



## Reverse total shoulder replacement rehabilitation



Reverse total shoulder replacement is a surgical procedure where the normal ball-and-socket structure of the shoulder joint is reversed. This allows the deltoid muscle to compensate for a deficient rotator cuff, improving shoulder function and reducing pain. Rehabilitation after surgery is essential for optimal recovery and function.

### See Also

[Shoulder arthritis](#)

[Total shoulder replacement](#)

[Anatomic total shoulder rehab](#)

### Rehabilitation Goals

- Protect the surgical repair
- Reduce pain and inflammation
- Restore shoulder range of motion (ROM)
- Improve shoulder strength
- Restore functional activities of daily living (ADLs)



## Expected Recovery Time

Milestone	Timeframe
Sling use	0-4 weeks (outdoors and at night, otherwise off)
Passive ROM	0-6 weeks
Active ROM	6-12 weeks
Light strengthening	10-16 weeks
Functional activities	4-6 months
Full recovery	6-12 months

## Sling Instructions

- The sling is very important to use all day and night while any local anaesthetic wears off in the first 48-72 hours after surgery.
- After that point if you are comfortable you are encouraged **not** to wear a sling during the day to allow movement to begin
- Use the sling during sleep for the first 4 weeks in case of any abnormal movements
- If you can sleep and rest with a pillow placed behind your elbow to push it forward this is a safer position for dislocation risk than letting it fall back (rearward)
- For the first 4 weeks use the sling when travelling outdoors to let others know you have a sore shoulder
- Do not lift anything heavy (no more than 500g; e.g. a cup of tea or a can of soft drink) with or without the sling for the first 6 weeks
- Please note these instructions only apply to a **Reverse Total Shoulder Replacement**
- For sling instructions following an *Anatomic Total Shoulder Replacement* see the relevant page

## Phase 1: Early Post-op (0-2 weeks)

### Goals

- Protect surgical repair
- Manage pain and inflammation
- Prevent stiffness in nearby joints
- Educate patient on precautions and care



### *Instructions*

- Wear the sling at all times except during exercises and hygiene
- Apply ice packs for 15-20 minutes several times a day to control swelling (ensure the temperature is above 0°C to prevent frostbite)
- Keep surgical wound clean and dry
- Avoid shoulder movements unless instructed
- No lifting, pushing, or pulling

### *Exercises*

- Hand, wrist, and elbow range of motion exercises
- Gentle grip strengthening
- Pendulum exercises (small circles and back-and-forth swings)
- Scapular retraction exercises (gentle)
- Begin supervised passive range of motion (PROM) if approved by surgeon

## Phase 2: Protected Passive Range of Motion (2-6 weeks)

### *Goals*

- Begin gentle passive shoulder motion
- Maintain mobility of surrounding joints
- Control pain and swelling

### *Instructions*

- Continue sling use except during exercises
- Avoid reaching behind your back or across your body
- Do not lift anything with the surgical arm
- Follow physiotherapist guidance for PROM exercises

### *Exercises*

- Passive forward flexion (limited to surgeon's ROM restrictions)
- Passive external rotation (usually limited to 30° initially)
- Continue elbow, wrist, and hand exercises
- Continue pendulum exercises
- Scapular retraction and stabilization exercises



## Phase 3: Active-Assisted and Active Range of Motion (6-12 weeks)

### *Goals*

- Transition from passive to active motion
- Gradually restore functional ROM
- Begin light muscle activation without resistance

### *Instructions*

- Discontinue sling use as guided by the surgeon
- Avoid sudden or forceful shoulder movements
- Limit reaching and overhead activities

### *Exercises*

- Active-assisted range of motion (AAROM): pulleys, cane exercises
- Progress to active ROM as tolerated
- Supine shoulder flexion and external rotation
- Scapular mobility and stabilization exercises
- Gentle isometric exercises (if approved)

## Phase 4: Strengthening Phase (10-16 weeks)

### *Goals*

- Improve shoulder and scapular strength
- Enhance stability and endurance
- Resume light functional tasks

### *Instructions*

- Continue to avoid heavy lifting, pushing, or pulling
- Gradually introduce strengthening exercises under supervision

### *Exercises*

- Light resistance band exercises (external rotation, internal rotation, rows)
- Scapular strengthening: retraction, protraction, depression
- Shoulder flexion and abduction with light weights
- Core and postural exercises



## Phase 5: Functional and Advanced Strengthening (4-6 months and beyond)

### *Goals*

- Maximize strength, ROM, and function
- Return to desired activities

### *Instructions*

- Avoid high-impact activities and heavy lifting
- Continue home exercise program as advised

### *Exercises*

- Progressive resistance training as tolerated
- Functional movement training (reaching, lifting light objects)
- Endurance exercises (walking, stationary cycling)
- Sport- or hobby-specific training if appropriate

## When to Contact Your Surgeon

- Increased redness, swelling, or warmth around the incision
- Fever over 38°C
- Severe or worsening pain
- Numbness or tingling in the hand or arm
- Drainage from the surgical site
- Loss of shoulder movement that worsens

## Disclaimer

This is a general guideline. Your physiotherapist or surgeon may adjust the protocol based on your specific condition and progress.