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Orthopaedic Surgery · Sports Medicine

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PHYSICAL THERAPY PROTOCOL

Reverse Total Shoulder Replacement

Reverse total shoulder arthroplasty — deltoid-driven rehabilitation

The reverse prosthesis relies on the deltoid rather than the rotator cuff for elevation. There is no subscapularis repair to protect in the same way, but the implant can dislocate with combined extension, adduction, and internal rotation, so those positions are avoided early. Strengthening emphasizes the deltoid and periscapular muscles.

General Precautions

- Sling for 3–4 weeks.
- Avoid the combined extension + adduction + internal-rotation position (dislocation risk) — do not reach behind the back.
- Limit external rotation to ~30° for 6 weeks; no shoulder extension behind the body.
- No weight bearing through the arm for 6 weeks.

Phase I — Protected Motion Weeks 0-6

Goals

- Protect the implant and healing tissues
- Control pain
- Begin passive motion

Precautions / Restrictions

- No extension/adduction/IR combination; no reaching behind back
- Passive ER to 30°
- No loading through arm

Exercises & Interventions

- Pendulums
- Passive forward flexion to ~120° in the scapular plane
- Passive ER to 30°
- Elbow/wrist/hand motion
- Sub-maximal deltoid isometrics
- Cryotherapy

Criteria to Advance

- Six weeks of protected healing
- Passive flexion ~120°

Phase II — Active Motion Weeks 6-12

Goals

- Wean sling
- Restore active elevation (deltoid activation)

Precautions / Restrictions

- Continue to avoid extension-behind-body and end-range IR

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- Light resistance only

Exercises & Interventions

- Active-assisted → active forward elevation and scaption
- Deltoid activation / supine punches
- Scapular strengthening
- Progress ER gradually

Criteria to Advance

- Active elevation to ~100–120°
- Good deltoid control

Phase III — Strengthening Weeks 12–16

Goals

- Strengthen the deltoid and periscapular muscles

Exercises & Interventions

- Progressive deltoid and scapular strengthening
- Functional reaching and elevation tasks
- Endurance work

Criteria to Advance

- Independent with daily activities

Phase IV — Functional Return Months 4–6

Goals

- Return to daily function and light recreation

Exercises & Interventions

- Continue strengthening within comfort
- Low-demand activity as cleared

Criteria to Advance

- Functional painless motion
- Long-term lifting generally limited to light loads

This protocol is a general guideline. Progression is criteria-based and may be advanced or slowed by Dr. O'Donnell based on intraoperative findings, tissue quality, fixation, and individual healing. Time frames are approximate. Direct questions to the office at (305) 393-8810.