

**POST-SURGICAL REVERSE TOTAL SHOULDER ARTHROPLASTY
REHABILITATION PROTOCOL****Phase 1: Week 0-4**

- Sling at rest
- Cryocuff prn, may wean as tolerated
- Elbow, wrist, hand exercises
- Edema control prn
- Simple deltoid isometrics twice daily, abduction only, no rotation
- Eating, writing, limited computer use when tolerated, unless instructed otherwise

Phase 2: Week 5-6

- Sling at rest
- Cryocuff prn, may wean as tolerated
- Pendulums
- Easy isometric exercises: abduction, ER, extension, flexion
- Subscapularis precautions: No active internal rotation at any position
- Avoid position of arm extension
- Elbow, wrist, hand exercises
- Edema control prn
- Eating, writing, limited computer use when tolerated, unless instructed otherwise
- Scapular stabilization exercises

*** No deep tissue massage ***

Phase 3: Week 7-10

- Wean from sling
- Continue above
- Progress to full AROM/AAROM/PROM in all planes (perform PROM supine to enhance relaxation, not aggressive)
- Progress to active assisted ROM in the supine position, with exception of internal rotation
- Gradual progress of exercises in supine to vertical position
- Gradual progression of forward elevation to full passively within pt tolerance
- Include wand exercises
- Begin active internal rotation
- Begin PRE's within pt tolerance, except subscapularis

- Isotonic exercises beginning without weight, progressing within pt tolerance to PRE's, starting 2-4 oz. and increasing incrementally as tolerated
- Topical massage prn

*** No strengthening of subscapularis until 12 wks post surgery ***

Phase 4: Week 11-16

Continue full strengthening and stretching program

Phase 5: Week 20-28

Return to full functional activities.

Long term it is recommended to avoid most athletic type activities and other strenuous use of the shoulder.

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

Specific changes in the program will be made by the physician as appropriate for the individual patient.

Questions regarding the progress of any specific patient are encouraged, and should be directed to Dr. Meyer at 952-442-2163.