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# Physical Therapy Prescription – Reverse Total Shoulder Replacement

Name:	Date:
Diagnosis: R / L Reverse Shoulder Replacement	Date of Surgery:
Frequency: 2-3 times per week for weeks	

### Therapy Phase I (Weeks 0 – 6 after surgery):

- Sling with abduction pillow: Continue for a total of 6 weeks
- Range of Motion: PROM (except IR, backward extension)
  - o Weeks 2-3 goals: FF to 90° and ER to 20° with arm at side, ABD max of 75° without rotation
  - Weeks 3-4 goals: FF to 120° and ER to 40° with arm at side, ABD max of 75° without rotation
  - o NO IR/backward extension ROM until 6 weeks postop
- Exercises: Pendulums, grip strengthening
  - NO IR/backward extension
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

### THERAPY Phase II (Weeks 6 – 12 after surgery):

- Sling: Discontinue
- Range of Motion: increase as tolerated; begin AAROM and AROM as tolerated
  - o Caution with IR/backward extension
- Exercises: begin light resisted ER, FF, ABD isometrics and bands (concentric motions only)
  - No scapular retractions with bands
  - NO IR/backward extension exercises until 3 months postop
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

## THERAPY Phase III (Weeks 12 - 24 after surgery):

- Range of Motion: increase as tolerated with passive stretching at end ranges
- Exercises: continue Phase II and advance as tolerated for cuff, deltoid, and scapular stabilizers
  - o Emphasize low-weight, high rep exercises
  - Begin resisted IR / backward extension with isometrics → light bands → weights
  - Begin eccentric motions, plyometrics, and closed chain exercises
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Signature:	 Date: