

Rehabilitation Protocol: Reverse Total Shoulder Replacement

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Orthopedic Surgeon | Sports Medicine

ARTHROSCOPIC SURGERY | JOINT RECONSTRUCTION



Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-6)

- Sling immobilization for first 6 weeks–out of sling to do home exercise program (pendulums) twice daily
- Therapeutic Exercise
 - Grip Strengthening
 - Elbow/Wrist/Hand Exercises
 - Teach Home Exercises -- Pendulums
- Heat/Ice before and after PT sessions

Phase II (Weeks 6-12)

- Discontinue sling
- Range of Motion – PROM AAROM AROM - increase as tolerated
 - Begin Active Internal Rotation and Backward Extension as tolerated
 - Goals: >90° Forward Flexion and 30° External Rotation
- Therapeutic Exercise
 - Begin light resisted exercises for Forward Flexion, External Rotation and Abduction – isometrics and bands – Concentric Motions Only
 - **No Resisted Internal Rotation, Backward Extension or Scapular Retraction** Modalities per PT discretion

Phase III (Months 3-12)

- Range of Motion – Progress to full AROM without discomfort – gentle passive stretching at end range
- Therapeutic Exercise
 - Begin resisted Internal Rotation and Backward Extension exercises
 - Advance strengthening as tolerated – Rotator Cuff, Deltoid and Scapular Stabilizers
 - Begin eccentric motions, plyometrics and closed chain exercises
- Modalities per PT discretion

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____