression to the next phase: (not to surpass the given timeline)

- Tolerates PROM

Phase II (Weeks 6-12):

Goals:

- Wean out of sling
- Begin AROM/minimal resistance of elbow/wrist/hand
- Increase range of motion of shld: PROM »AAROM »AROM - increase as tolerated
- Begin active internal rotation and backward extension as tolerated
- Begin light resisted exercises for forward flexion, external rotation and abduction – isometrics and bands – concentric motions only (emphasize deltoid strengthening)
- Modalities per PT discretion
- Begin use of operative arm for ADLs

Criteria for progression to the next phase: (not to surpass the given timeline)

- Tolerates AROM: FF >90° and ER to 30°
- Tolerates ADL's completed with operative arm
- Tolerates resisted ROM in FF, ER, and abduction



Phase III (12 weeks and beyond):

Goals:

- Improve muscular strength, power, and endurance
- Gradual return to more advanced functional activities
- Progress closed chain exercises as appropriate.
- Range of Motion – Progress to full AROM without discomfort – gentle passive stretching at end range of therapeutic exercise
 - Begin resisted internal rotation and backward extension exercises
 - Advance strengthening as tolerated – rotator cuff, deltoid and scapular stabilizers
 - Begin eccentric motions/plyometrics
- Modalities per PT discretion