



Post-Operative Rehabilitation Protocol Following REVERSE TOTAL SHOULDER REPLACEMENT

This protocol is to provide the therapist and patient with guidelines for the post-operative rehabilitation course after RTSA. It should serve as a guideline based on the individual's physical exam/findings, progress to date, and the absence of post-operative complications. If the therapist requires assistance in the progression of a post-operative patient they should consult with the specific surgeon. Progression to the next phase is based on Clinical Criteria and/or Timeframes as appropriate.

Phase I – Immediate Post Surgical (Weeks 1-4):

Goals:

- Maintain / protect integrity of procedure
- Maintain elbow/wrist/hand Active Range of Motion (AROM)
- Diminish pain and inflammation
- Prevent muscular inhibition
- Become independent with activities of daily living with modifications

Precautions:

- Maintain arm in abduction sling at night and while in public places
- OK for active and passive flexion and abduction of shoulder
- No lifting of objects
- No shoulder internal or external rotation
- No excessive stretching or sudden movements
- No supporting of any weight
- No lifting of body weight by hands
- Keep incision clean and dry

DAYS 1 TO 6:

- Maintain Abduction brace/sling only if needed during the day.
- Finger, wrist, and elbow AROM
- Begin cervical ROM
- Begin active and passive shoulder flexion and abduction
- Cold therapy for pain and inflammation
 - Day 1-2: as much as possible (20 minutes of every hour)
 - Day 3-6: post activity, or for pain
- Sleep in abduction sling
- Patient Education: posture, joint protection, positioning, hygiene, etc.

DAYS 7 TO 60:

- Continue use of abduction sling / brace only if needed but attempt to discontinue day time use unless in public places
- Continue Elbow, wrist, and finger AROM / resisted
- Cryotherapy as needed for pain control and inflammation
- May resume general conditioning program – walking, stationary bicycle, etc.

Phase II – Continued Active Range of Motion and Early strengthening (weeks 8+):**Goals:**

- Full active ROM (weeks 8+)
- Maintain full passive ROM
- Dynamic shoulder stability
- Gradual restoration of shoulder strength, power, and endurance
- Optimize neuromuscular control
- Gradual return to functional activities

Precautions:

- No heavy lifting of objects
- No sudden lifting or pushing activities
- No sudden jerking motions
- No overhead lifting
- Avoid upper extremity bike or upper extremity ergometer at all times.

WEEK 12+:

- Continue stretching as well as active/passive ROM (as needed)
- Dynamic stabilization exercises
- Initiate prone rowing to neutral arm position
- Initiate periscapular exercises
- Continue active assist and active as well as passive ROM exercises

This protocol is designed to be administered by a licensed physical therapist and/or certified athletic trainer.

Please do not hesitate to contact our office should you have any questions concerning the rehabilitation process.