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Rehabilitation after Reverse Total Shoulder Replacement

Week 1-4

- AVOID DISLOCATION – No combined shoulder extension/adduction/internal rotation (and example of this position is reaching to your back pocket with the arm – avoid this position!)
- Unless otherwise instructed, use your sling except for showers and the exercises below. Remove the sling 4 or 5 times a day to do **pendulum exercises**. After 4 weeks postop, you can reduce sling wear to only whenever outside the home or not awake and alert.
- You may use your hand on the affected arm in front of your body but **DO NOT** raise your arm or elbow away from your body. It is all right for you to flex (bend) your arm at the elbow.
- No Lifting of Objects greater than 1 pound
- No Excessive Shoulder Extension (do not reach arm behind the body) or External Rotation (rotate arm out away from body)
- No Excessive Stretching or Sudden Movements
- No Supporting of Body Weight by the Hands
- You may shower or bath and wash the incision area immediately. To wash under the affected arm, bend over at the waist and let the arm passively come away from the body. It is safe to wash under the arm in this position. This is the same position as the pendulum exercise.
- **ICE:** 7 Days per Week, 15- 20 minutes at a time, 4-5 Times per Day
- **PASSIVE MOTION** to include:
 - Pendulum exercises
 - Supine passive arm elevation up to 120°
 - Gentle passive ER, limit to 30°
 - Scapular retraction
 - Ball squeeze exercise
 - Internal rotation to the chest wall
 - Active ROM of elbow/wrist/hand

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Weeks 5-10

- Improve ROM of the shoulder (advance forward flexion to 150°, ER to 45°)
- Begin active-assisted/active range-of-motion
- **Sling:** Your sling is no longer necessary after 6 weeks postop
- You may begin using the arm more for activities of daily living.
- Avoid lifting more than 5-10 pounds.
- Do not support your body weight with the arm.
- **Bathing and showering:** You may shower and bath normally, avoiding painful movements.
- Passive range of motion exercises
- Active-assisted range of motion
 - ER Wand, Supine ER, Standing ER
 - Advance forward flexion to supine and standing
 - Pulleys
- Active range of motion (once passive ROM goals are met)
 - Arm Forward Elevation (Supine and Standing Active-Assisted, progress to AROM)
 - Internal rotation at 6 weeks (behind-the-back IR)
- Humeral Head control exercises
 - ER/IR (supine/scapular plane)
 - Elevation at 100 degrees
- Hydrotherapy (if available)
 - Pool exercises: forward flexion (scapular plane), horizontal abduction/adduction
- Isometrics (sub-maximal)
 - Deltoid in neutral
 - External rotation
 - Internal rotation at 6 weeks
- Scapular strengthening exercises (Shrug, standing/seated row)

Weeks 11-16

- Regain motion (elevation to 160 degrees, ER to 60 degrees, IR to T12)
- Improve muscle strength to 4/5
- Restore scapulothoracic rhythm
- Resistance for the dynamic strengthening exercises can gradually be added starting with 1lb and should not exceed 3 lb at this time.
- Progress range of motion as tolerated
- Flexibility exercises
 - Supine passive arm elevation
 - Behind the back internal rotation

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- Supine cross-chest stretch
- Side lying internal rotation stretch
- Wall slide stretch
- Avoid stress on anterior capsule
- Hydrotherapy exercises (if available)
- Isometrics
- Scapular stabilization
- Rhythmic Stabilization
- Progressive resistive exercises for scapula, biceps, triceps
 - Therabands
 - Light weights/machines
 - Rowing
 - Chest press

Weeks 16-22

- Continue to protect the shoulder by avoiding excessive forceful use of the arm or lifting excessively heavy weights.
- Address remaining deficits in motion and strength
- Active, Active-assisted, and passive ROM exercises
- Flexibility exercises
 - Supine passive arm elevation
 - Behind the back internal rotation
 - Supine cross-chest stretch
 - Side lying internal rotation stretch
 - Wall slide stretch
- Progressive resistive exercises
 - Dumbbells
 - Progressive Resistive Equipment
 - Therabands IR/ER
- Rhythmic Stabilization
- Sports/activity specific training
 - Return to golf and doubles tennis between 4-6 months once functional goals are met.