

REHABILITATION GUIDELINES FOR REVERSE TOTAL SHOULDER ARTHROPLASTY

PHASE I (0-6 WEEKS)

DATES:

Appointments	Physical therapy 1x/week through phase 1.
Rehabilitation Goals	<ul style="list-style-type: none"> Focus on PROM and HEP instruction. Restore AROM of elbow, wrist, and hand Educate in HEP for PROM.
Precautions	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Light walking if able to maintain balance Recumbent bike
Progression Criteria	<ul style="list-style-type: none"> 6 weeks post-op

PHASE II (6-12 WEEKS)

DATES:

Appointments	Continue physical therapy, consider increase to 2x/week
Rehabilitation Goals	<ul style="list-style-type: none"> Continue progression of PROM (full PROM is not expected) Gradually restore AROM Do not overstress healing tissue Re-establish dynamic shoulder and scapular stability

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Precautions	<ul style="list-style-type: none"> • 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 patients ability to do 20-30 reps with good technique
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • <u>Weeks 6-8:</u> At 6 weeks start PROM IR in scapular plane (not to exceed 50 degrees) <ul style="list-style-type: none"> - 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 • <u>Weeks 8-12:</u> <ul style="list-style-type: none"> • OK to progress and add resistance of strength and AROM with the principle of No lifting of weight greater than the patients ability to do 20-30 reps with good technique. • Weightbearing through shoulder OK
Activity	<ul style="list-style-type: none"> • Walking • Stationary bike • UBE • Golf: OK to putt and chip
Progression Criteria	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Enhance functional use and activities of operative upper extremity • Enhance shoulder mechanics, muscular strength, endurance
Precautions	<ul style="list-style-type: none"> • Avoid sudden lifting or pushing
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Continue with exercises progression with the principle of No lifting of weight greater than the patients ability to do 20-30 reps with good technique
Activity	<ul style="list-style-type: none"> • Walking

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	<ul style="list-style-type: none"> • Stationary bike • UBE • Golf: 3 months OK for ½ swing
Progression Criteria	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Patient can usually be on a HEP at this stage with emphasis on continued strength gains and progression towards functional and recreational activities
Precautions	<ul style="list-style-type: none"> • Be cautious with lifting heavier weight
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Continued progression keeping weight to patients ability to perform 20-30 reps with good technique.
Activity	<ul style="list-style-type: none"> • Arm bike, stationary bike, walking, light jogging, full golf ok
Progression Criteria	<ul style="list-style-type: none"> • Criteria for discharge from skilled PT: <ul style="list-style-type: none"> - 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

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