



REVERSE TOTAL SHOULDER ARTHROPLASTY

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Physical therapy after a reverse total shoulder arthroplasty should begin **within the first week** following surgery and continue **2–3 times per week through 12 weeks** post-operatively. This protocol is a framework: the operating surgeon may modify range of motion limits, sling duration and the timing of strengthening based on the procedure performed, the quality of the bone and the status of the deltoid and remaining rotator cuff.

PHASE 1

WEEKS 0–2

Passive motion

PHASE 2

WEEKS 2–6

Advance PROM, begin AAROM

PHASE 3

WEEKS 6–12

Begin AROM and light resistance

PHASE 4

WEEK 12+

Strength and return to function

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PASSIVE MOTION · POST-OP – 2 WEEKS

GOALS Minimize pain · minimize swelling · begin passive range of motion · educate the patient on a home exercise program for the days not in therapy

RANGE OF MOTION

PHASE 1

- ◆ Pendulum exercises **3× per day**
- ◆ Passive supine forward flexion — **limit to 130°**
- ◆ Passive supine external rotation — **limit to 25°**
- ◆ Assisted elbow flexion and extension

STRENGTHENING

PHASE 1

- ◆ Peri-scapular strengthening exercises
- ◆ Deltoid isometrics
- ◆ Wrist and hand exercises

SLING USE

PHASE 1

- ◆ **Sling (all components) at all times**, except during home exercises and physical therapy

HOME INSTRUCTIONS

- ◆ Keep the surgical dressings clean and dry
- ◆ Change the surgical bandages on the **7th day** after surgery and keep the incision covered until the first clinic visit
- ◆ May bathe on the 7th day after surgery — **do not scrub, soak or submerge the incisions**
- ◆ **Must sleep in the sling**
- ◆ May type or write with the surgical-side hand, but only while in the sling

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ADVANCE PASSIVE MOTION · WEEKS 2–6

GOALS Minimize pain · continue to improve PROM · begin AAROM

RANGE OF MOTION

PHASE 2

- ◆ **Passive range of motion**, advancing as tolerated
 - Forward flexion to 140°
 - External rotation to 60°
 - Abduction to 120°
- ◆ Active-assisted forward flexion using pulleys or a cane to 90°
- ◆ Elbow flexion and extension
- ◆ **No cross-body or internal rotation motion in this phase**

STRENGTHENING

PHASE 2

- ◆ Peri-scapular strengthening exercises
- ◆ Shoulder sub-maximal, pain-free isometrics
- ◆ Wrist and hand exercises with light resistance if appropriate

SLING USE

PHASE 2

- ◆ Continue the sling (all components) at all times, except during home exercises and physical therapy

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HOME INSTRUCTIONS

- ◆ Continue to sleep in the sling
- ◆ May submerge the incision in water after the first post-operative visit, and only once the incision is completely healed
- ◆ May continue to write or type with the operative hand while in the sling
- ◆ **No lifting with the operative shoulder**
- ◆ **Do not support body weight with the operative shoulder**

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ACTIVE MOTION · WEEKS 6–12

GOALS Advance PROM in all planes · begin AROM · begin light shoulder resistance exercises

RANGE OF MOTION

PHASE 3

- ◆ Progress PROM as tolerated from the supine to the vertical position
- ◆ Begin internal rotation and cross-body motion
- ◆ Begin AROM in all directions — flexion, extension, external rotation and internal rotation — progressing as tolerated while **limiting excessive internal rotation**

STRENGTHENING

PHASE 3

- ◆ Continue isometric contractions in all directions
- ◆ Begin light resistive exercises
- ◆ Theraband for forward flexion, extension and external rotation strength — **limit IR strengthening at this point**

SLING USE

PHASE 3

- ◆ Discontinue the sling at 6 weeks

HOME INSTRUCTIONS

- ◆ No longer need to wear the sling
- ◆ **No lifting, pulling or pushing greater than 2 pounds**
- ◆ No overhead work
- ◆ No repetitive motions with the shoulder

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STRENGTH & FUNCTION · WEEK 12 ONWARD

GOALS Advance end-range PROM and AROM · restore normal scapulothoracic rhythm and motion · advance muscular strength · transition to a home exercise program

RANGE OF MOTION

PHASE 4

- ◆ Progress to full PROM and AROM as tolerated
- ◆ Teach the patient flexibility exercises to continue at home to encourage full ROM

STRENGTHENING

PHASE 4

- ◆ Increase resistive exercises
- ◆ Include weights and resistance bands
- ◆ Progress as tolerated, **gradually**

HOME INSTRUCTIONS

PHASE 4

- ◆ Work on restoring normal activities of daily living
- ◆ Discuss specific activity and sport restrictions with your surgeon

QUESTIONS

- ◆ Contact the athletic trainer, **Justin Tatman, MS, ATC, LAT** — 615-421-4160
- ◆ Vanderbilt Orthopaedics — **615-936-7846**

Adapted from the Reverse Total Shoulder Arthroplasty Rehabilitation Protocol, UVA Sports Medicine, University of Virginia.

PROUD MEDICAL TEAM FOR



Lance E. LeClere, MD

Orthopaedic Sports Medicine & Shoulder Surgery

Appointments

615-936-7846

Website

LanceLeClereMD.com

Athletic Trainer

Justin Tatman · 615-421-4160



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QUESTIONS ABOUT YOUR RECOVERY?

Call the office with any question about your protocol, your brace or sling, or your incision. Bring this handout with you to every post-operative visit.

LANCE E. LECLERE, MD

CLINIC LOCATIONS

Belle Meade Orthopaedics and Sports Medicine
6002 Highway 100, Nashville, TN 37205

Vanderbilt Orthopaedics Nashville West
6606 Charlotte Pike, Suite 104, Nashville, TN 37209

Vanderbilt Orthopaedics Franklin
206 Bedford Way, Franklin, TN 37064

APPOINTMENTS & QUESTIONS

Vanderbilt Orthopaedics
615-936-7846

Justin Tatman, MS, ATC, LAT
615-421-4160 (direct)

Laura Taylor, PA
615-936-7846

ONLINE

LanceLeClereMD.com
vumc.org/orthopaedics



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