

REVERSE TOTAL SHOULDER ARTHROPLASTY PT PROTOCOL

	BRACE INSTRUCTIONS AND RESTRICTIONS	RANGE OF MOTION GOALS	PT EXERCISES/NOTES
PHASE 1 First 6 Weeks (0-6) 1 Session/week Begin after 2 weeks	<ul style="list-style-type: none"> - Shoulder immobilizer x 6 weeks full time except hygiene and PT exercises - Limit to 30 degrees passive ER to protect subscap repair - No active shoulder motion - Avoid using the arm to get up from seated position - Avoid adduction-IR-extension positions 	<ul style="list-style-type: none"> - PROM as tolerated in supine position begin after 2 weeks (Goal of 90 deg FF, 75 deg Abduction, 15 deg ER by 6 weeks) 	<ul style="list-style-type: none"> - Pendulum ROM - Seated table slide for flexion or supine assisted shoulder flexion to begin at 2 weeks - Begin PROM after 2 weeks - Elbow and wrist AROM - Postop distal extremity swelling control with elastic stockinette and arm elevation
PHASE 2 Second 6 Weeks (6-12) 1-2 Sessions/week	<ul style="list-style-type: none"> - Out of brace 	<ul style="list-style-type: none"> - Advance to AAROM/AROM - Continue with PROM to reach full ROM and appropriate joint mobilizations 	<ul style="list-style-type: none"> - Continue Phase 1 exercises - Pulleys to begin after 6 weeks - Begin light resisted ER, FF and abduction exercises at 6 weeks - Supine deltoid exercises - Initiate scapular stabilizing exercises, core strengthening exercises including trunk rotation - Begin resisted IR, extension, and scapular retraction at 8 weeks - Focus on anterior deltoid and teres major exercises

PHASE 3 Third 6 Weeks (12-18) Sessions once/week or once every other week		- Full AROM in all planes	- Isotonic exercises with resistance bands and light weights - Neuromuscular and proprioceptive training - Maximize scapular stabilization - Cycling/running permitted - Advance to home exercise program 3 times/week and daily shoulder stretching - Work status determined by MD
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This protocol is intended for the purposes of guiding post-surgical or post-injury rehabilitation exercises and goals. These guidelines may be interpreted by a certified physical or occupation therapist and tailored to meet patient specific goals and expectations. Other specific modifications may be made by Dr. Butterfield depending on adjuvant surgical procedures, surgical findings, or rehabilitation progress.

Please fax initial physical therapy assessment and progress notes to Dr. Butterfield at 763-717-4139. You may direct questions regarding this protocol or patient progress to our office at 763-786-9543.