REVERSE TOTAL SHOULDER ARTHROPLASTY CLINICAL PRACTICE GUIDELINES

General Precautions

- Progression is time and criterion-based, depending on soft tissue healing, patient demographics, and clinician evaluation.
- For questions, contact Dr. Sujan Gogu's clinic.

Rehabilitation Precautions

- **Sling Use:** 6 weeks
- **Restricted Movements:** Avoid internal rotation, cross-body adduction, or extension for 12 weeks
- **Movement Guidelines:**
  - ✓ Perform forward elevation only in the SCAPTION plane
  - ✓ Avoid stretching into pain
  - ✓ Be cautious with end range motion
  - ✓ Do not force into end ranges
- **Weight-bearing restrictions:**

Do not support body weight with the involved hand (e.g., pushing up from a chair) for 12 weeks

- **Driving:** Avoid for 6 weeks
- **Jogging:** Can continue at 12 weeks post-operation
- **Long-term Restriction:**
  - ✓ No push ups and bench press
  - ✓ Do not lift more than 15 lbs below shoulder height and 10 lbs above shoulder height
  - ✓ **Additional Precautions:**

Consult the surgeon's office if posterior instability precautions are noted on the referral or operative report

Rehabilitation Phases

Phase	Timeline	Activities and Goals
Phase I	Post-	✓ Continue home exercises including:

	operative (0-2 weeks)	✓ Wrist/hand exercise ✓ Pendulums and shoulder blade squeezes
Phase II	Weeks 2-4	**ROM:** ✓ Continue all exercises ✓ Apply cryotherapy 4-5 times daily for 15-20 minutes ✓ Avoid shoulder IR, adduction, extension and cross-body movement of the shoulder **Strengthening:** ✓ Start sub-maximal, pain free deltoid isometrics in scapular plane ✓ Avoid shoulder extension when isolating the posterior deltoid ✓ Goals: ✓ Enhanced passive ROM ✓ Restoration of AROM in elbow, wrist and hand ✓ Independent daily activities with necessary adjustments
Phase III	Weeks 4-6	**ROM:** ✓ Advanced PROM ✓ Able to perform ➢ Forward scaption in supine to 120° ➢ ER in the scapular plane to tolerance (30-45°) ✓ Continue cryotherapy ✓ Avoid shoulder IR, adduction and cross-body movements **Strengthening:** ✓ Perform gentle resisted exercise of elbow, wrist and hand ✓ Do not use sling after six weeks **Goal:** ✓ Perform PROM exercises and AROM exercises for elbow, wrist and hand

		✓ Engage in isometric exercises to activate the deltoid and periscapular muscles in the scapular plane
Phase IV	Weeks 6-10	**Precautions:** ✓ Avoid extending the shoulder beyond its natural range. ✓ Refrain from repetitive active range of motion (AROM) exercises for the shoulder if mechanics are poor. ✓ Limit lifting to objects no heavier than a coffee cup. ✓ Avoid putting weight on the involved upper extremity. **Range of Motion (ROM):** ✓ Initiate active-assisted and active range of motion (AAROM/AROM) exercises for the shoulder, progressing from lying down to sitting in a slightly forward position, and externally rotating the shoulder in the plane of the shoulder blade. ✓ Perform gentle mobilizations of the glenohumeral and scapulothoracic joints (Grades I and II). ✓ Use the involved hand for feeding and performing light activities of daily living (ADLs). ✓ Continue cryotherapy as necessary. ✓ Avoid internally rotating, adducting, extending, or moving the shoulder across the body. **Strengthening:** ✓ Gradually increase the strength of the elbow, wrist, and hand. ✓ Perform gentle submaximal pain-free isometric exercises to externally rotate the shoulder. ✓ Engage in rhythmic stabilization and alternate isometric exercises for the scapulothoracic region while lying down. ✓ Conduct gentle isotonic strengthening exercises

		towards the end of the eighth week for the periscapular muscles and deltoid, focusing on staying within pain-free limits. **Goals:** ✓ Progressively improve passive range of motion (full passive range of motion is not expected). ✓ Gradually restore active range of motion. ✓ Manage pain and reduce inflammation. ✓ Restore effective shoulder stability.
Phase V	Weeks 10-12	**Range of Motion (ROM):** ✓ Continue with the exercises mentioned earlier and gradually increase functional activities. ✓ Avoid movements that involve shoulder internal rotation, adduction, or crossing the body. **Strengthening:** ✓ Start with supine forward flexion exercises in scaption using 1-3 lbs, adjusting trunk elevation from lying down to sitting or standing. ✓ Progress to gentle isotonic strengthening exercises for external rotation of the shoulder. **Goals:** ✓ Enhance shoulder function. ✓ Achieve isotonic activation and strength gains in the deltoid and periscapular muscles.
Phase VI	Week 12+	**Precautions:** ✓ Refrain from lifting objects heavier than six pounds with the affected upper extremity. ✓ Avoid sudden lifting or pushing activities. **Range of Motion (ROM):** ✓ Maintain current progress in range of motion. ✓ Gradually increase internal rotation as tolerated. **Strengthening:** ✓ Continue with the existing strengthening program.

		✓ Advance to gentle resisted flexion and elevation exercises while standing. ✓ Typically follow a home exercise program (HEP) 3-4 times weekly to enhance strength and progress towards functional and recreational activities as guided by the surgeon and physical therapist. **Discharge Criteria:** ✓ Maintain pain-free active range of motion in the shoulder (80°-120° of elevation, functional external rotation approximately 30°). ✓ Demonstrate correct shoulder mechanics.