

James F. Stenson, DO
Orthopaedic Shoulder and Elbow Surgery
Einstein Medical Center Montgomery

Reverse Shoulder Arthroplasty Protocol

Phase I: Protected range of motion (0 to 4 weeks)

- Sling should be in place when not performing exercises.
- Initiate exercise program 3 times per day:
 - Immediate elbow, forearm, and hand range of motion out of sling
 - Pendulum exercises
- At 2 weeks after surgery:
 - Gentle supine active assist forward elevation to 90 degrees
 - Gentle passive external rotation at side to 30 degrees
- 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.

Phase II: Progressive range of motion (4 to 8 weeks)

- May discontinue sling.
- Lifting restriction of 5 pounds should be reinforced with patient.
- At 4 weeks after surgery start:
 - Progress supine active assist forward elevation to 150 degrees
 - Pulleys
 - Passive and active external rotation as tolerated
- Isolate and strengthen scapular stabilizers.
- 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.

Phase III: (>8 weeks)

- Lifting restriction of 5 pounds should be reinforced with patient.
- May start light deltoid strengthening at 8 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.