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REVERSE SHOULDER ARTHROPLASTY REHABILITATION GUIDELINES

These guidelines do NOT apply to RTSA for proximal humeral fracture

PHASE	PRECAUTIONS AND GUIDELINES	GOALS	EXERCISES	CRITERIA TO ADVANCE	EXAMINATION
1 (Post-operative day 1 to post-operative week 3)	Sling 24/7 (remove for grooming and home exercise program 3-5x/day) Avoid combined IR/EXT/ADD (hand behind the back) and IR/ADD (reaching across chest) for dislocation precautions Pillow behind the upper arm while reclining with sling on Patient should always be able to see the elbow Avoid WBing – discuss WBin need with physician and PT No submersion in water until after 4 weeks Ice after HEP as needed	Maintain integrity of joint replacement; protect soft tissue healing ROM for elevation to 130 and ER to 30 Optimize distal UE circulation and muscle activity (elbow, wrist and hand) Instruct in use of sling for proper fit Educate regarding signs/symptoms of infection	Active elbow, wrist and hand Pendulum Scapular retraction with arms resting in neutral position Forward elevation in scapular plane to 130 deg max motion (table slides, step backs, supine well arm assisted) ER in scapular plane to 30 deg (seated or supine) ROM within precautionary range limits may be active or passive	Pain less than 3/10 with ROM Healing incision without signs of infection Clearance by surgeon to advance after 2 week post-operative visit	Wound assessment Swelling assessment of upper extremity Neurovascular assessment of upper extremity Sling fit and ability to don/doff properly Patient reported outcome measure Pain level Range of motion for elevation and ER

PHASE	PRECAUTIONS AND GUIDELINES	GOALS	EXERCISES	CRITERIA TO ADVANCE	EXAMINATION
2 (Post-operative week 3 to 6)	**May** discontinue sling use at 3 weeks; after 2 weeks can remove the sling at home and just use the sling at night and in community for 3rd week May use arm for basic activities of daily living (such as feeding, brushing teeth, dressing…) May submerge in water after 4 weeks Avoid combined IR/EXT/ADD (hand behind the back) and IR/ADD (reaching across chest) for dislocation precautions Avoid acromial or scapular spine pain as increase deltoid loading – decrease load if this occurs	Elevation to 130 deg and ER to 30 deg – passive, active assisted or active Low (less than 3/10) to no pain Ability to fire all heads of the deltoid	May discontinue grip, and active elbow and wrist exercises since using the arm in ADLs with sling removed around the home Continue elevation to 130 and ER to 30, both in scapular plane Submaximal isometrics (pain-free effort) for all functional heads of deltoid (anterior, posterior, middle). Active exercise as able: Supine forward punch Place in balanced position with circumduction and progressive arcs in sagittal plane Sidelying abduction to 90 Lateral raise with bent elbow Prone extension to hip	Elevation in scapular plane to 130; ER in scapular plane to 30 Ability to fire isometrically all heads of the deltoid muscle without pain Ability to place and hold the arm in balanced position (90 deg elevation in supine)	Wound assessment Neurovascular assessment Swelling assessment ROM shoulder elevation and ER(0) Patient reported outcome measure Pain level

PHASE	PRECAUTIONS AND GUIDELINES	GOALS	EXERCISES	CRITERIA TO ADVANCE	EXAMINATION
3 (Post-operative week 6 to 12)	Avoid forceful end-range motion in any direction Progress active use of the arm in ADLs without being restricted to arm by the side of the body; No heavy lifting or carrying Initiate functional IR behind the back **gently without forceful overpressure** Avoid acromial or scapular spine pain as increase deltoid loading – decrease load if this occurs NO UPPER BODY ERGOMETER	Optimize ROM for elevation and ER in scapular plane Expected PROM: Elevation - 145-160; ER - 40-50 ; functional IR to L1 Recover AROM to approach as close to PROM available as possible Establish dynamic stability of the shoulder	Forward elevation in scapular plane active progression: supine to incline to vertical; short to long lever arm Lateral raise with bent elbow; sidelying abduction Active ER/IR with arm at side Scapular retraction with light band resistance Serratus anterior punches in supine; avoid wall, incline or prone press-ups for serratus anterior Functional IR with hand slide up back – very gentle and gradual	AROM equals/approaches PROM with good mechanics for elevation No pain Higher level demand on shoulder than ADL functions	PROM for elevation, ER(0) AROM for elevation, ER(0) and functional IR Patient reported outcome measure Pain

PHASE	PRECAUTIONS AND GUIDELINES	GOALS	EXERCISES	CRITERIA TO ADVANCE	EXAMINATION
4 (Post-operative week 12+)	No heavy lifting and no overhead sports Weight lifting limit 25.lb No heavy pushing activity Gradually increase strength NO UPPER BODY ERGOMETER	Optimize functional use of operative UE to patient specific goals Gradual increase in deltoid, scapular muscle and rotator cuff strength Pain-free functional activities	Light hand weights for deltoid up to and not to exceed 3 lbs for anterior and posterior with long arm lift against gravity; elbow bent to 90 deg for abduction in scapular plane Theraband progression for extension to hip with scapular depression/retraction Theraband progression for serratus anterior punches in supine; avoid wall, incline or prone press-ups for serratus anterior End-range stretching gently without forceful overpressure in all planes (elevation in scapular plane, ER in scapular plane, functional IR) with stretching done for life as part of daily routine NO UPPER BODY ERGOMETER	Pain-free AROM for shoulder elevation (expect around 135-150 deg) Functional strength for all ADLs, work tasks, and hobbies approved by surgeon Independence with home maintenance program	PROM for elevation, ER(0); ER(90) AROM for elevation, ER(0) and functional IR Scapulohumeral rhythm/biomechanics of active movement strategies Strength testing for deltoid, RTC, scapular muscles Patient reported outcome measure Pain

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