Reverse Total Shoulder Replacement

Post-op Therapy Protocol

Date of surgery:____________________

Surgeon:__________________________

Lat transfer? _____Y _____N

Subscapularis repair? _____Y _____N

Precautions: Non weightbearing and in the sling at all times including sleeping, except showering/bathing for 6 wks

Sling use:____6 wks____

Next Follow up:_____________________
# Reverse Total Shoulder Replacement

<table>
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<th>Intervention</th>
<th>Milestones</th>
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| **0-6 wks**       | One PT visit with review of precautions, sling use, instruct in posture ex and elbow wrist and hand ROM, PROM shoulder only flex, ER to tol and IR to belly (avoid extension) | Full AROM elbow wrist hand  
Good pain control  
Compliance with sling use |
| **6-8wks**        | Begin gentle PROM into extension  
Begin light elbow/wrist/hand PRE’s  
Begin submax isometrics  
Progress low level scapular ex avoiding excessive shoulder extension  
Lifting restriction to the weight of coffee cup  
Begin AAROM in supine flexion and scaption | Painfree ADL’s below shoulder height  
PROM  
-flex between 90-125  
-ER 20-30 degrees |
| **8-10 wks**      | Begin AAROM in standing flexion and scaption | AAROM flex 90-125 in standing |
| **10-12wks**      | Begin AROM flexion and scaption  
Begin AAROM abd  
Begin gentle isotonic ER IR  
Begin proprioception ex | AROM 90-125 flexion and scaption with acceptable mechanics |
| **12-14 wks**     | Begin closed chain ex in controlled planes of motion  
Progress scapular ex  
Up to 3 pounds lifting on operated side  
Begin AROM abduction | AROM 90-125 with acceptable mechanics  
At 14 wks progress to HEP focused on continued strength gains and return to function |

**Expectations:**

- Between 90-125 degrees of overhead motion with acceptable mechanics  
- Significant reduction in pain compared to pre-operative state  
- Functional ER to 20-30 degrees  
- 10-15 pound lifting limit indefinitely for bilateral tasks

Avoidance of sudden lifting, pushing, pulling tasks are limited indefinitely