REVERSE TOTAL SHOULDER ARTHROPLASTY PROTOCOL

Weeks 1-3
- Allow healing of soft tissue, monitor neurovascular status
- Independent with ADL’s with modifications to protect joint replacement.
- Sling is to be worn full time outside of the home and sleeping for 2-3 weeks, PRN in the home (may vary by M.D.)
- Sling to be removed 4 times a day to allow the elbow to fully extend and perform HEP.
- When lying in supine, a small pillow or towel roll should be placed under the elbow to position the shoulder in a more functional neutral position.
- Avoid weight bearing to replaced joint, avoid extension beyond neutral with IR, and avoid excessive ER to protect subscapularis repair.
- Begin gentle PROM:
  - Flexion and Abduction to 90°
  - ER to 30-40° with elbow supported on towel roll for scapular plane (do not force ER to protect subscapularis repair)
  - IR to 50° with elbow supported on towel roll for scapular plane
- Exercises
  - Cervical AROM as needed
  - Pendulums/Codman’s exercises
  - Submaximal scapular AROM (elevation and retraction)
  - Submaximal shoulder isometrics if pain free (ER/Flexion/Abduction in neutral)
  - Elbow, wrist, and hand AROM (no weight bearing through involved extremity)
- Ice and modalities as needed for pain and swelling

Weeks 3-6
- Continue with elbow, wrist and hand AROM.
- Continue Pendulums/Codman’s
- Continue shoulder isometrics in a pain-free range (avoid IR if painful as well as) and
- Progress AAROM/PROM:
  - Flexion to 120°-130°
  - Abduction to 110°
  - ER to 45-50° with elbow supported on towel roll for scapular plane
  - IR to 60° with elbow supported on towel roll for scapular plane
- May progress to rope and pulley at 3-4 weeks postop once 120° in supine flexion is achieved.
- Progress scapular strengthening as long as there is no increase in pain or symptoms.
Monitor swelling, abnormal pain response, and increased night pain and modify accordingly

Ice and modalities as needed for pain and swelling

**Weeks 6-9**

- Progress supine passive range of motion
  - Flexion to 145°
  - ER to 60-70° with shoulder abducted 60-90°
  - IR to 65° with shoulder abducted 45-60°
- Progress scapular exercises, Emphasize scapular stabilization, serratus anterior strengthening
- Begin light resistance exercise with theraband for ER, IR, EXT, ADD and Rows (avoid extension beyond neutral)
- Begin active flexion and scaption to 90° if scapular mechanics are good.
- Begin biceps resistance as tolerated (hammer curls vs. supinated curls).
- Watch scapulo-humeral rhythm, emphasize concentric/eccentric phases
- May utilize gentle horizontal adduction stretch with shoulder in 45-80° of flexion to avoid impingement of RC.
- May initiate low level closed chain strengthening below shoulder level (counter shines, ball rolls, etc)
- Ice and modalities as needed for pain.

**Weeks 9-12**

- Progress strengthening and stretching exercises as tolerated – focus on higher reps and lower resistance with bands/weights.
- Progress range of motion toward normal in all planes, including ER at 90° abduction
- If adequate range is achieved, may begin prone core/scapular stabilization and cuff program. If adequate range is not yet achieved or patient is not comfortable with prone program, initiate with supine Theraband program (start at 90°-100°) and advance as tolerated.
- Multi-angle rhythmic stabilization

**Weeks 12-24**

- Progress to advanced strengthening program as tolerated
- Begin PNF patterns: limited range → full range, proximal → middle → distal resistance
- Continue CKC on wall → slideboard
- Maximize functional use of UE