

Reverse Total Shoulder Arthroplasty (RTSA) Rehabilitation Protocol

Key Surgical Considerations

RTSA relies on the deltoid for elevation rather than the rotator cuff. Early rehab protects the prosthesis, avoids dislocation vectors (adduction + internal rotation + extension), and gradually restores controlled motion.

PHASE I — Protection & Passive ROM (0–6 Weeks)

- PROM only: FE 0–90°, ER 0–20–30°, ABD 0–75°.
- Sling with abduction pillow (except hygiene/therapy).
- No active shoulder ROM.
- No lifting any weight.
- Avoid adduction + IR + extension behind the back.

Goal: protect prosthesis and soft tissues.

PHASE II — AAROM → AROM & Early Deltoid Activation (6–12 Weeks)

- Begin AAROM: pulleys, wand, wall slides.
- Transition to AROM: supine → incline → standing.
- Begin deltoid isometrics.
- Scapular strengthening: rows, serratus punches.
- Avoid lifting >2–3 lbs.

Goal: reestablish controlled shoulder elevation.

PHASE III — Functional Strengthening (12–18 Weeks)

- Progressive resistance: bands → 1–5 lb weights.
- Strengthen deltoid and scapular stabilizers (Y/T/W).
- Light ER/IR strengthening at neutral.
- Closed-chain stability: wall weight shifts.
- Avoid lifting >10 lbs.

Goal: restore functional strength and movement patterns.

PHASE IV — Advanced Strengthening & Return to Activity (4–6 Months)

- Increase resistance 3–8 lbs.
- Light overhead strengthening.
- Functional lifting patterns and kinetic-chain training.
- Avoid heavy overhead loads.

Goal: return to daily and recreational activities.

PHASE V — Maintenance & Long-Term Function (6–12 Months)

- Maintain deltoid and scapular strength.
- Return to recreational activities as tolerated.

- Long-term limit: avoid heavy overhead lifting >25–30 lbs.

Goal: safe, sustained shoulder function.

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