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Rehabilitation Protocol: Reverse Total Shoulder Replacement

Name:		Date:	
Diagnosis:		Date of Surgery:	
• Therapeu o G o E o T	_	-out of sling to do home exercise program (pendulums) twice	e daily
○ B ○ G • Therape ○ B a ○ N	nue sling Motion –PROM →AAROM →A legin Active Internal Rotation a loals: >90° Forward Flexion ar litic Exercise legin light resisted exercises for load bands – Concentric Motion	and Backward Extension as tolerated nd 30° External Rotation or Forward Flexion, External Rotation and Abduction – isome	etrics
• Theraper	Motion – Progress to full ARO atic Exercise egin resisted Internal Rotation dvance strengthening as toler	M without discomfort – gentle passive stretching at end rang n and Backward Extension exercises rated – Rotator Cuff, Deltoid and Scapular Stabilizers netrics and closed chain exercises	șe
Comments: Frequency:	times per week	Duration: weeks	
Signature:		Date:	