orthopedic ONE

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Reverse Total Shoulder Protocol

PRECAUTIONS
- **No shoulder motion behind lower back and hip x 12 weeks**
- **No internal rotation (IR) x 12 weeks**
- **No cross chest adduction x 12 weeks**
- **FE in scaption only**
- **Caution in ER with stretching, sudden movements**
- **No supporting of body weight with affected extremity for 12 weeks**

PHASE ONE (First 6 Weeks)
Goals
Joint protection, home exercise program assisting with taking on and off sling, PROM, encourage icing to limit inflammation and pain control

- Begin and enhance PROM, FE in supine to 90 degrees and progress to 120. ER in scapular plane
- AROM/AAROM of the wrist, elbow, hands, wrist. Begin to restore function
- Begin periscapular and deltoid strengthening with pain free isometrics in scapular plane
- Encourage ADLs with modifications
- Discontinue the sling about one month after surgery

PHASE TWO (6 Weeks to 12 Weeks)
- Continue to avoid shoulder IR adduction and cross body
- Encourage proper shoulder mechanics and avoid repetitive active motion exercises
- No lifting more than 5 lbs.
- Shoulder active assisted and AROM progressing in scaption and ER in scapular plane
- Encourage use of hand for light ADLs.

- Continue to work on elbow, wrist and hand strengthening
- Joint mobilization Grades I and II
- Begin gentle glenohumeral ER pain free isometrics
- Gentle Scapulothoracic rhythmic stabilization
- Continue to progress PROM and control pain and inflammation. Reestablish shoulder stability.
- Gradually restore AROM
- Near end of 10th week, start light strengthening with 1-3 lbs
- Progress to gentle GH-ER isotonic strengthening exercises

Phase Three (12+ Weeks)
- No lifting of objections greater than 10lbs with no sudden lifting or pushing activities
- Continue to progress ROM as tolerated. May introduce IR.
- Progress with strengthening exercises including resistance with flexion. Continue to focus on HEP with strength, progression towards return to function within limits, proper shoulder mechanics.