

**Dr. Brad Bushnell**  
**Harbin Clinic Orthopaedics surgery and Sports Medicine**  
**Physical Therapy**  
**Reverse Total Shoulder Athroplasty**  
**Post Operative Protocol**

**Phase I – Maximum Protection (Week 0 to 6):**

**Week 0 to 6:**

- Sling x 6 weeks
- Ice and modalities to reduce pain and inflammation
- Begin active wrist and elbow range of motion
- Begin active shoulder retraction
- Begin passive range of motion (Gradual Progression) x 6 weeks

Flexion:           0-90 (0-2 weeks)  
                      0-120 (2-4 weeks)  
                      Gradual progression to full flexion after week 4

External rotation: 0 degrees at 0 degrees abduction (0-2 weeks)  
                          gradual return to full external rotation after week 2.

Internal Rotation: No internal rotation for 6 weeks.

- Shoulder pulleys – flexion per motion restriction; abduction after week 2 to 90 degrees

**Phase II – Progressive Stretching and Active Motion (Weeks 6 to 10):**

- Maintain program as outlined in phase I
- Continue with gradual return of motion all planes. Light internal rotation stretching
- Begin active range of motion
- Wand flexion and abduction
- Scapular strengthening
- Biceps and triceps strengthening
- Proprioception drills emphasizing neuromuscular control

**Phase III – Strengthening Phase (Weeks 10 to 16)**

- Resisted rotator cuff and scapular stabilization program; isometrics progressing to TB and weights as tolerated
- Proprioception and neuromuscular control drills

**Phase IV – Advanced Strengthening and Plyometric Drills (Week 16 to 24):**

**Weeks 12 to 16:**

- Continue with end range stretching
- Continue with rotator cuff strengthening

- Begin gym strengthening as tolerated