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Physical Therapy Prescription – Reverse Shoulder Replacement

Name: _____ **Date:** _____

Diagnosis: R / L Reverse Shoulder Replacement **Date of Surgery:** _____

Frequency: 2-3 times per week for 6 weeks, **beginning 2 weeks after surgery**

WEEKS 0–2: Period of protection; no therapy for the first 2 weeks

- **Sling with pillow:** Must wear at all times except for hygiene
- **Range of Motion:** No active shoulder ROM allowed; elbow/wrist motion ONLY
- **Exercises:** Pendulums, grip strengthening

THERAPY Phase I - Weeks 2 – 12 after surgery:

- **Sling:** Discontinue at 6 weeks
- **Range of Motion:** PROM > AAROM > AROM as tolerated
- **Avoid ER > 20 Until 6 weeks!**
- **Caution with IR/backward extension**
- **Exercises:** begin light resisted ER, FF, ABD isometrics and bands (concentric motions only)
- **NO IR/backward extension exercises until 3 months postop**
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

THERAPY Phase II - Weeks 12 – 24+ after surgery:

- **Range of Motion:** increase as tolerated with passive stretching at end ranges
- **Exercises:** continue Phase I and advance as tolerated for cuff, deltoid, and scapular stabilizers
- 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 _____