EDWARDS ORTHOPEDICS
Advanced Orthopedic Surgery, Close to Home.
Dr. Chad Edwards, Orthopedic Surgeon

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POST-OPERATIVE REHABILITATION PROTOCOL

Reverse Total Shoulder Arthroplasty

Deltoid/periscapular rehabilitation with strict avoidance of extension-adduction-internal rotation

PATIENT	SURGERY DATE	SIDE / PROCEDURE NOTES
_____	_____	_____

HOW TO USE THIS PROTOCOL Time frames are guides, not deadlines. Progress only when the phase criteria are met and the knee/arm is not reacting with increased pain or swelling. Dr. Edwards' written instructions always take priority.

SCOPE Fracture, revision, and concomitant tendon repair frequently require a slower plan. Follow the operative order.

STOP AND CALL: fever/chills, increasing redness or drainage, uncontrolled pain, new or worsening numbness/weakness, calf pain/swelling, chest pain, or shortness of breath. Call 911 for an emergency.

KEY RESTRICTIONS AT A GLANCE

TIME	PROTECTION / WEIGHT BEARING	MOTION / LOADING
0-3 weeks	Sling with abduction pillow	Passive motion only; no internal rotation
4-6 weeks	Wean sling gradually	Begin assisted/active motion; coffee-cup limit
7-12 weeks	Avoid behind-back reach and heavy lifting	Progress ROM, deltoid, periscapular strength
12-16+ weeks	Gradual functional strengthening	Respect permanent heavy/repetitive loading limits

PHASE-BY-PHASE PLAN

Phase 1 | Immediate protection (0-3 weeks)

- **Priorities:** Protect the arthroplasty; control pain; maintain elbow, wrist, and hand ROM; begin safe passive shoulder motion.
- **Protection:** No shoulder AROM/AAROM, internal rotation, reaching behind the back, lifting, or pushing through the hand. Place a pillow under the elbow when supine to avoid shoulder extension.
- **Therapy focus:** Sling in neutral rotation with 30-45 degree abduction pillow, including sleep. PROM: flexion/scaption no more than 120 degrees, abduction no more than 90 degrees, external rotation in scapular plane to tolerance; pendulums and table slides.

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Phase 2 | Assisted/active motion (4-6 weeks)

- **Priorities:** Continue protection; begin AAROM/AROM and deltoid/periscapular activation.
- **Protection:** No behind-back reach, body-weight support, or lifting heavier than a coffee cup. Avoid extension.
- **Therapy focus:** Cane/table/wall-assisted elevation, supine active flexion, salutes/punch, scapular retraction/low row, and deltoid isometrics.

Phase 3 | Motion and strength (7-12 weeks)

- **Priorities:** Improve active elevation with minimal substitution; progress deltoid/periscapular control.
- **Protection:** No internal rotation behind the back beyond the back pocket; avoid hyperextension. No lifting over 10 lb through week 11.
- **Therapy focus:** Progress PROM/AAROM/AROM; internal rotation in scapular plane up to about 50 degrees; resisted rows, serratus, deltoid elevation, rhythmic stabilization, and functional control.

Phase 4 | Functional strength (12-16+ weeks)

- **Priorities:** Maintain pain-free ROM; improve endurance and functional use.
- **Protection:** No lifting over 15 lb until cleared. Avoid combined extension, adduction, and internal rotation and avoid repetitive heavy loading.
- **Therapy focus:** Progress low-load/high-repetition deltoid, periscapular, elbow, and cuff work if appropriate; add functional patterns.
- **Therapy focus:** Return requires pain-free functional motion, symmetric scapular mechanics, and surgeon clearance.

GENERAL PROGRESSION RULE A mild exercise ache that resolves is acceptable. Back down and contact the care team if pain is sharp, swelling increases, motion is lost, gait/mechanics worsen, or symptoms remain elevated the next day.