



Call my assistant Cameron for appts, questions, concerns: 307-745-1409  
 Call 307-745-8851 for appts, questions, concerns after business hours

## REHABILITATION GUIDELINES FOR REVERSE SHOULDER ARTHROPLASTY

### PHASE I (0-6 WEEKS)

DATES:

Appointments	Physical therapy 2-3x/week, beginning 2-5 days post-op
Rehabilitation Goals	<ul style="list-style-type: none"> <li>• Promote soft tissue healing/maintain the integrity of the replaced joint</li> <li>• Restore AROM of elbow, wrist, and hand</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• Sling x 6 weeks: only to be removed for exercise and bathing</li> <li>• No shoulder AROM</li> <li>• No shoulder weight bearing</li> <li>• No shoulder motion behind back (no combined ADD, IR, EXTN) x 12 weeks</li> <li>• No glenohumeral extension beyond neutral x 12 weeks (elbow to be supported on pillow while supine)</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>• <b>Days 1-4:</b> - Supine PROM forward flexion/elevation in scapular plane to 90 deg - PROM ER in scapular plane to available ROM (20-30 degrees) - No IR ROM</li> <li>• AROM of cervical spine, elbow, wrist, hand • Periscapular sub-max/pain free isometrics</li> <li>• <b>Days 15-21</b> - Sub max pain free deltoid isometrics in scapular plane</li> <li>• <b>Weeks 3-6:</b> - Progress FF/elevation in scapular plane to 120 degrees - ER in scapular plane to tolerance</li> </ul>
Cardiovascular Exercises	<ul style="list-style-type: none"> <li>• Light walking if able to maintain balance</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>• Tolerates PROM/isometrics/AROM elbow, wrist, hand • Able to isometrically activate deltoid and periscapular muscles in the scapular plane</li> </ul>

### PHASE II (6-12 WEEKS)

DATES:

Appointments	Continue physical therapy 2-3x/week
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Rehabilitation Goals	<ul style="list-style-type: none"> <li>• Continue progression of PROM (full PROM is not expected)</li> <li>• Gradually restore AROM</li> <li>• Do not overstress healing tissue</li> <li>• Re-establish dynamic shoulder and scapular stability</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• Continue to avoid shoulder hyperextension</li> <li>• Monitor progression/activity of deltoid as sudden increase in activity could lead to acromion stress fracture</li> <li>• Avoid repetitive shoulder AROM if poor shoulder mechanics</li> <li>• No lifting heavier than a coffee cup</li> <li>• May start to feed, dress, wash, light ADLs with involved arm</li> <li>• No upper extremity weight bearing with involved side</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>• <b>Weeks 6-8:</b> At 6 weeks start PROM IR in scapular plane (not to exceed 50 degrees) - AA/AROM forward flexion and elevation in scapular plane in supine progressing to sitting and standing - AA/AROM ER/IR in scapular plane in supine progressing to sitting and standing - Gentle scapulothoracic rhythmic stabilization</li> <li>• <b>Weeks 9-12:</b> Gentle IR/ER sub-max isometrics - Gentle periscapular/deltoid sub max isotonic strengthening - Supine AROM flexion and elevation in scapular plane with lightweights progressing to semi-reclined, sitting, standing - Gentle IR/ER in side-lying with light weight or bands</li> </ul>
Cardiovascular Exercises	<ul style="list-style-type: none"> <li>• Light walking • Recumbent stationary bike with no upper extremity weight bearing of involved side</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>• Improving function of the shoulder • Able to activate all components of the deltoid and periscapular musculature</li> </ul>

**PHASE III (12-16WEEKS) DATES:**

Appointments	Continue physical therapy to 1-2x/week
Rehabilitation Goals	<ul style="list-style-type: none"> <li>• Enhance functional use and activities of operative upper extremity • Enhance shoulder mechanics, muscular strength, endurance</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• No lifting &gt; 6 lbs</li> <li>• No sudden lifting or pushing</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>• Continue with above exercises</li> <li>• Progress to gentle resisted flexion, elevation in standing</li> </ul>



Cardiovascular Exercises	• Walking • Stationary bike • Gentle arm bike
Progression Criteria	• Continued improving function of the shoulder and ADLs

## PHASE IV (16 WEEKS +)

DATES:

Appointments	Continue physical therapy 1 x/week or discharged to HEP
Rehabilitation Goals	• Patient can usually be on a HEP at this stage with emphasis on continued strength gains and progression towards functional and recreational activities
Precautions	• Be cautious with lifting heavier weight
Suggested Therapeutic Exercises	• Scaption, 3D shoulder punches, Thera band rows, extensions, and diagonals, gentle UE weight bearing exercises
Cardiovascular Exercises	• Arm bike, stationary bike, walking, light jogging
Progression Criteria	• Criteria for discharge from skilled PT: pain free shoulder AROM 80-120 degrees of elevation with good mechanics and ER of 30 degrees; able to complete light household and work duties

## REFERENCE MAMMOTH HOSPITAL PT PROTOCOL