

# REVERSE TOTAL SHOULDER REPLACEMENT: POST-OPERATIVE REHAB PROTOCOL

**Kyle D. Morgenstern, MD**

PHONE: (952) 442-2163 | WEB: [TCOMN.COM/PHYSICIANS/KYLE-MORGENSTERN/](http://TCOMN.COM/PHYSICIANS/KYLE-MORGENSTERN/)

## PHASE I (0-2 WEEKS): PROTECTION

### Goals

- Reduce inflammation
- Decrease pain
- Postural education

### Restrictions/Exercise Progression

- Ultrasling x 4 weeks – maintain at all times outside of hygiene and ROM exercises
- Ice and modalities to reduce pain and inflammation.
- Cervical ROM and basic deep neck flexor activation (chin tucks).
- Instruction on proper head neck and shoulder (HNS) alignment.
- Active hand and wrist range of motion.
- Active shoulder retraction
- **No motion** outside of pendulums x 2 weeks

## PHASE II (2-6 WEEKS): EARLY MOBILIZATION

### Goals

- PROM as outlined
- Continued protection of soft tissue repair

### Restrictions/Exercise Progression

- Discontinue sling at 4 weeks.
- Postural education.
- Begin PROM (OK for AAROM with same restrictions)
  - FF/extension/abduction PROM as tolerated
  - IR to side pocket only
  - ER to 60 degrees only
  - Encourage walks and low intensity cardiovascular exercise to promote healing.
  - No internal rotation behind back until 6 weeks

## PHASE III (6 WEEKS-DISCHARGE): ROM AND STRENGTHENING

### Goals

- Full ROM by 8 weeks
- Begin return to activities

### Exercise Progression

- Progress to full PROM range of motion (including full abduction and external rotation) as tolerated.
- Begin AROM without restriction
- Low to moderate cardiovascular work. May add elliptical and gradual walk-to-run program
- Begin rotator cuff endurance and light therabands at 8 weeks