Reverse Shoulder Protocol

Key Aspects of the Reverse shoulder

-Only the very posterior cuff typically is intact

-Deltoid/periscapular muscles provides the majority of the power

-Instability can be an issue early in rehab- more likely with extension/adduction/external rotation. Therefore, reaching behind the back to tuck in shirt or bathroom hygiene is not allowed for the first three months.

-Strength will not be normal and excessive strengthening exercises risks late complication such as acromial stress fracture. Goal is minimal pain and an arm that is good for ADLs and light activity.

Phase 1 (0-4 weeks)

Maximum protection in sling

AAROM of elbow, hand and wrist

Pendulums ok

Keep pillow behind elbow when in chair or bed- don't allow elbow to extend backwards past midline of body

Phase 2 (4-6 weeks)

PROM of shoulder

FE to 120 degrees

ER to 30 degrees

Periscapular and deltoid sub-maximal pain free isometrics in the scapular plane

Phase 3 (6-8 weeks)

Progress PROM- do not expect full ROM- average across studies is 140-150

Begin shoulder AA/AROM

ER/IR scapular plane- still avoid IR/EXT behind back

Phase 4 (9-12 weeks)

Begin submaximal isometrics in ER/IR

Begin gentle periscapular/deltoid sub maximal pain free isotonic strengthening- light weights 1-3lbs

Can advance to gentle isotonic strengthening ER/IR later in this phase

Phase 5 (12+ weeks)

Enhance functional use of operative arm, IR behind back

Progress strengthening: 5-10lbs max

Advance to home program