

Reverse Shoulder Arthroplasty Patient Rehabilitation Packet

This packet provides guidance for patients and therapists following Reverse Total Shoulder Arthroplasty (RSA). It includes surgical education, pain control, rehabilitation phases, exercises, dislocation precautions, and a therapist referral protocol.

Understanding Reverse Shoulder Replacement

In reverse shoulder replacement the normal ball-and-socket anatomy of the shoulder is reversed. The ball component is attached to the shoulder blade, and the socket is placed on the arm bone. This design allows the deltoid muscle to lift the arm instead of the rotator cuff.

Common indications include:

- Rotator cuff tear arthropathy
- Severe shoulder arthritis with rotator cuff deficiency
- Failed previous shoulder replacement
- Complex proximal humerus fractures
- Revision shoulder arthroplasty

Goals of Surgery

- Reduce pain
- Restore functional shoulder motion
- Allow overhead arm elevation
- Improve daily activities

Postoperative Pain Management Protocol

Multimodal pain control is used to minimize opioid use.

- Acetaminophen: 1000 mg every 8 hours for 7 days (Maximum typical dose 3000 mg per day)
- Celecoxib: 200mg twice daily for 7 days if kidney function allows
- Oxycodone: 5mg every 4-6 hours as needed for pain
 - Used for breakthrough pain only
 - Taper within the first week
- Dexamethasone: 4mg twice daily for 3 days
- Gabapentin: 300mg every evening for 7 nights
- Ondansetron: 4mg dissolved under your tongue every 8 hours as needed for nausea
- Docusate: 100mg twice daily to prevent constipation

- MiraLAX: 1 capful in a glass of water once daily to prevent constipation
- Ice therapy:
 - 20 minutes at a time
 - Repeat every 1–2 hours during the first week

Reverse Shoulder Dislocation Risk Positions

Reverse shoulder replacements are most vulnerable when the shoulder is placed in extension, adduction, and internal rotation.

- Reaching behind the back
- Reaching backward to push up from a chair
- Reaching behind the body to grab objects
- Twisting motions with the arm behind the body
- Pushing off the surgical arm when rising from a chair

Typical Recovery Timeline

Milestone	Typical Time
Sling discontinued	4–6 weeks
Driving	~6 weeks
Light daily activities	6–8 weeks
Strengthening phase	~3 months
Maximum recovery	6–12 months

Rehabilitation Phases

Phase 1: Protection (0–2 weeks)

- Wear sling with abduction pillow except during hygiene and exercises
- Sleep in sling
- Perform elbow, wrist, and hand motion several times daily
- Pendulum exercises
- Passive forward elevation to 90°
- External rotation to 20°

Avoid:

- Lifting the arm actively

- Pushing up from a chair with the surgical arm
- Reaching behind your back
- Lifting objects

Phase 2: Motion (2–6 weeks)

- Assisted elevation exercises with stick or opposite hand
- Table slides
- Pulley exercises
- Gentle isometric deltoid activation

Restrictions:

- No lifting more than 1–2 pounds
- Avoid sudden reaching movements
- Avoid supporting body weight with the arm

Phase 3: Active Motion (6–12 weeks)

- Active elevation
- Theraband strengthening
- Scapular stabilization
- Deltoid strengthening

Many patients regain independence with dressing, grooming, and light household tasks during this stage.

Phase 4: Strengthen and Function (3–6 months)

- Progressive resistance exercises
- Functional movement training
- Light overhead strengthening
- Return to recreational activity

Precautions

- Avoid extension + adduction + internal rotation (forceful reaching behind your back)
- Avoid aggressive stretching
- Avoid heavy overhead strengthening early
- Avoid high-impact or contact sports
- Recommended lifetime lifting limit: no repetitive lifting greater than 20-30 pounds

When to Contact Your Surgeon

- Sudden loss of shoulder motion
- Increasing pain after initial improvement
- Persistent swelling or redness

- Fever or drainage from the incision
- A feeling that the shoulder is unstable

Typical Follow-Up Schedule

Visit	Purpose
2 weeks	X-rays, incision check and early progress review
6 weeks	Transition out of sling
3 months	Strength and motion assessment
6 months	Functional progress evaluation
1 year	Long-term outcome assessment

Following your rehabilitation plan and activity precautions is essential for a successful outcome after reverse shoulder replacement. Most patients experience significant pain relief and improved ability to perform daily activities.

Physical Therapy Referral Protocol

This page may be provided to outside physical therapy clinics for standardized postoperative rehabilitation.

Diagnosis

Reverse Total Shoulder Arthroplasty

Therapy Frequency

- 2–3 visits per week for the first 6–8 weeks
- Transition to weekly visits as motion improves

Rehabilitation Guidelines

Phase I (0–2 weeks)

- Sling with abduction pillow
- PROM forward elevation to 90°
- External rotation to 20°
- Pendulums and scapular exercises

Phase II (2–6 weeks)

- Progress PROM to 120–140°
- Begin AAROM
- Cane and pulley exercises
- Gentle deltoid isometrics

Phase III (6–12 weeks)

- Active elevation
- Theraband strengthening
- Closed-chain scapular stabilization

Phase IV (3–6 months)

- Progressive resistance strengthening
- Functional movement training
- Light overhead strengthening