



DR HARRY CONSTANTIN
ORTHOPAEDIC SURGEON

Reverse Total Shoulder Arthroplasty Rehabilitation Protocol



Phase Overview

Note: The following protocol is intended as a guide for you and your physiotherapist and some patients may need personal modifications.

Never push through sharp pain and always respect your external rotation limits.

Exercises should be repeated 3 x daily, 5 days a week.

Phase 1

Protection & Early Motion
(Weeks 0-4)

Phase 2

Early Strength & AAROM
(Weeks 5-8)

Phase 3

Strength & Motor Control
(Weeks 9-12)

Phase 4

Advanced Conditioning
(3 months +)

Important Movement Restrictions

- **Individualised Recovery**

- **Gentle Movement:** ROM should be *pain-free and as tolerated* — never force end-range.

- **Team Communication:** Ongoing contact between surgeon, physiotherapist, and patient ensures safe progress.

- **Healing Takes Time:** timelines are guides and may need extending.

- **Protect the Repair:** Avoid jerky, lifting, or pulling movements early; respect healing limits.

Phase 1 Protection & Early Motion

(Weeks 0-4)

Goals: Protect the repair and joint replacement, control pain and swelling, maintain associated distal joint mobility (scapula, elbow, wrist and hand)

Precautions: Sling full time, no active shoulder movement, avoid combined IR/adduction/extension.

Progression:

Weeks 0-2: start gentle pendulars and scapula setting from day 1 post op, including gentle elbow and wrist AROM.

Weeks 3-4: Add active assisted forward elevation <90deg and ER from abdomen to neutral.

Functional Drills / Strength / Control: PROM, pendulums, elbow/wrist AROM, scapular setting.

Return to Work / Sport: None; walking only.

Maintenance: Daily exercises, ice packs.

Phase 2 Early Strength & AAROM

Weeks (5-8)

Goals: Discontinue sling use. Increase AAROM/AROM, initiate deltoid & scapular control.

Precautions: Avoid weight-bearing through arm.

Progression: AAROM → AROM

Functional Drills / Strength / Control: Pulleys, isometrics, scapula retraction.

Return to Work / Sport: Light functional movements only. Can start swimming (breaststroke). Hydrotherapy.

Maintenance: Continue daily mobility and activation.

Phase 3 Strength & Motor Control

(Weeks 9-12)

Goals: Improve strength, endurance, and movement quality.

Precautions: Avoid sudden or heavy loads.

Progression: Introduce resistance bands and light weights (weight of arm to 0.5kg to 2kg max)

Functional Drills / Strength / Control: Rows, deltoid raises, rhythmic stabilisation.

Return to Work / Sport: Low-impact, non-contact only.

Maintenance: Strength program 3–5x/week.

Phase 4 Advanced Conditioning

(3 months +)

Goals: Aim for return to functional activities.

Precautions: Avoid heavy overhead lifting unless cleared.

Progression: Increase resistance, introduce sport/functional specific drills.

Functional Drills / Strength / Control: Closed-chain work, progressive loading.

Return to Work / Sport: Golf ~12+ weeks; contact sports 4–6 months, swimming (breaststroke ~ 5 weeks, freestyle ~ 12 weeks).

Maintenance: Long-term shoulder strengthening and control.

Key Principles for your Recovery

- Follow surgeon-set movement limit
- Avoid pain and sharp sudden movements.
- Focus on control, posture, and gradual progression – not speed.
- Regular physiotherapy reviews ensure safe and steady recovery.



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