



Post-operative protocol: Reverse shoulder replacement (Fast)

Will decide whether or not physical therapy is necessary at 6 weeks

PHASE I: Protected subscapularis repair (6 weeks)

- Sling should be in place when not performing exercises.
- Avoid all active and active assistive exercises until cleared by the surgeon. This includes pulley exercises, wand and supine assisted exercises.
- Initiate exercise program 3 times per day:
 - Immediate elbow, forearm and hand range of motion out of sling
 - Pendulum exercises
 - Supine assisted forward elevation to 150deg
- The patient should AVOID the following motions:
 - **Do not reach behind the back to pull up pants, perform toileting, etc. with the surgical arm until 6 weeks.**
 - **Do not put weight through the surgical arm, such as pushing up from a chair or lifting anything over 5 pounds.**
 - **Do not externally rotate beyond the “handshake position”**
 - **Do not perform active internal rotation, i.e. closing a door**

PHASE II: Progressive ROM (6 to 12 weeks)

- May discontinue sling.
- Lifting restriction of 5 pounds should be reinforced with patient.
- Start AAROM and AROM – includes pulleys, wand and supine gravity assisted exercises.
- Isolate and strengthen scapular stabilizers.
- Progress PROM and terminal capsular stretching of the shoulder as needed.
- The patient should AVOID the following motions:
 - **Do not put weight through the surgical arm, such as pushing up from a chair or lifting anything over 5 pounds.**

PHASE III: (>12 weeks)

- May start deltoid strengthening at 12 weeks. Continue to emphasize scapular stabilizers.
- May start internal rotation movements.
- Equate active and passive range of motion. Encourage scapulohumeral mechanics during active shoulder motion.
- Simulate work/recreational activities as rotator cuff strength and endurance improve at 3 months.