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## **Reverse Total Shoulder Arthroplasty**

Name \_\_\_\_\_\_\_Date \_\_\_\_\_

Procedure															
Proced	Procedure Date														
Frequ	ency	1	2	3	4	5	times/week	Duration	1	2	3	4	5	6	weeks
Weeks	s 0-6:														
•	Patie stren				ie ex	erc	ises given pos	t op (penduli	ums	, elb	ow I	ROM	l, wr	ist F	ROM, grip
•	Rem	ove	sling	g for	hon	ne e	xercises and b	oathing ONL	Y						
•	May	beg	gin p	assiv	e for	rwa	rd elevation a	nd gentle ER	R as	toler	ated	with	out	ove	r stretching
•	Prog	ress	ER	with	goa	l of	(30° if 1	not otherwise	e sp	ecifi	ed) a	ıt 6 v	veek	S	
•		isio	n for		-		repair, NO ac e subscapular			-					
•	NO 6	end	rang	e or	aggr	essi	ive stretching	for 6 weeks							

## Weeks 6-12:

- PROM→ AAROM→ AROM as tolerated except:
  - o No resisted IR/backwards extension until 12 weeks post op
- May DC sling at 6 weeks
- Pulleys
- Heat before and ice after therapy
- Begin light resisted ER/FF/ABD isometrics and bands, concentric motions only
  - No scapular retractions with bands yet

## **Months 3-12:**

- Begin resisted IR/BE (isometrics/bands); isometrics→ light bands→ weights
- Advance strengthening as tolerated; 10 reps/ 1 set per exercise for rotator cuff, deltoid, and scapular stabilizers
- Increase ROM to full with passive stretching at end ranges
- Begin eccentric motions, plyometrics and closed chain exercises at 12 weeks

omments:	
each HEP	
Iodalities PRN	
Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other identification considered to improve patient's outcome do not hesitate to call.	
Patient's recovery is a team approach: Patient, family/friend support, therapist, surgeon. Every team member plays an important role in recovery.	, and
ignatureDate	