

Reverse Shoulder Arthroplasty (Muscle-Sparing Technique)

Physical Therapy Protocol

Phase I – Immediate Post-Op (0–3 Weeks)

Goals:

- **Protect surgical site and minimize inflammation**
- **Reduce pain and swelling**
- **Maintain elbow, wrist, and hand mobility**
- **Initiate gentle shoulder mobility**
- **Prevent compensatory patterns**
- **Educate patient on safe home use and positioning**

Precautions:

- **Sling for comfort only — most patients will use 1–2 weeks to minimize soreness and swelling**
- **OK for immediate light use <5 lbs (e.g., eating, dressing, grooming)**
- **Avoid combined extension and internal rotation**
- **No forceful or resisted motion**
- **Limit pushing, pulling, or weight-bearing through the arm**
- **Use pillow or towel roll under elbow while supine to avoid hyperextension**

Therapeutic Exercises:

- **AROM: Elbow, wrist, and hand**

- **AAROM / PROM: Begin gentle forward elevation and ER in scapular plane as tolerated**
- **Table slides, pendulums, assisted cane flexion**
- **Gentle scapular retraction and postural drills**

Criteria to Progress:

- **Tolerates gentle AAROM and AROM without pain >4/10**
- **Independent with basic ADLs using <5 lbs**
- **Demonstrates safe shoulder positioning**
- **No signs of inflammation or surgical complication**

Phase II – Early Active Phase (Weeks 4–6)

Goals:

- **Continue restoring pain-free functional ROM**
- **Progress AAROM and AROM in all planes as tolerated**
- **Begin light deltoid and periscapular strengthening**
- **Normalize scapulohumeral rhythm**

Precautions:

- **Avoid forceful internal rotation behind the back**
- **No overhead lifting >5 lbs**
- **Progress WBAT at 4 weeks**
- **Continue sling as needed for comfort (typically discontinued by now)**

Therapeutic Exercises:

- **AROM / AAROM: Supine and seated flexion, abduction, ER/IR within pain-free range**
- **Wall slides, pulleys, incline table slides, washcloth press**
- **Strengthening: Begin isometric deltoid and scapular activation (e.g., scap setting, low rows)**

- Supported active elevation with cane, serratus punches, scapular retraction drills

Criteria to Progress:

- Functional ROM for basic ADLs (e.g., elevation >100°)
- Pain <4/10 with home exercise program
- Scapular control without substitution patterns
- Able to use surgical arm functionally for <5 lb tasks

Phase III – Strengthening Phase (Weeks 7–8)

Goals:

- Normalize active motion
- Increase deltoid and periscapular strength
- Improve control and endurance with light function
- Safely initiate gentle resisted strengthening as tolerated

Precautions:

- Avoid aggressive overhead or behind-the-back lifting
- Maintain loads <5–10 lbs until cleared for higher effort
- Respect fatigue or sharp pain

Therapeutic Exercises:

- Full AAROM/AROM in all planes
- Begin resisted forward flexion, scaption, ER/IR with bands
- Wall ball rolls, push-up plus (wall or knees), prone rows, Y/T exercises
- Introduce quadruped stability and rhythmic stabilization drills

Criteria to Progress:

- AROM near full with proper mechanics
- Tolerates light strengthening without pain escalation

- Demonstrates symmetric scapular rhythm
- Functional use of arm in daily life without fear or substitution

Phase IV – Transitional Strengthening (Weeks 9–11)

Goals:

- Improve shoulder strength and endurance
- Normalize dynamic stability for daily activities
- Progress to moderate functional loading as tolerated

Precautions:

- No heavy lifting >10 lbs
- Avoid long-duration overhead loading or jerky motions

Therapeutic Exercises:

- Resistance bands for all directions, prone and standing rows
- Wall stabilization with resistance, PNF patterns
- Light functional tasks (lifting laundry, bag, cup) encouraged
- Core and kinetic chain integration

Criteria to Progress:

- Pain-free functional use of arm in household tasks
- Strength approaching 75% of contralateral side
- Endurance sufficient for moderate-duration activities
- No substitution or shoulder hiking with motion

Phase V – Advanced Strengthening and Return to Activity (Weeks 12–16)

Goals:

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Innovating **BIG RESULTS**
Through Small Incisions

- Enhance strength, endurance, and stability
- Return to full functional and recreational use
- Build tolerance for lifting, pushing, or occasional overhead use

Precautions:

- Avoid repetitive overhead activity >15 lbs until cleared
- Focus on gradual return to full tasks

Therapeutic Exercises:

- Progressive resistance in all shoulder planes
- Band/cable resisted scaption, ER, IR, and abduction
- Functional exercises: diagonal lifts, suitcase carries, light wall push-ups
- Rotator cuff: side-lying ER, resisted IR/ER, standing abduction

Criteria for Discharge or Return to Activity:

- Cleared by surgeon
- Full AROM and PROM pain-free
- Strength $\geq 85\%$ of opposite side
- No compensatory movement patterns
- Able to complete functional and recreational tasks with confidence

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