MAYO CLINIC | Orthopedics and Sports Medicine

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Reverse Total Shoulder Arthroplasty Rehabilitation Protocol

Phase	Goals	Precautions / Restrictions	Treatment
Weeks 0 – 3	• Protect surgical site and repair. • Emphasize PRICE.	• PATIENT IS TO HAVE NO THERAPY TO SHOULDER DURING THIS TIME.	• FULL AROM / AAROM / PROM of the elbow / wrist / hand • Initial visit: FOTO PRO, QuickDASH
Weeks 3 – 6	• Protect surgical site and repair • Decrease pain and inflammation • Safely discontinue full use of the sling with the pillow at **week 6**	• **No Active Shoulder ROM** • No lifting of any object • **Week 4** – Initiate a daytime wean of the sling when stationary at home or in a controlled environment. • **Until week 6** – Continue sling use when sleeping or out of the house	• AROM of elbow, wrist and hand • Introduce pendulum / Codman exercises • PROM ONLY of shoulder with forward flexion to 90° with neutral rotation and ER to 0°. • Monitor for sharp Acromial + Scapular Spine Pain ○ If present, then hold therapy for that week
Weeks 6 – 12	• Maintain integrity of repair • PASSIVE ROM by week 12: ○ Flexion 90° - 120° ○ ER 0 - 30° • Improve muscle activation and strength • Improve motor control • Teach HEP (1 x per day)	• Discontinue sling at week 6 • **Avoid forcing end range motion in any direction to prevent dislocation** • No weight bearing through the involved shoulder • Biceps curls – 2 lb. limit ○ No Deltoid or RC strengthening • No driving until the patient has normalized their arm function	• Initiate shoulder motion: ○ PROM –> AAROM –> AROM • Initiate scapular stability exercise • Initiate shoulder isometrics (FE and ER ONLY): ○ No IR, may begin IR isometrics at week 12 • Initiate manual resistance for isometrics or proprioceptive neuromuscular facilitation (PNF) • Modalities PRN including cardiovascular endurance ○ **NO UPPER BODY ERGOMETER** • Week 6: QuickDASH, FOTO PRO
Weeks 12 – 16 **(Months 3 – 4)**	• ACTIVE ROM by week 16: ○ Flexion 120° - 140° ○ ER 30 - 40° • Increase functional activity • Improve strength of RTC and scapular stabilizers • Improve endurance of RTC and scapular stabilizers	• Increase scapular strengthening and stabilization starting with a 3 lb.→ 5 lb. → 10 lb. max lifting restriction • May use open kinetic chain as tolerated within restrictions and patient tolerance • End range stretching gently w/o forceful overpressure in all planes (FE / ER in scapular plane, functional IR)	• Initiate RTC isotonics as able provided no shoulder compensatory patterns • Add light hand weights for deltoid up to and not to exceed 3 lbs. for anterior and posterior deltoid with long arm lift against gravity; ○ Elbow bent to 90° for abduction in scapular plane • Continue with cardiovascular endurance and core • Incorporate soft tissue mobility / scar massage PRN • Modalities PRN – **NO UPPER BODY ERGOMETER** • Week 12, QuickDASH, FOTO PRO
Weeks 16 – 24 **(Months 4 – 6)**	• Maintain pain free ROM • Improve strength and endurance of RTC and scapular stabilizers	• No heavy pushing or overhead sports • For prior weightlifters, may slowly advance from 10 lb. restriction to 20 lbs. • NO UPPER BODY ERGOMETER	• Week 16: Continue Active Range of Motion ○ FOTO, QuickDASH • Advancement to isotonic exercise per tolerance in all planes, including multiplane exercises as long as: ○ Isometrics are progressing ○ No compensations during exercise performance
Weeks 24 + **(Month 6+)**	• Initiate return to sport progression • Initiate higher level impact activity • NO UPPER BODY ERGOMETER	• Focus on form and control during exercise performance • Modify work, recreational or functional activity as necessary • Progress up to 25 lb. maximum lifting restriction	• Continue with strength of total UE and scapular stabilizers • Low level sport specific activity, progressing to higher demand activity • Continue with Anaerobic + Aerobic interval training • Week 24: QuickDASH, FOTO, HHD / Isokinetics

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process. Each patient's progress may vary based on specifics of their injury and procedure.