

REVERSE TOTAL SHOULDER ARTHROPLASTY REHABILITATION GUIDELINES

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Reverse shoulder arthroplasty rehabilitation is framed to meet the individual situation. For most patients a rTSA is done due to a loss of rotator cuff function and arthritis, occasionally for complex fractures. Often formal physical therapy will be started two to six weeks post-surgery. For most internal and external rotation is often less than seen in patients with an anatomic shoulder arthroplasty. For those who have remaining rotator cuff the functional gains are often better. Foals are to optimize and protect deltoid function and protect the joint from instability while it remodels and heals.

PHASE 1: Weeks 0-6				
Goals	 □ 120 degrees of forward elevation, 60 degrees of abduction □ Pain control 			
Restrictions	 □ Avoid using arm to assist in getting up from seated position □ NO adduction internal rotation □ No reaching behind the back 			
Immobilization	☐ Sling with cushion for 4-6 weeks at all times except during therapy and showers ☐ May remove and keep hand near belly button for 2-3 hours daily for elbow relief			
Pain Control	 □ Narcotics for 7-10 days following surgery □ NSAIDs for patients with persistent discomfort (Tylenol preferred) 			
Exercises	ROM MUSCLE ACTIVATION	Week 1 □ 90 degrees of forward elevation □ Elbow and wrist range of motion at the side □ 60 degrees of abduction with 0 degrees of rotation Week 2 □ 110 degrees of forward elevation □ 60 degrees of abduction with 0 degrees of rotation Weeks 3-6 □ 120 degrees of forward elevation with 20 degrees external rotation, Supine stretches emphasized		
	WOSELL ACTIVATION	□ Pendulum swings		
Criteria for Progression	 □ Minimal pain and tenderness □ Motion goals are met □ Intact subscapularis without evidence of tendon pain 			



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PHASE 2: Weeks 6-12				
Goals	☐ Increase ROM			
Restrictions	□ 140 degrees forward elevation			
	□ 20 degrees external rotation			
	□ 90 degrees abduction			
	☐ Avoid deltoid strength	nening until after 12 weeks		
Pain Control	□ NSAIDs for patients with persistent discomfort (Tylenol preferred)			
	ROM	□ 140 degrees forward elevation		
		□ 20 degrees external rotation		
		□ 90 degrees abduction		
	MUSCLE ACTIVATION	☐ Increase active ROM in all directions		
		☐ Focus on passive stretching at end ranges		
		☐ Utilize joint mobilization techniques for capsular restrictions		
		☐ Grip strength		
Exercises		☐ Progress to open chain strengthening with TheraBand at 12		
		weeks post-surgery		
		Exercises performed with elbow flexed at 90 degrees,		
		starting position with shoulder in neutral, progression to the next band occurs in 2-3 week intervals.		
		☐ Progress to light isotonic dumbbell exercises		
		☐ Scapular stabilizer strengthening: retraction, protraction,		
		depression, shrugs		
Criteria for Progression	☐ Painless ROM to 140	· · ·		
	□ Satisfactory physical exam			



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PHASE 3: Months 3-12				
Goals	☐ Improve shoulder strength, power, and endurance			
	☐ Improve neuromuscular control and shoulder proprioception			
	☐ Prepare for gradual return to functional activities			
	☐ Home maintenance exercises program: strengthening 3 x week			
Exercises	ROM	☐ Achieve motion equal to contralateral side		
	STRENGTHENING	☐ Begin internal rotation and extension strengthening		
		☐ First closed chain isometric strengthening and advance to		
		theraband and lightweight isotonic strengthening		
		☐ Scapular stabilizers		
		□ Deltoid strengthening		
		□ Plyometric exercises		
Maximum	☐ Maximum improvement by 12-18 months			
Improvement and Warning Signs	□ Warning signs: loss of motion or continued pain			