

Reverse Total Shoulder Arthroplasty  
Outpatient Rehabilitation Protocol  
**Dr. Michael Thomas Edgerton**

Patient to be seen 2-3x/week beginning after 1<sup>st</sup> office visit

**Post-op Weeks 1-4**

PROM shoulder exercises

- Forward elevation and abduction to tolerance
- ER (40 degree limit)
- IR in scapular plane as tolerated; no IR behind back
- No IR in abduction, extension, or cross body adduction

Scapular AROM

Elbow, forearm, and wrist AROM -- NO resistive elbow flexion or supination x 6 weeks

Pendulums

Modalities for pain control as needed

Ok to use arm for light ADL in front of body

Sling x 6 weeks

**Post-op Week 5-8**

Continue PROM

- No ER beyond 40 degrees until week 6 then progress per tolerance

AAROM and AROM shoulder exercises (minimize compensation)

Light UBE for warm-up

Initiate submaximal isometrics for forward elevation, ER, and abduction (No IR or extension)

Begin bicep/triceps strengthening with elbow supported with 5 pound limit (Unless biceps tenodesis is performed)

Continue modalities as needed

Sling is discharged 6 weeks post-op

**Post-op Week 9-12**

Continue PROM as needed

- ER stretch in progressive degrees of abduction
- IR stretch in abduction
- Cross body adduction stretching for posterior capsule
- Anterior chest wall stretching
- IR behind back

NO push offs x 3 months

Initiate isotonic deltoid strengthening starting with light resistance

Initiate isotonic rotator cuff strengthening with light resistance

Initiate periscapular strengthening of posterior shoulder girdle (trapezius, rhomboids, latissimus dorsi, serratus anterior)

UBE with light resistance

Closed chain scapular clocks, table top ball rolls, and wall washes if tolerated  
Continue bicep and triceps strengthening  
Continue modalities as needed

**Post-op Weeks 13 -16**

Pain-free ROM exercises  
Progressive deltoid, rotator cuff, and periscapular strengthening  
Continue UBE with progressive resistance  
Continue aerobic conditioning and core body strengthening

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Date