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Shoulder Arthroplasty — Rehabilitation Protocol (Anatomic TSA & Reverse TSA)

Accelerated active-ROM, criterion-based — therapist reference

SHARED PRINCIPLES

- Accelerated active motion: PT within ~1 week; sling for comfort and weaned as pain allows (not strict immobilization).
- Progression is criterion-based; timelines are guidelines. Early gentle active motion is used as soon as it is comfortable.
- Exception: arthroplasty for fracture or with a tuberosity repair follows a more protected, delayed-motion course.

ANATOMIC TSA — PROTECT THE SUBSCAPULARIS

Precautions (first ~6 weeks): no resisted or active internal rotation; limit end-range passive external rotation; avoid the behind-the-back position.

- Weeks 0–2: sling for comfort; pendulums; PROM/AAROM flexion and scaption; ER limited to ~30°; submaximal isometrics (avoid IR); elbow/wrist/hand AROM.
- Weeks 2–6: progress PROM/AAROM toward near-full flexion/abduction and begin active motion; advance ER to full by ~6 weeks (shorter timeline is appropriate for TSA); scapular and cuff isometrics.
- Weeks 6–12: full active ROM; begin active/resisted internal rotation and progressive rotator-cuff and periscapular strengthening; dynamic stabilization.
- Months 3–6: advanced strengthening and functional/return-to-activity work; criterion-based return (~4–6 months).

REVERSE TSA — DELTOID-DEPENDENT; AVOID THE DISLOCATION POSITION

Precautions: avoid combined internal rotation + adduction + extension; no hand-behind-back for ~12 weeks; no forced extension past neutral. ER limited to ~30–45° for ~6–8 weeks.

- Weeks 0–2: sling for comfort; begin early deltoid isometrics/activation; pendulums; PROM/AAROM flexion and scaption; ER limited; elbow/wrist/hand AROM.
- Weeks 2–6: progress PROM/AAROM flexion and abduction and begin active-assisted → active elevation; advance ER to ~45° by ~6–8 weeks; continue deltoid and scapular activation.
- Weeks 6–12: progress active ROM; deltoid and periscapular strengthening; light functional use — still avoid the hand-behind-back position until ~12 weeks.
- Months 3–6: advanced strengthening and functional work; low-demand activity favored; criterion-based return (~4–6 months).

RETURN TO ACTIVITY (BOTH)

- Criterion-based: functional pain-free ROM, restored strength for the task, and no instability.
- Lifting limited early (~2–6 lb); long-term commonly up to ~25 lb intermittently at or below shoulder level. Heavy/overhead lifting is discouraged — especially after reverse TSA.
- Running/jumping deferred until rotator-cuff/deltoid strength and control are restored.

REFERENCES

- Effectiveness of early versus delayed rehabilitation following total shoulder replacement: a systematic review. PMC8807994.
- Early vs. delayed rehabilitation after reverse total shoulder arthroplasty: randomized single-blinded trial. J Shoulder Elbow Surg, 2019–2020.
- No difference in complications between two-week vs. six-week sling immobilization after RTSA. J Shoulder Elbow Surg, 2023.
- Bullock GS, et al. A Systematic Review of Proposed Rehabilitation Guidelines Following Anatomic and Reverse Shoulder Arthroplasty. JOSPT, 2019.
- Return to Sport After Shoulder Arthroplasty: a scoping review. PMC12863409.

Anatomic and reverse tracks share an accelerated, criterion-based framework but differ in precautions and timing. Individualize to intraoperative findings, tissue quality, and surgeon direction.