**REVERSE TOTAL SHOULDER ARTHROPLASTY PROTOCOL**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Frequency: 1 2 3 4 times / week Duration: 1 2 3 4 5 6 Weeks

**\_\_\_\_\_\_Weeks 0-6:**

• Home Exercises given post-op (pendulums; ROM elbow, wrist, hand, grip strengthening)

• Remain in sling for 6 weeks AT ALL TIMES (except for home exercises above and bathing)

 **\_\_\_\_\_\_Weeks 6-12:**

• Passive ROM -> Active Assisted ROM -> Active ROM as tolerated within below guidelines

• Grip strengthening OK

• ROM goals: 90° Forward Flexion (FF) / 20° External Rotation (ER) at side (no manipulation)

• Begin light resisted External Rotation (ER) / FF / Abduction isometrics and bands, concentric motions only

• No scapular retractions with bands

• No active IR / backwards extension for 6 weeks. Subscapularis tendon was taken down for surgery and was

 repaired. It takes about 6 weeks to reattach to the humerus.

• No resisted IR / backward extension until 12 weeks post-op (risks dislocation!)

• Heat before PT / Ice after PT

**\_\_\_\_\_\_Months 3-12:**

• Begin resisted IR / backward extension (isometrics / bands); isometric -> light bands -> weights (15 lbs limit)

• Advance strengthening as tolerated; 10 reps per 1 set exercises for rotator cuff, deltoid, and scapular stabilizers

• Increased ROM to full with passive stretching at end ranges

• Begin eccentric motions, plyometrics, closed chain exercises at 12 weeks

• 15-pound weight limit for life

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_