



Reverse Shoulder Arthroplasty Rehabilitation Program

- *Shoulder function & mobility is now more dependent on the deltoid & peri-scapular musculature, not the rotator cuff. Recovery of normal ROM & strength is not the expectation. AROM Goals post-operatively: Flexion 120, ER 30 (depending on integrity of posterior cuff).*
- *Patients are required to participate in daily home exercise program under the guidance of physical therapist/athletic trainer for successful rehabilitation.*

PHASE 1 – IMMEDIATE POST-OP/JOINT PROTECTION (Weeks 0-6)

Precautions:

- Sling for first 4 weeks, 6 weeks total night time
- While lying supine, a small pillow or rolled towel should be placed behind the elbow to avoid shoulder hyperextension, anterior capsule & subscapularis stretch
- Avoid shoulder AROM, no shoulder motion behind back, no excessive stretching or sudden movements
- No leaning or supporting of body weight by hand on involved side
- Keep incision clean and dry (no soaking for 2 weeks)
- No lifting objects

Weeks 0-3

PROM Flexion: 0-90 degrees

- Table side, progress to supine when tolerated

PROM External Rotation in 20-30 degrees ABD: 0-20 degrees

- Supine elbow supported, avoid stretching

Pendulum Exercises

Elbow/wrist ROM, gripping exercises for hand

Ice & Modalities

Goals:

- Allow early healing of soft tissue
- Increase passive range of motion, especially in elevation
- Decrease shoulder pain/swelling
- Limit muscular atrophy and prevent rotator cuff inhibition

Weeks 3-6

PROM Elevation: working to 120 degrees

PROM ER in 20-30 ABD: 20-30 degrees, consider soft tissue restraints (subscapularis repair)

Begin light, pain-free isometrics of the shoulder, avoiding positions that risk dislocation(extension/IR)

- anterior, middle, posterior deltoid, external rotators, scapular retractors/depressors

Light resisted exercise of elbow, wrist, & hand



PHASE 2 – ACTIVE MOTION PHASE (Weeks 6-12)

Precautions:

- When lying supine, continue to use a pillow or rolled towel behind the elbow
- No leaning or supporting of body weight by hand or arm on involved side
- Maintain shoulder precautions for extension and internal rotation as above for **12 weeks post-op**

Weeks 6-8

PROM/AAROM Elevation: to tolerance (>140 degrees)

PROM/AAROM External Rotation: (> 30 degrees) → gentle progression in 20-30 ABD

Supine AROM Elevation, progressing to reclined position

Theraband exercises for extension and rows to neutral. Avoid extension & IR positions.

Sub-max peri-scapular/deltoid rhythmic stabilization & alternating isometrics

Progress strength of elbow, wrist and hand

Goals:

- Wean from sling
- Improve shoulder PROM & promote AAROM/AROM
- Decrease pain/inflammation
- Use of arm for light ADL's (eating, dressing, washing)

Weeks 8-12

PROM/AAROM External Rotation: progress out to 45 ABD

Initiate & progress AAROM/AROM for elevation & ER

- Wall crawls, W's

IR/ER isometrics, progressing to theraband

Progress scapular stabilizer function & strength, with focus on scapular upward rotation to maximize functional shoulder elevation

PHASE 3 – STRENGTH & RETURN TO ACTIVITY PHASE (Weeks 12-24)

Precautions:

- Avoid high impact activities
- Avoid lifting greater than 10 pounds at waist level, greater than 5 pounds above eye level

WEEKS 12-16

Achieve and maintain AROM Elevation > 120 degrees, ER >30 degrees (depending on integrity of posterior cuff)

Theraband exercises as tolerated

Periscapular & deltoid isotonic strengthening (1-3lb weights)

Continue general strengthening of elbow, wrist, hand & grip

Goals:

- Return to ADL's and functional activities

WEEKS 16-24

Progress functional exercises for return to work/hobbies/low-stress sports

Establish maintenance home program to be performed 2-3x/week