

Reverse Total Shoulder Arthroplasty (rTSA)

Individual patient circumstances may affect the guideline
(tear configuration, fixation used, associated procedures, etc.)

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-6	<ul style="list-style-type: none"> • Protect surgical site • Reduce swelling • Decrease pain and inflammation • Decrease muscle inhibition • <u>Weeks 2-3 Goals:</u> <ul style="list-style-type: none"> ○ Flexion to 90° ○ ER to 20° with arm at side ○ Abduction max of 75° without rotation • <u>Weeks 3-4 Goals:</u> <ul style="list-style-type: none"> ○ Flexion to 120° ○ ER to 30° with arm at side ○ Abduction max of 75° without rotation 	<ul style="list-style-type: none"> • ROM restrictions: <ul style="list-style-type: none"> ○ Flexion 0-130° ○ ER 0-30° in scapular plane ○ Abduction 0-75° ○ No isolated IR or extension ROM until s/p 6 weeks ○ No combined IR & backward extension ROM until 12 weeks • No IR or backward extension exercises • Non-weight bearing to involved extremity • Sling at all times, except during physical therapy or bathing 	<ul style="list-style-type: none"> • PRICE <ul style="list-style-type: none"> ○ Cryotherapy: 5-7 times per day • ROM (see restrictions) <ul style="list-style-type: none"> ○ Passive shoulder motion ○ AAROM begin at 4 weeks <ul style="list-style-type: none"> • Supine dowel exercises • Pulleys into elevation ○ Active elbow, wrist and hand motion • Submaximal deltoid (anterior and lateral) & triceps isometrics in neutral at 4 weeks • Scapular exercises: shrugs, depression, retraction, and protraction • Modalities: e-stim, heat (before) & ice (after) as needed • Cardio: walking, stationary or recumbent bike with sling
Weeks 6-12	<ul style="list-style-type: none"> • Soft tissue healing • Decrease pain and inflammation • Full passive range of motion • <u>ROM Goals:</u> <ul style="list-style-type: none"> ○ Flexion 0-140° ○ ER 0-40° ○ Abduction 0-140° ○ Caution with IR/extension ROM 	<ul style="list-style-type: none"> • Discontinue sling with surgeon approval • Caution with isolated IR/backward extension ROM • No resisted IR or backward extension exercises • No combined IR & backward ROM until week 12 (including rows) • Non-weight bearing to involved extremity 	<ul style="list-style-type: none"> • Ice as instructed <ul style="list-style-type: none"> ○ ROM (see restrictions) ○ Continue PROM ○ Continue AAROM supine → upright ○ AROM as tolerated supine → upright • Submaximal wall isometrics in neutral all planes • Light resisted ER, flexion, abduction bands once patient tolerates wall isometrics with no pain (concentric motions only) • Cardio: UBE may begin at 6 weeks
Weeks 12+	<ul style="list-style-type: none"> • Full active range of motion • 4+/5 shoulder and elbow MMT • Gradually return to recreational activities (e.g. golf, swimming, pickle ball) 	<ul style="list-style-type: none"> • ROM and progressive strengthening as tolerated 	<ul style="list-style-type: none"> • Range of motion <ul style="list-style-type: none"> ○ Continue AROM as tolerated ○ Passive stretches at end range • Eccentric resistance may begin at 12 weeks • May begin IR and backward extension resisted exercises • Progress strengthening • Closed-chain intervention progression may begin at 12 weeks • Light plyometric intervention may begin at 12 weeks <ul style="list-style-type: none"> ○ Higher level plyometric intervention may be considered upon surgeon guidelines and approval

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process. Progress may vary based on specifics of injury and procedure.