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CENTER FOR
ORTHOPEDIC
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Postoperative *REVERSE* Total Shoulder Rehabilitation Protocol

OVERVIEW

Phase I: 1st Week

- For *primary* Reverse shoulder arthroplasty patients, exercises can begin and include the following:
 - Pendulum exercises, wall walk exercises for forward elevation, rotation limited to 0 degrees.
- For *revision* Reverse shoulder arthroplasty patients, the arm may be kept immobilized for 2-4 weeks

Phase II: Weeks 2 – 4

- After suture or staple removal, patients may begin to use tub or pool.
- Exercises may include the following: (2-3 times per day)
 - Pendulum exercises, wall walk exercises.
 - Passive ROM for shoulders only.
 - Flexion encouraged (goal is a maximum of 140 degrees)
 - May use pulley, wall walk, cane exercises to assist forward flexion.
 - Allow external rotation to 20 degrees
 - Allow internal rotation to abdomen
 - Allow abduction to 70 degrees
 - Avoid shoulder extension beyond neutral
 - Avoid active internal rotation
- Allow active use of elbow and hand while keeping shoulder immobilized
- Use arm immobilizer at all times with few exceptions. It may be removed when bathing, performing exercises, and when sitting at rest

Phase III: Weeks 5-8

- Wean use of sling.
- Begin isometric strengthening for scapular stabilizers, glenohumeral joint (deltoid) and elbow.
- Use weight of arm as only resistance.
- Gradually increase ROM with passive, active and active-assisted motion in all planes.
- Goals: Flexion (180 degrees), Abduction (90 degrees), Internal rotation to perineum, External rotation to 40 degrees

Phase IV: Weeks 8-12

- Begin resistance strengthening at lowest level tolerated. Increase gradually.
- After 12 weeks, resume activity as tolerated when strength has reached 50% normal strength.
- Full healing expected at 6-9 months. Maximum improvement at 12 months.

If the surgery required bone grafting, fracture repair, or was performed through a superior approach, strengthening exercises are not started until 6 weeks post op.