

Reverse Total Shoulder Arthroplasty Rehabilitation Protocol

Physical therapy after a reverse total shoulder arthroplasty (R-TSA) should begin within the first week following surgery. Physical therapy should be 2-3 time per week through 12 weeks post-operatively.

Phase 1: (post-operative-2 weeks)

Goals	<ul style="list-style-type: none"> • Minimize pain • Minimize swelling • Begin passive range of motion exercises • Educate patient on home exercise program for days not in PT
Precautions/ Sling Use	<ul style="list-style-type: none"> • Must wear sling (all components) at all times, except during home exercises and physical therapy
Range of Motion	<ul style="list-style-type: none"> • Pendulum exercises (3x/day) • Passive supine forward flexion (limit to 130°) • Passive supine external rotation (limit to 30°) • Passive internal rotation (limit to belly) • Assisted elbow flexion and extension
Strengthening	<ul style="list-style-type: none"> • Peri-scapular strengthening exercises • Deltoid isometrics • Wrist and hand exercises
Home Instructions	<ul style="list-style-type: none"> • Keep surgical dressings clean and dry • Change surgical bandages on the 7th day after surgery (keep covered until first clinic visit) • Can bathe on the 5th day after surgery (do not scrub, soak, or submerge the incisions) • Must sleep in the sling • May type or write with surgical side hand, but only while in the sling

Phase 2: (2 weeks-6 weeks)

Goals	<ul style="list-style-type: none"> • Minimize pain • Continue to improve PROM • Begin AAROM
Precautions/ Sling Use	<ul style="list-style-type: none"> • Continue to wear sling without pillow when out of the house until week 4. Can come out of sling when at home and begin to use for ADLs

Range of Motion	<ul style="list-style-type: none"> • Passive range of motion <ul style="list-style-type: none"> ◦ Forward Flexion advance to full ROM ◦ External Rotation to 60°, advance as tolerated ◦ Abduction to 120°, advance as tolerated • Active assisted forward flexion using pulleys or cane to 90° • Elbow extension and flexion • No cross-body or internal rotation motion at this phase
Strengthening	<ul style="list-style-type: none"> • Peri-scapular strengthening exercises • Shoulder sub-maximal (pain free) isometrics • Wrist and hand exercises with light resistance if appropriate
Home Instructions	<ul style="list-style-type: none"> • may be out of sling at home and when at rest • Can submerge incision in water after first post-op visit only when incision is completely healed • Can continue to write or type with operative hand • No lifting with operative shoulder • Do not support bodyweight with operative shoulder

Phase 3: (6-12 weeks)

Goals	<ul style="list-style-type: none"> • Advance PROM in all planes • Begin AROM • Begin light shoulder resistance exercises
Precautions/Sling Use	<ul style="list-style-type: none"> • Discontinue sling use completely at 4-6 weeks
Range of Motion	<ul style="list-style-type: none"> • Progress PROM as tolerated from supine to vertical position • Begin internal rotation and cross-body motion • Begin AROM exercises in all directions (flexion, extension, external rotation and internal rotation), progress as tolerated limiting excessive IR
Strengthening	<ul style="list-style-type: none"> • Continue isometric contractions in all directions • Begin light resistive exercises (bicep curls, tricep extensions) • Theraband exercises to increase forward flexion, extension, and external rotation strength (limit IR strengthening at this point)
Home Instructions	<ul style="list-style-type: none"> • No longer need to wear the sling • No lifting pulling or pushing greater than 2 pounds • No overhead work • No repetitive motions with the shoulder

Phase 4: (12+ weeks)

Goals	<ul style="list-style-type: none"> • Advance end range PROM and AROM (goal AROM FE120, Abd 120, Ext Rot 45) • Restore normal scapulothoracic rhythm/motion • Advance muscular strength • Transition therapy to a home exercise program
Precautions/Sling Use	<ul style="list-style-type: none"> • No sling use • Proceed with strengthening gradually

Range of Motion	<ul style="list-style-type: none"> • Progress to full PROM and AROM as tolerated • Teach patient flexibility exercises to continue at home to encourage full ROM
Strengthening	<ul style="list-style-type: none"> • Increase resistive exercises • external rotation at 45 and 90 degrees • Slow progress to power
Home Instructions	<ul style="list-style-type: none"> • Work on restoring normal activities of daily living • Discuss specific activity/sport restrictions with your surgeon

For any questions about operative details or rehabilitation guidelines, please contact the respective surgeon's Athletic Trainer at the contact information found at this link: <https://med.virginia.edu/orthopaedic-surgery/orthopaedic-divisions/sports-medicine/protocols/>