

Reverse Shoulder Arthroplasty

Physical Therapy Protocol

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-4 PT 1-2x/week HEP daily	Edema and pain control Protect subscapularis repair (If repaired) and biceps tenodesis Week 1: FF 120° , ER 20° Week 2: FF 150° , ER 45° Week 6: FF 160° , ER 60°	Sling when not doing exercises Limit ER to neutral x2 weeks No ER >20° , active IR No backward extension (BE) No scapular retractions Limit abduction 75° No resisted elbow flexion	Elbow, wrist, hand ROM Codman/Pendulum out of sling Passive supine forward flexion as tolerated Scapular mobility and stability (side-lying) Deltoid isometrics Posture training
Weeks 4-12 PT 1-2x/week HEP daily	Protect subscapularis repair (if repaired) FF 160° , ER 75°	DC sling No resisted IR/BE Avoid BE/IR/Adduction No resisted scapular retractions Avoid painful ADL's	Advance P/AA/AROM Cane/pulley Passive IR in 60° abduction Rhythmic stabilization at 120° Submaximal isometrics ER/FF/ABD Closed chain kinetic exercises Scapular stabilization Anterior deltoid/ER strengthening
Weeks 12-24 PT 1-2x/week HEP daily	Full ROM Improve strength Improve endurance	Avoid painful ADL's	Begin AA→AROM IR/BE Advance strengthening as tolerated Closed chain scapular rehab Functional strengthening focused on anterior deltoid and ER Maximize scapular stabilization
Weeks 24+ HEP daily	Maximal ROM Independent HEP	None	Progress strengthening, flexibility, and endurance