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POST-OPERATIVE REHABILITATION PROTOCOL

Reverse Total Shoulder Arthroplasty

SLING & ABDUCTION PILLOW

- **Schedule:** weeks 1–2: abduction pillow + sling 24 hours/day; weeks 2–4: sling 24 hours/day; wean between weeks 4–6.
- **Off:** purposefully removed for PT and exercises. May be extended for a complication or revision RTSA.

MOVEMENT PRECAUTIONS (12 WEEKS)

- No extension beyond neutral; no combined adduction + IR; no combined extension + IR mobilizations.
- No mobilizations directly through the GH joint at any time — the center of rotation is shifted, so convex/concave arthrokinematics and standard mobilizations do not apply.
- Protocol start may be delayed per Dr. Kelly's assessment of repair integrity.

Days 1–5 ACUTE PHASE

- **Goals:** control pain, protect healing soft tissue (especially the deltoid); patient/family independent with joint protection, dressing, modalities, and the home program.
- **ROM:** gradual PROM of the shoulder; restore AAROM of elbow/wrist/hand; postural awareness.
- No AROM, lifting, sudden movements, or stretching of the operative arm.
- **Modalities:** ice 4–5 times/day for 15–20 minutes.

Day 5 – Week 3 SUB-ACUTE PHASE

- **ROM:** continue PROM with manual therapy; progress A/AAROM of elbow, wrist, and hand; supine self-PROM into flexion.
- **Exercise:** initiate sub-maximal periscapular isometrics; reinforce abduction-pillow use; cervical AROM with neutral posture. Modalities PRN.

Weeks 3–6 PROTECTIVE PHASE

- **Goals:** facilitate soft-tissue healing, protect the deltoid, restore/maintain PROM.
- **ROM:** scapular-plane elevation not to exceed 120°; ER and IR at 30° abduction to 30–45°; grade I–II scapular mobilization, all planes.
- **Exercise:** sub-maximal rotator cuff and periscapular isometrics.

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- **Modalities:** interferential e-stim + cryotherapy for pain; FES for muscle re-education; ultrasound/phonophoresis for inflammation.
- **Weeks 5–6:** progress AAROM (wand, pulleys, UBE); wean from the immobilizer as tolerated; ensure HEP compliance.

GOALS Joint protection

Weeks 6–12 STRENGTHENING PHASE

- **Goals:** light strengthening, proprioception, and periscapular stabilization; control pain/swelling.
- **ROM:** PROM scapular-plane elevation to 130+°; ER/IR to tolerance at 30° abduction; grade II–III scapular mobilization, all planes.
- **Exercise:** isotonic periscapular progression; light isotonic rotator cuff work at high volume, low intensity — minimal isolated IR/ER exists near neutral. Avoid hyperextension. Modalities PRN.

GOALS Restore AROM

Weeks 12+ FUNCTIONAL PHASE

- **Goals:** progressive strengthening to restore force-couple mechanics, dynamic stabilization, neuromuscular control, and endurance for functional activity.
- **ROM:** PROM elevation to tolerance; ER/IR to tolerance at 30° abduction; grade III scapular mobilization, all planes.
- **Exercise:** progress AA work (UBE, proprioception, CKC — body blade, physio ball); periscapular TheraBand; gentle GH IR/ER and deltoid isotonics; resisted wrist/hand/elbow. High volume, gradually increasing intensity. Modalities PRN.
- **HEP:** 3 to 4x a week through discharge.

RETURN TO ACTIVITY

- **Timeline:** sedentary job 4 to 6 weeks; stationary bike 3 weeks; aggressive treadmill/walking 9 weeks; driving as early as 6 to 9 weeks.
- **Sport:** swimming (breaststroke) 9 weeks; tennis and golf 12 weeks; running 12 weeks — all depending on progress.

GOALS Independent ADLs

Discharge Criteria & Long-Term Precautions DISCHARGE

- Painless AROM grossly WNL compared to the other side; MMT grossly 4/5, flexion/abduction minimally — ideally 4+ to 5/5; independent ADLs within expected functional ROM; independent home program.
- Long-term joint protection reviewed (avoid combined IR + adduction + extension early; lifting limits per Dr. Kelly).

Time frames are guidelines — progress when phase goals are met, per Dr. Kelly and the treating therapist.