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Patient \_\_\_\_\_  
 D.O.S. \_\_\_\_\_

**REVERSE TOTAL SHOULDER PROTOCOL**

	<b>Week 0-2</b>	<b>Week 3-4</b>	<b>Week 5-8</b>	<b>Week 9-12</b>	<b>Week 12-16</b>	<b>Month 5-6</b>
<b>Passive Flexion</b>	0-90°	0-110°	0-125°	Increase as tolerated		
<b>Passive IR</b>	30° (at 30° abduction)	30°	45°	As tolerated, advance appropriately No need to push aggressively		
<b>Passive ER</b>	20° (at 30° abduction)	50°	60°	As tolerated, advance appropriately		
<b>Sling</b>	yes	yes, as needed	D/C – wear for comfort only			
<b>PT visits/week</b>	1-3	1-3	1-3	As necessary	Monitor, if needed	Monitor, if needed
<b>Exercises</b>	Pendulum		Advance from AAROM to AROM as shoulder allows regarding pain and function	AROM and advance to Isotonics for Sidelying flexion to supine flexion, sidelying ER	Continue all exercises for achieving ROM and strength	HEP: 3x/week
NOTE: Individual progression may vary. Follow MD's instructions.	Gripping	Pulleys				
	Isometric Abductors/ER/IR	Isometrics Flex/Ext	Isometrics All planes, increase intensity	Initiate light active functional exercises		
	AROM Elbow/wrist	AAROM IR/ER/Flex	Scapular strengthening-advance as able			
<b>Please Contact Northwoods Therapy Associates with questions:</b>	Rhythmic Stabilization and Scapular engagement		<b>Generally speaking, the focus is to restore functional movement and strength. Avoid pain at end range of motion. Progress ROM, strength and exercises as a continuum. You do not need to hold the patient back if they seem to be progressing ahead of the plan above.</b>			
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