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Patient Name:

Date:

Date of surgery:

Visit per week:

PHYSICAL THERAPY PRESCRIPTION:

REVERSE TOTAL SHOULDER ARTHROPLASTY

Weeks 0 to 6: Phase I

Sling Immobilizer: Please Transition out of the sling between 2 to 3 weeks after surgery (Sleep in sofa recliner with your sling for the first 2 weeks) for Primary Reverse Shoulder Replacement or 5 to 6 weeks for Fracture and Revision Reverse Shoulder Replacement.

- ☐ 2 Weeks in Sling
- ☐ 6 Weeks in Sling

Activities of Daily Living: You may use your arm and hand on the operative shoulder for your ADL activities 2 weeks after surgery. Pendulums are also encouraged 1 week after surgery.

Exercises:

- Passive ER to 20 degrees and extension to neutral, pendulums daily
- Passive supine FF **in scapular plane** to 90 (**NO aggressive stretching and NO PAIN**)
- AROM wrist/elbow
- Submax (50%) pain free deltoid isometrics in neutral
- Scapular “pinches”
- Modalities as needed: ice

Advancement Criteria: ER to the above set criteria
FF in scapular plane to 90
Minimal pain and inflammation with any motion or exercise
Incision is well healed with no drainage or redness

Weeks 6-10: Phase II

Exercises: Passive & Active assisted FF in scapular plane – no limits (wand exercises, pulleys)
Passive & Active assisted ER as tolerated by the patient
Active supine FF in scapular plane
Manual scapular side-lying stabilization exercises

Isometrics: Deltoid in neutral
ER (modified neutral) ROM < 30 deg
IR (modified neutral)

Scapular retraction with elastic bands
Humeral head control exercises:
ER/IR (supine/scapular plane)
Elevation at 100 deg

Modalities as needed

Advancement Criteria: FF > 120
ER > 30
Good humeral head control Minimal to no pain with ADLs

Weeks 10-16: Phase III

Exercises: Progress ROM as tolerated
AAROM for full FF and ER
AAROM for IR – no limits
Flexibility exercises: towel stretch, posterior capsule stretch
IR/ER/FF isotonic strengthening
Scapular stabilization
Rhythmic stabilization
PREs for scapula, elbow (biceps/triceps)
Forward flexion in scapular plane
Progressive resistive equipment: row, chest press (light weight)
Modalities as needed

Advancement Criteria: Muscle strength 4/5
Passive FF > 120, ER > 30
Restore normal scapulohumeral rhythm < 90 deg elevation
Minimal pain and inflammation

Weeks 16-22: Phase IV

Exercises: Access and address any remaining deficits in ROM, flexibility, strength
Active, active-assisted, and passive ROM exercises
Flexibility exercises: towel stretch (IR), posterior capsule stretch
Progressive resistive strengthening:

Dumbbells
Progressive resistive equipment
Elastic band IR/ER (modified neutral)

Rhythmic
stabilization

Modalities
as needed

Individualize program to meet specific needs of patient

Discharge Criteria: Maximize ROM
Full independent ADLs
Normal scapulohumeral rhythm >100deg elevation

* Please Send Progress Notes *

Physician's Signature: _____

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