



Reverse Shoulder Prosthesis for Fracture - Physical Therapy Prescription

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks

Phase I: Protect the Tuberosity (Rotator Cuff) Repair (*0 to 6 weeks*)

- Staples to be removed at 14 days after surgery
- Sling/immobilizer should be worn AT ALL TIMES other than when showering
- Initiate exercise program 3 times per day immediately:
 Immediate elbow, forearm and hand AROM
- Pendulums may begin at 2 weeks after instruction by therapist

Phase II: PROM/AAROM (*6 to 8 weeks*)

- Discontinue sling at all times
- Lifting restriction of 2-3 pounds
- Advance AAROM and PROM as tolerated
 Maintain ER limit of 30 until 8 weeks.
 Advance forward elevation as tolerated
- Scapular stabilizer strengthening.

Phase III: AROM/Strengthening (*>8 weeks*)

- Advance AROM as tolerated
- Strengthen rotator cuff and shoulder musculature (Isometrics, Theraband, dumbbell, etc). AVOID RESISTED IR OR EXTENSION UNTIL 10 WEEKS.
- Lifting restriction of 10 pounds until 3 months
- Incorporate low level functional activities at 3 months (swimming, water aerobics, light tennis, jogging)
- Start higher level activities at 4 months (tennis, light weight training, and golf).
- Initiate functional progression to sports specific activities at 4 months.

Signature: _____

Date: _____