



REVERSE TOTAL SHOULDER
ARTHROPLASTY (rTSA)

Postop	Goals	Precautions	Exercises
Weeks 0-6 Pt 1- 2x/week HEP daily	Edema and pain control Protect surgical repair Maintain UE ROM in elbow, hand and wrist Gradually increase shoulder PROM Initiate shoulder AA/AROM, periscapular muscle activation, deltoid activation Minimize muscle inhibition Patient education PROM: Week 1: Flexion 90°, ER 0° Week 2: Flexion 120°, ER 0° Week 6: Flexion 140°, ER 30°	Sling when not doing exercises, neutral rotation, DC sling at 4-6 weeks* Limit ER to neutral weeks 0-2 No ER>30°, active IR (Weeks 2-6) No extension beyond neutral No scapular retractions past neutral ext Limit abduction to 75° No resisted elbow flexion No supporting of body weight with hands No lifting first 4 weeks, then no more than a coffee cup Until sling d/c, no shoulder A/AROM No IR PROM *6 weeks if tendon transfer, subscapularis repair, or fracture; 2 weeks if normal Dr. Ramirez rTSA	Ice, compression Elbow, wrist, hand ROM Codman/Pendulum Passive supine flexion within limits Passive ER within limits Scapular mobility to neutral ext & stability, deltoid isometrics (start at Week 4) Supine flexion AAROM progressing to AROM (after sling d/c) Supine ER AAROM (after sling d/c) Posture training <i>Criteria for progression:</i> - Gradual increase in shoulder P/AA/AROM - 0 degrees PROM into IR - Palpable muscle contraction in periscapular musculature - Pain < 4/10 - No complications
Weeks 6-12 Pt 2-3x/ week HEP daily	Protect surgical repair Gradually progress A/AA/PROM Maintain pain-free ROM Progress deltoid, periscapular strengthening Initiate motor control exercise Improve dynamic shoulder stability Progress to full functional activities Patient education Flexion <=140° ER <=30° in neutral IR <= 50° in scapular plane	No sling No resisted IR/EXT Avoid EXT/IR/ADD No resisted scapular retraction Avoid painful ADL's No functional supporting of body weight with hands No extension beyond neutral No lifting >10# starting at Week 9	Advance P/AA/AROM Cane/pulley Passive IR in 60° abduction Rhythmic stabilization at 90-120° Submaximal isometrics ER/Flexion/ABD Closed chain kinetic exercises (slow ramp up, beginning week 9) Scapular stabilization Anterior deltoid/teres minor strengthening Stretching PNF D1, D2 diagonal lifts <i>Criteria for progression:</i> - Gradual increase in shoulder P/AA/AROM - 0 degrees PROM into IR - Palpable muscle contraction in periscapular musculature - Performs all exercises with optimized scapulothoracic mechanics - Pain < 2/10

Postop	Goals	Precautions	Exercises
Weeks 12-24 PT 1- 2x/week HEP daily	Full ROM Improve shoulder strength and endurance Initiate RTC strengthening if concomitant repair	No sling Avoid painful ADL's No lifting >15#	Begin AA→AROM IR/EXT Advance strengthening as tolerated Closed chain scapular rehab Functional strengthening focused on anterior deltoid and teres minor Maximize scapular stabilization RTC strengthening if concomitant repair <i>Criteria for progression:</i> <ul style="list-style-type: none"> - Clearance from surgeon - Met all milestone criteria - Performs all exercises with optimized scapulothoracic mechanics - QuickDASH
Weeks 24+ HEP daily	Maximal ROM Independent HEP	None	Progress strengthening, flexibility, and endurance
AMENDMENTS TO PROTOCOL			
<input type="checkbox"/> DELTOPECTORAL (STANDARD) / SUPERIOR (ANTERIOR DELTOID) APPROACH			
<input type="checkbox"/> ADDITIONAL SURGEON INSTRUCTIONS: Dr. Ramirez- d/c sling at 2 weeks			

Physician Specific

Typical Schedule of follow-up visits with physician after surgery:

Dr. Corpus

Scheduling:

- Follow-up schedule – 2 weeks, 6 weeks, 3 months, 6 months, 1 year

Incision - Sutures under skin, glue – waterproof dressing (remain until first follow-up at 2 weeks – as long as clean)

Medication - (oxycodone, Tylenol, naproxen) - discharge ASAP, 2-4 weeks, ASA (DVT prophylaxis)

Bathing – immediate but must cover bandage with Saran Wrap until first follow-up at 2 weeks (surgeon to decide at this follow-up further instruction)

Sling – 4 weeks, can discontinue wedge week 2

– Sling use for 6 weeks if rTSA a result of a fracture

Typical Medications:

Dr. Ramirez – Oxycodone, Medrol Dosepak, Tylenol, Ibuprofen

TED hose:

Dr. Ramirez – 2 weeks

Dressings:

Dr. Ramirez: Keep until f/u visit