

Reverse Total Shoulder Arthroplasty Rehabilitation Protocol

The rotator cuff is absent/torn in patients receiving reverse total shoulder arthroplasty (rTSA), therefore the rehab is different and typically faster than for traditional, anatomic total shoulder arthroplasty. An rTSA relies on the deltoid for stability and function rather than the rotator cuff, and due to the nature/design of the implant full/normal shoulder ROM in all planes is not expected or possible with 130 deg forward elevation, 30 deg internal/external rotation being considered an excellent outcome.

- **Weeks: 0-6**
 - Goals: prevent stiffness, decrease swelling/inflammation, and avoid dislocation/instability
 - Sling for 1-2 weeks; will be instructed to discontinue at 2 week visit if still wearing
 - Begin pendulum/Codman's exercise, postural correction exercises for trunk/upper extremity immediately
 - Begin passive, active-assist, and active shoulder ROM in all planes, but avoid the following for the first 6 weeks:
 - Excessive shoulder extension, adduction, and internal rotation (i.e. – tucking in a shirt, bathroom/personal hygiene, fastening bra, etc.)
 - Begin active-assist, active ROM of cervical spine, elbow, wrist, hand
 - Begin peri-scapular strengthening
 - Begin light resistance/strengthening exercises of the shoulder/upper extremity when ROM is amenable to doing so; avoid excessive heavy lifting (>20-25 pounds)
 - May return to ADLs with operative extremity when comfortable doing so, except for motion(s) listed above
 - Modalities as needed for muscle stimulation, pain control, swelling control
- **Weeks 6-12**
 - Goals: continue to improve ROM and strength
 - Continue above mentioned exercise and regimen
 - Okay to slowly discontinue previous ROM restriction of excessive extension, adduction, internal rotation
 - Advance resistance and strengthening – avoid excessive heavy lifting (>50 pounds)
 - Emphasize importance of home exercise program
 - Okay for hydro/aquatic therapy if available
- **Weeks 12+**
 - Goals: increase strength, return to work, sport, and/or pre-surgery functional level with minimal to no restrictions
 - Range of motion as tolerated – again, full ROM equal to native shoulder is not expected
 - Weight bearing/lifting as tolerated – avoid repetitive heavy/power lifting, manual labor
 - Work on improving functional/ADL tasks as needed
 - Functional/work-specific/sport strengthening and training, if applicable
 - Customized HEP to continue once PT/OT is completed

