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Orthopedic Surgery | Sports Medicine

SHOULDER

Reverse Total Shoulder Replacement

Surgery Date: _____

Applies to a reverse total shoulder replacement, which is powered by the deltoid. Early precautions focus on avoiding the at-risk position (combined extension, adduction, and internal rotation). An external-rotation limit applies only if the subscapularis was repaired; follow the operative report and surgeon-selected protocol when repair status or restrictions differ. Use only the protocol selected by your surgical team.

Progressions are time- and criterion-based and depend on soft-tissue healing, patient factors, and clinician evaluation. Review of the operative note and communication of any concerns with the surgeon are encouraged. Comfortable, functional range of motion is a goal of rehabilitation, not a guarantee; return to higher-demand activity is criteria-based and requires surgeon clearance.

Weeks 0 – 4: Period of Protection

Sling

- At all times, except for hygiene; weaning per surgeon (commonly around 3–4 weeks)

Precautions

- Avoid the combined position of shoulder extension, adduction, and internal rotation (the at-risk position for a reverse replacement), including reaching behind the back.
- If the subscapularis was repaired, also limit passive external rotation as directed to protect the repair. Follow the operative report and the surgeon-selected protocol if your repair status or restrictions differ.

Range of Motion

- No active or active-assisted shoulder motion during this protected phase — hand, wrist, and elbow motion only. Pendulums are the one permitted shoulder motion during this phase (passive, gravity-assisted).

Exercise

- Pendulums (passive, gravity-assisted), grip strengthening, and elbow/wrist/hand motion

Phase I (Weeks 4 – 8)

Range of Motion

- Begin gentle passive to active-assisted motion within a comfortable range, respecting the precautions above
  - Progress forward flexion and scapular-plane elevation as tolerated
  - External rotation with the arm at the side is limited as directed only when the subscapularis was repaired; follow the operative report and surgeon-selected protocol
  - Continue to avoid combined extension–adduction–internal rotation

Exercise

- Begin scapular and periscapular isometrics; deltoid isometrics as tolerated

Phase II (Weeks 8 – 12)

Range of Motion

- Progress active range of motion as tolerated; relax the internal-rotation/extension precaution when the surgeon directs

Exercise

- Begin light resisted strengthening with a deltoid and periscapular emphasis (the deltoid powers a reverse replacement)

- Avoid aggressive resisted internal/external rotation early

Phase III (Weeks 12 – 24)

Exercise

- Advance functional strengthening as tolerated, emphasizing low-weight, high-repetition exercise and deltoid control

Phase IV (Weeks 24+): Return to Activity

Range of Motion

- Progress toward comfortable, functional range of motion as healing allows. A reverse replacement often reaches a lower overhead ceiling than a native shoulder, and that is expected; progress is guided by healing, function, and your surgeon's plan rather than fixed numbers.

Return to Activity

- Return to higher-demand or recreational activity is criteria-based and requires surgeon clearance; avoid heavy impact, heavy lifting, and heavy overhead loading unless specifically cleared.