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Reverse Total Shoulder Arthroplasty

- The start of this protocol may be delayed 3-4 weeks following RTSA when it is a revision or in presence of poor bone stock based on surgeon's discretion

0-2 weeks:

Sling: Worn at all times day and night and off for gentle exercise only

Motion: Grip strengthening, pendulum exercises, elbow/wrist/hand ROM at home

Precautions:

- No shoulder extension past neutral and No shoulder motion behind the back (combination of shoulder adduction and internal rotation) for 12 weeks postoperatively
 - For example: No tucking in a shirt or performing personal hygiene/bathroom care with hand behind back
- No shoulder AROM
- No lifting/pushing/pulling/carrying with operative extremity
- No supporting of body weight in the operative extremity

2-4 weeks:

Sling: Worn at all times day and night and off for exercises or showering only

Motion:

- Begin PROM in supine with forward flexion and elevation in the scapular plane to 90 degrees
- ER in scapular plane permitted up to 20 degrees and no IR
- Begin cuff and deltoid isometrics
- AROM of cervical spine, elbow, wrist and hand

Precautions:

- Same as above



4-6 weeks:

Sling: Discontinue sling

Motion:

- Progress PROM with forward flexion and elevation in scapular plane in supine to 120 degrees
- ER in scapular plane to tolerance, respecting soft tissue constraints
- Gentle resisted exercises of elbow, wrist and hand

Precautions:

- Continue to avoid shoulder hyperextension
- No lifting anything heavier than a coffee cup
- No supporting body weight with operated extremity

6-8 weeks:

Motion:

- Continue progression of PROM IR to tolerance (not exceed 50 deg) in scapular plane
- Begin shoulder AA/AROM as appropriate
 - Forward flexion and elevation in scapular plane in supine with progression to sitting/standing
 - ER and IR in the scapular plane in supine with progression to sitting/standing
- Allow continued healing of soft tissue/do not overstress healing tissue
- Progress strengthening of elbow, wrist and hand
- Re-establish dynamic shoulder and scapular stability
- Patient may begin to use operative arm for feeding and light activities of daily living including dressing and washing

Precautions:

- Due to potential of acromion stress fracture, please monitor exercise and activity progression of deltoid. A sudden increase of deltoid activity during rehabilitation could lead to excessive acromion stress. A gradually progressed pain free program is essential
- Continue to avoid shoulder hyperextension
- No lifting anything heavier than a coffee cup
- No supporting body weight with operated extremity



9-12 weeks:

Motion:

- Begin gentle glenohumeral IR and ER sub-maximal pain free isometrics
- Begin gentle periscapular and deltoid sub-maximal pain free isotonic strengthening

exercises. Begin AROM supine forward flexion and elevation in the plane of the scapula with light weights (1-3lbs) at varying degrees of trunk elevation as appropriate

- Progress to gentle glenohumeral IR and ER isotonic strengthening exercises in sidelying position with light weight (1-3lbs) and/or with light resistance bands or sport cords.

12+ weeks:

Motion:

- Continue with previous exercises as indicated
- Progress to gentle resisted flexion and elevation in standing and activities as tolerated

Please call with questions or concerns at the phone number above.