

REVERSE TOTAL SHOULDER ARTHROPLASTY  
TWIN CITIES ORTHOPEDICS

WEEKS 0-4

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- Sling at should be worn at rest.
- Sling should be used for sleeping. Use a small towel or pillow to prop the elbow for comfort when lying supine.
- Active distal extremity exercises (elbow, wrist and hand).

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WEEKS 5-6

- Continue use of sling.
- Continue distal extremity exercises.
- Avoid shoulder extension
- Pendulums
- PROM in supine.
- Shoulder Isometrics: abduction, external rotation, extension, and flexion.
- **SUBSCAPULARIS PRECAUTIONS WITH NO ACTIVE INTERNAL ROTATION PERMITTED IN ANY POSITION.**
- Table top activities as comfort permits.
- Scapular stabilization exercises.

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WEEKS 7-10

- Wean from sling.
- Progress to AAROM/PROM in all planes to patient's tolerance.
- Begin AAROM in supine and progress to standing as tolerated.
- AROM week 10 including IR. Start with gravity assisted positioning and progress to antigravity AROM

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WEEKS 11- 16

- Begin isotonic exercises without weight.
- PRE's with < ½ lb and increase as patient tolerates.
- Progress scapular stabilization
- Strengthening of Subscapularis at week 12 post-op.
- Continue full stretching and strengthening program.

WEEKS 20-28

- Return to full functional activities.

Long term it is recommended to avoid strenuous use of the shoulder which would also include most athletic activities.

This protocol provides the rehabilitation specialist with general guidelines for the rehabilitation of the patient undergoing a reverse total shoulder arthroplasty.

Questions regarding the progress of a specific patient are encouraged and should be directed to 952 442-8201 or [rehabprotocols@tcomn.com](mailto:rehabprotocols@tcomn.com) .