

Rehabilitation Protocol: Reverse Total Shoulder Replacement

Name: _____
Date: _____ Date of Surgery: _____
Diagnosis: _____

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: _____