

Reverse Total Shoulder Arthroplasty Rehabilitation Protocol For Elective and Stable Implant Surgery

PRINCIPLES

- The reverse total shoulder arthroplasty is “deltoid dependent.” Therefore, early precautions are to allow for incisional healing, pain control, and avoiding risk
Accelerated active motion: PT begins within ~1 week; sling for comfort and weaned as pain allows (not strict immobilization); most patients are out of it by 2 to 4 weeks, sooner indoors.
- Progression is criterion-based; timelines are guidelines. Early gentle active motion is used as soon as it is comfortable.
- Exception: arthroplasty for fracture or with a tuberosity repair follows the conservative rehabilitation course to allow for fracture fragments to heal and consolidate over the first 6 weeks.
- Early Mobilization: Aspirin 81 mg BID × 2 weeks for VTE prophylaxis (or a Eliquis 2.5 mg BID x 2 weeks if elevated risk). Walking is unrestricted from day one —legs are unaffected.
- Return to Activity: Criterion-based. Functional pain-free ROM restored strength to meet physical demand, and no apprehension/instability.

PRECAUTIONS

- Avoid Position of Dislocation (internal rotation + adduction + extension)
 - Patients counseled:
 - “Don’t reach back to push yourself out of a chair.”
 - “Don’t pull open heavy doors.”
 - Avoid extension/hand-behind-back for ~12 weeks
 - No forced extension past neutral.

PHASE I

- I. Weeks 0-2
 - Sling for comfort
 - Begin early deltoid isometrics/activation
 - Pendulums
 - ROM
 - Passive and Active-Assisted ROM forward flexion and scaption
 - External Rotation 0-30 degrees
 - Elbow/wrist/hand and active motion
 - Restrictions:
 - Lifting < 5 Lbs. (Coffee Cup/Glass of Milk)
 - Light activity at table height is safe

II. Weeks 2–6

- Progress PROM/AAROM flexion and abduction
- Active-assisted → Active ROM for forward elevation
- Advance External Rotation as tolerated to
 - Goal: 45° by 6–8 weeks
- Continue deltoid and scapular activation and coordination
- Restrictions:
 - Lifting < 5 Lbs.
 - Light activity at table height is safe

PHASE II

I. Weeks 6–12

- Progress active ROM
- Deltoid and Periscapular Strengthening
- Light functional use
 - i. Avoid the “hand-behind-back position” until 12 weeks.

PHASE III

I. Months 3–6

- Advanced strengthening and coordination
- Increase functional activities
- Initiate Plan for Specific Sport-Specific Activities
 - i. Sport: Golfing, Tennis, Pickle Ball, Hiking, etc.
 - Skiing: Care with pole planting
 - ii. Endurance: Running, Biking, Swimming (Modified Strokes)
 - Running/Jumping deferred until after deltoid strength/stamina is restored
 - iii. Fitness Training
 - Recommend weights < 25 lbs. (at or below shoulder level)
 - Heavy/overhead lifting is discouraged