



GOLDEN STATE ORTHOPEDICS & SPINE

Rehabilitation Protocol: Reverse Total Shoulder Replacement

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

☐ **Phase I (Weeks 0-6)**

- Sling immobilization for first 6 weeks--out of sling to do home exercise program (pendulums) twice daily
- Therapeutic Exercise
 - Grip Strengthening
 - Elbow/Wrist/Hand Exercises
 - Teach Home Exercises -- Pendulums
- Heat/Ice before and after PT sessions

☐ **Phase II (Weeks 6-12)**

- Discontinue sling
- Range of Motion --PROM →AAROM →AROM - increase as tolerated
 - Begin Active Internal Rotation and Backward Extension as tolerated
 - Goals: >90° Forward Flexion and 30° External Rotation
- Therapeutic Exercise
 - Begin light resisted exercises for Forward Flexion, External Rotation and Abduction – isometrics and bands – Concentric Motions Only
 - **No Resisted Internal Rotation, Backward Extension or Scapular Retraction**
- Modalities per PT discretion

☐ **Phase III (Months 3-12)**

- Range of Motion – Progress to full AROM without discomfort – gentle passive stretching at end range
- Therapeutic Exercise
 - Begin resisted Internal Rotation and Backward Extension exercises
 - Advance strengthening as tolerated – Rotator Cuff, Deltoid and Scapular Stabilizers
 - Begin eccentric motions, plyometrics and closed chain exercises
- Modalities per PT discretion

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____