Mammoth S.P.O.R.T. Center
Sierra Park Orthopedic & Rehabilitation Therapy

Mammoth Orthopedic Institute

REHABILITATION GUIDELINES FOR REVERSE TOTAL SHOULDER ARTHROPLASTY

PHASE I (*0-6 WEEKS*) DATES:

Appointments	Physical therapy 1x/week through phase 1.
Rehabilitation Goals	• Focus on PROM and HEP instruction. • Restore AROM of elbow, wrist, and hand • Educate in HEP for PROM.
Precautions	• Focus on PROM • No shoulder motion behind back (no combined ADD, IR, EXTN) x 6 weeks post-op • Biceps active flexion allowed but with no weight and no eccentric loading • ~ 3 weeks ok to take off the sling and can start light ADL's with arm at side, AVOID active ABD and Elevation. • Sling to remain on in public 6 weeks. • Scapular activation OK.
Suggested Therapeutic Exercises	• PROM forward flexion/elevation in scapular plane to tolerance • PROM ER in scapular plane to 45 degrees • AROM of cervical spine, elbow, wrist, hand • Periscapular activation / no resistance
Activity	• Light walking if able to maintain balance • Recumbent bike
Progression Criteria	• 6 weeks post-op

PHASE II (*6-12 WEEKS*) DATES:

Appointments	Continue physical therapy, consider increase to 2x/week
Rehabilitation Goals	• Continue progression of PROM (full PROM is not expected) • Gradually restore AROM • Do not overstress healing tissue • Re-establish dynamic shoulder and scapular stability
Precautions	• Monitor progression/activity of deltoid as sudden increase in activity could lead to acromion stress fracture

	• Avoid repetitive shoulder AROM if poor shoulder mechanics • No lifting of weight greater than the patient's ability to do 20-30 reps with good technique
Suggested Therapeutic Exercises	• **Weeks 6-8**: At 6 weeks start PROM IR in scapular plane - AA/AROM forward flexion and elevation in scapular plane in supine progressing to sitting and standing - AA/AROM ER/IR in scapular plane in supine progressing to sitting and standing - Scapular stabilization and light scapular strength initiation • **Weeks 8-12:** • OK to progress and add resistance of strength and AROM with the principle of No lifting of weight greater than the patient's ability to do 20-30 reps with good technique. • Weightbearing through shoulder OK
Activity	• Walking • Stationary bike • UBE • Golf: OK to putt and chip
Progression Criteria	• Improving function of the shoulder • Able to activate all components of the deltoid and periscapular musculature

PHASE III (12-16 WEEKS) DATES:

Appointments	Continue physical therapy 1-2 x/week
Rehabilitation Goals	• Enhance functional use and activities of operative upper extremity • Enhance shoulder mechanics, muscular strength, endurance
Precautions	• Avoid sudden lifting or pushing
Suggested Therapeutic Exercises	• Continue with exercises progression with the principle of No lifting of weight greater than the patient's ability to do 20-30 reps with good technique
Activity	• Walking • Stationary bike • UBE • Golf: 3 months OK for ½ swing

Progression Criteria	• Continued improving function of the shoulder and ADLs

PHASE IV (*16 WEEKS +*) DATES:

Appointments	Continue physical therapy 1 x/week or discharged to HEP
Rehabilitation Goals	• Patient can usually be on a HEP at this stage with emphasis on continued strength gains and progression towards functional and recreational activities
Precautions	• Be cautious with lifting heavier weight
Suggested Therapeutic Exercises	• Continued progression keeping weight to patents ability to perform 20-30 reps with good technique.
Activity	• Arm bike, stationary bike, walking, light jogging, full golf okay
Progression Criteria	• Criteria for discharge from skilled PT: - pain free shoulder AROM 80-120 degrees of elevation with good mechanics and ER of 30 degrees - able to complete light household and work duties

References: Brigham and Women's Hospital Reverse Total Shoulder Arthroplasty Protocol, Brian Cole Reverse shoulder replacement rehab protocol
PT Guideline Established by: Lance Georgeson 9/2025; Approved by MD 9/2025
Updated by Syd Knadler 10/2026; Approved by Dr. Crall 10/2026

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