



Reverse Total Shoulder Replacement – Physical Therapy Protocol

Goals

- Allow healing of surgical wound and subscapularis repair
- Diminish pain and inflammation
- Gradually increase ROM
- Independence with home exercises and understanding of restrictions

Postoperative Phase I: Post-op day 1 to 4 weeks

Precautions

- Maintain sling immobilization when not performing therapy for **1st 4 weeks post-op**
- No active movements of the operated shoulder except for gentle for self-care activities
- Avoid exceeding ROM limitations set by the surgeon
- No shoulder extension or behind the back internal rotation (keep elbow within eyesight)

Treatment Plan

- Education: precautions, sleeping postures, ADL modifications
- Cryotherapy
- Pendulum exercises (3-5 times daily)
- PROM with slow progression to AAROM after 4 weeks
- Begin gentle passive ER at 30° abduction in scapular plane progressing toward 0° and 90°
- **Goals:** increase forward flexion and external rotation
 - **4 week goal for forward flexion = 120°**
 - **4 week goal for external rotation = 30° (unless limit specified by surgeon)**
- EXTERNAL ROTATION LIMITATION: _____ (if blank, no limit)
- Active range of motion exercises for the elbow/wrist/hand

Postoperative Phase II: 4-8 weeks post-op

Precautions

- Weight restriction of 1-2 lbs with operative extremity
- Avoid quick, jerking movements
- **No resisted IR** (protect subscapularis repair)
- No shoulder extension or behind the back internal rotation (keep elbow within eyesight)

Treatment Plan

- Discontinue sling if still being worn
- AAROM with slow progression to AROM after 8 weeks post-op



- Gentle passive stretching at end ranges
- Isometric exercises for forward flexion, abduction, ER (no resisted IR or backward extension)
- Begin scapular shrugs, protraction, retraction at 6 weeks without glenohumeral motion
- Modalities per PT discretion

Postoperative Phase III: 8 to 12 weeks post-op

Precautions

- Weight restriction of 1-2 lbs with operative extremity
- **No resisted IR** (protect subscapularis repair)

Treatment Plan

- Progress to full AROM in all planes without discomfort
- Continue passive stretching to increase motion as indicated
- Isometric exercises for forward flexion, abduction, ER, extension at neutral (no resisted IR)
- Modalities per PT discretion

Postoperative Phase IV: 12 weeks to 12 months post-op

Precautions

- No weight restriction, but gradual progression of resistance exercises
- Independent gym program or return to sporting activities restricted until minimum of 5 months

post-op

Treatment Plan

- Begin resisted internal rotation and extension exercises
- Advance strengthening as tolerated – rotator cuff, deltoid, scapular stabilizers
- Begin eccentric strengthening and closed chain exercises
- Modalities per PT discretion