



Reverse Total Shoulder Arthroplasty  
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	PRECAUTIONS	ROM	EXERCISES
<b>Phase 1: 0-2 weeks</b>  <b>Patient to perform HEP</b>	Non-weight bearing (No loading the joint with body weight or lifting weights)  Sling 2-3 weeks	Sling day and night.  ADL's at waist level as tolerated	Hand, wrist, Elbow, Neck Active ROM exercises.  Pendulum Exercises
<b>Phase 2: 2-6 weeks</b>  <b>Formal therapy to begin</b>  <b>2-3x/week</b>	Non-weight bearing (No loading the joint with body weight or lifting weight >1#)  Wean sling as tolerated  **If subscapularis repair: Limit passive ER 30° and all active IR**	ADL's to chest level as tolerated  Gentle PROM as tolerated  Gentle AAROM as tolerated	Active hand, wrist, elbow ROM Elbow strengthening Scapular stabilization/strengthening Deltoid isometrics ADL training Pulleys AA Wall walks AA Wand exercises  Avoid shoulder shrug sign
<b>Phase 3: 6-12 weeks</b>  <b>1-2x/week</b>	If patient has acromial or scapular spine pain/tenderness, return to sling until pain resolves.	AROM as tolerated  Light strengthening	Sidelying ER Rotation Standing IR/ER Rotation Short-lever arm deltoid strengthening  Avoid shoulder shrug sign
<b>Phase 5: 12-16 weeks</b>  <b>1-2x/week</b>	none	AROM GOALS: Elevation 120° ER 15° IR to back pocket	Progressive Resisted exercises as tolerated. Focus on Deltoids.  Maximize scapular stabilization.

MD post op appts., 2 weeks, 6 weeks, 12 weeks, 5 months. Please send PT progress notes prior to each MD appts.

This procedure is to eliminate pain and allow the deltoid to provide reasonable, functional AROM for ADL's and quality of life.

There is minimal dislocation risk.

There is some risk of acromial stress reaction.

This protocol is not a substitute for clinical decision making of the health care professional.

Please see PT referral for any specific post-op instructions.