

Reverse Shoulder Arthroplasty for Proximal Humerus Fracture Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Tuberosities not repaired: ☐ Tuberosity fixation: ☐	Other Precautions:
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Defaults below assume tuberosities repaired, with early motion (cohort studies show faster recovery without loss of tuberosity healing). Parameters above are patient-specific and supersede the general timeframes below.

Phase	Weight Bearing & Immobilization	Motion	Strengthening & Function
Phase 1 <i>Weeks 0–6</i>	Weight Bearing & Immobilization - Sling for comfort; wean by 2–4 wks - Light ADLs below shoulder height; lifting ≤1–2 lb - No pushing up from a chair or reaching behind the back If tuberosity fixation: sling full time for 4 wks	Motion - Elbow, wrist, and hand AROM immediately - PROM/AAROM immediately; forward flexion as tolerated, ER ≤30° - No IR behind the back or extension past neutral If tuberosity fixation: PROM only; flexion ≤120°, ER ≤20° If not repaired: no ER limit	Strengthening & Function - Scapular setting, grip - Submaximal deltoid isometrics from wk 2–3 - Edema and pain control
► Advance to Phase 2 when: tuberosity position maintained on 6-wk radiographs.			
Phase 2 <i>Weeks 6–12</i>	Weight Bearing & Immobilization - Sling discontinued (if still used) - Lifting ≤5 lb	Motion - Full AROM as tolerated - Progress ER; gentle IR behind the back from 8 wks	Strengthening & Function - Deltoid and scapular strengthening (isometrics → bands) - No resisted IR or extension until 10–12 wks
► Advance to Phase 3 when: functional AROM, tuberosity healing on radiographs.			
Phase 3 <i>Weeks 12–24</i>	Weight Bearing & Immobilization Lifting ≤10 lb to 3 mo, then by tolerance; avoid heavy lifting long term	Motion Functional ROM (typically flexion 120–140°; ER may stay limited)	Strengthening & Function - Progressive deltoid, scapular, and cuff strengthening - Light recreation (swimming, golf) at 4–6 mo
► Full Release (typically 4–6 months): functional pain-free ROM, independent home program, cleared by physician. Sudden pain, a clunk, or loss of motion — contact the surgeon (possible instability or tuberosity failure).			

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.