

KNEEbraska

Matthew R. Byington, DO

Orthopaedic Surgeon—Board Certified

Sports Medicine &amp; Arthroscopic Surgery // Knee &amp; Shoulder Reconstruction

Prairie Orthopaedic &amp; Plastic Surgery 4130 Pioneer Woods Dr, Suite 1, Lincoln, NE 68506

Phone: (402) 489-4700

Fax: (402) 489-5220

[www.KNEEbraska.com](http://www.KNEEbraska.com) // [www.drmattbyington.com](http://www.drmattbyington.com) // [www.prairie-ortho.com](http://www.prairie-ortho.com)
**REVERSE TOTAL SHOULDER REPLACEMENT REHABILITATION PROTOCOL**

	<b>ROM</b>	<b>IMMOBILIZER</b>	<b>EXERCISES</b>
<b>PHASE I</b> (0-4 weeks)	Limit 45° passive ER to protect Subscapularis repair  Flexion , Extension progress as tolerated	<b>0-2 weeks:</b> Worn at all times day and night; off for gentle exercise only  <b>2-4 weeks:</b> Worn daytime only	<b>0-2 weeks:</b> Grip strengthening, pendulum exercises, elbow/wrist/ hand ROM at home  <b>2-4 weeks:</b> Begin cuff, deltoid isometrics; Limit ER to passive 45° and no active IR or extension until 6 weeks if Subscapularis repair was done
<b>PHASE II</b> (4-12 weeks)	Increase as tolerated  Begin active/active-assisted IR and extension as tolerated after 6 weeks if Subscapularis repair was done	NONE	<b>4-8 weeks:</b> Begin light resisted ER, forward flexion and abduction  Focus on Anterior Deltoid, Teres  <b>8-12 weeks:</b> Begin resisted IR, extension and scapular retraction
<b>PHASE III</b> (12-24 weeks)	Progress to full without discomfort	NONE	Advance strength training as tolerated; closed chain scapular rehab and functional rotator cuff strengthening; focus on anterior Deltoid and Teres mm. Emphasis scapular stabilization