



**Reverse Total Shoulder Arthroplasty
ACCELERATED PROTOCOL -
Use this protocol only if specified by M.D.**

Day 1-3:

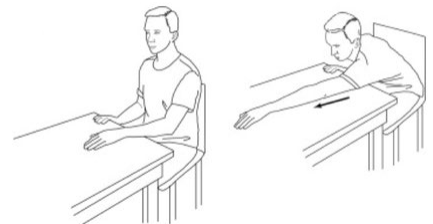
- Prior to leaving the operating room, a shoulder immobilizer sling will be applied to your shoulder.
- Control swelling. Following discharge from the primary surgery, you should go home and rest, elevate your extremity and use ice to bring down swelling for 20 minutes, once per hour.
- Control pain. You will be sent home with a prescription for pain medications. You may take over-the-counter medications such as Tylenol or Motrin for baseline pain and add the prescription medication for more severe pain, if needed.

We can increase the pain medication if you're uncomfortable. Feel free to call the office at **650-723-5256** or call the surgery scheduler. If it is after hours, there is always someone available at Clinical Advice Services at **650-723-4000**.

Weeks 0-4:

- The sling should be worn 90% of time. Must wear sling to sleep at night.
- No active range of motion of the shoulder is allowed.
- Active range of motion of elbow, wrist, and hand okay.
- Start pendulum exercises 2-3 times daily for 2-3 minutes.
- Start supine active-assisted range of motion and table slides.
- At 2 weeks post-op: Start formal physical therapy for scapular motion and passive and active assisted shoulder range of motion, with restrictions:
 - external rotation to 30° max
 - forward elevation of 130° max
- No isometrics, pulleys, or wands yet.

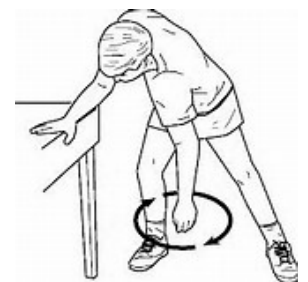
Table Slides



Weeks 4-6

- Discontinue sling.
- May use the arm for activities such as dressing, grooming, and eating.
- Progress from active assisted to active shoulder range of motion. No range of motion restrictions.
- Start pulley and wand exercises.
- Start isometric exercises, but otherwise no strengthening yet.

Pendulum



Weeks 6+

- Advance shoulder strengthening exercises.
- OK to bear gently weight through operative arm using a walker, if needed. Wait until after 3 months post op before bearing full weight through operative arm.
- Continue to work on active shoulder range of motion.

You have a prosthetic component which is susceptible to mechanical loosening or dislocation. You should not engage in heavy manual labor for the lifetime of your prosthesis, including weightlifting more than 15 pounds overhead.