

## REVERSE TOTAL SHOULDER ARTHROPLASTY

### Physical Therapy

Chad Broering, M.D.

---

#### *PHASE I – Maximum Protection (Week 0 to 4)*

---

☐ **Goals**

- ☐ Reduce inflammation
- ☐ Decrease pain
- ☐ Postural education
- ☐ PROM as instructed

☐ **Restrictions/Exercise Progression**

- ☐ Sling x 2 weeks
- ☐ Ice and modalities to reduce pain and inflammation.
- ☐ Cervical ROM and basic deep neck flexor activation (chin tucks).
- ☐ Instruction on proper head neck and shoulder (HNS) alignment.
- ☐ Active hand and wrist range of motion.
- ☐ Passive/AA biceps ROM.
- ☐ Active shoulder retraction.
- ☐ Passive range of motion:
  - Flexion 90° x weeks 0-2, 120° weeks 2-4, then gradually progress as tolerated.
  - No external rotation restrictions, progress as tolerated.
  - Avoid internal rotation (thumb up back) until 6 weeks post-op.
  - Encourage walks and low intensity cardiovascular exercise to promote healing.

☐ **Manual Intervention**

- ☐ STM – global shoulder and CT junction.
- ☐ Scar tissue mobilization when incisions are healed.
- ☐ Graded GH mobilizations.
- ☐ ST mobilizations.

---

#### *PHASE II – Progressive Stretching and Active Motion (Weeks 4 to 6)*

---

☐ **Goals**

- ☐ Gradual return to full ROM.
- ☐ Postural education.
- ☐ Focus on posterior chain strengthening.

- ☐ **Exercise Progression**
  - ☐ Progress to full range of motion flexion and external rotation as tolerated. Use a combination of wand, pulleys, wall walks or table slides to ensure compliance. Patient will likely maximize on a functional ROM lifting arm to about 120° flexion actively. This is a pain reducing procedure that produces limited but functional ROM.
  - ☐ Gradual introduction to internal rotation using shoulder extensions (stick off back).
  - ☐ Serratus activation; Ceiling punch (weight of arm) many initially need assistance.
  - ☐ Scapular strengthening – prone scapular series (rows and I's). Emphasize scapular strengthening under 90°.
  - ☐ External rotation on side (no resistance).
  - ☐ Gentle therapist directed CR, RS and perturbations to achieve ROM goals.
  - ☐ Cervical ROM as needed to maintain full mobility.
  - ☐ DNF and proper HNS alignment with all RC/SS exercises.
  - ☐ Low to moderate cardiovascular work.
- ☐ **Manual Intervention**
  - ☐ STM – global shoulder and CT junction.
  - ☐ Scar tissue mobilization.
  - ☐ Graded GH mobilizations.
  - ☐ ST mobilizations.
  - ☐ Gentle CR/RS to gain ROM while respecting repaired tissue.

---

### ***PHASE III – Strengthening Phase (Weeks 6 to 12)***

---

- ☐ **Goals**
  - ☐ Gradual progression ROM all planes as tolerated.
  - ☐ Attempt to normalize GH/ST arthrokinematics.
  - ☐ Activate RC/SS with isometric and isotonic progression.
  - ☐ Continue to emphasize posterior chain strengthening but introduce anterior shoulder loading.
- ☐ **Exercise Progression**
  - ☐ Passive and active program gradually pushing for maximum flexion and external rotation.
  - ☐ Continue with stick off the back, progressing to internal rotation with thumb up back.
  - ☐ Add resistance to ceiling punch.
  - ☐ Sub-maximal rotator cuff isometrics.
  - ☐ Advance prone series to include T's or at 45° as tolerated.
  - ☐ Add rows with weights or bands.
  - ☐ Supine chest-flys providing both strength and active anterior shoulder stretch.
  - ☐ Supine PNF patterns through available range.
  - ☐ Biceps and triceps PRE.
  - ☐ Scaption; normalize ST arthrokinematics.
  - ☐ 10 weeks; add quadruped or counter weight shift. Therapist directed RS and perturbations in quadruped – bilateral progressing to unilateral-tri pod position.
- ☐ **Manual Intervention**
  - ☐ STM and Joint mobilization to CT junction, GHJ and STJ as needed.
  - ☐ CR/RS to gain ROM while respecting repaired tissue.
  - ☐ Manual perturbations.
  - ☐ PNF patterns.