DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Post-Operative Physical Therapy Protocol

# Total Shoulder Replacement (Reverse)

Northwell Health • Department of Orthopedic Surgery & Sports Medicine • Dr. Kaisen Yao, MD

| Patient Name | Date of Surgery | Prescribing Surgeon |
|---|---|---|
| | | Dr. Kaisen Yao, MD |

## General Guidelines & Precautions

- Use the sling or immobilizer as prescribed, typically for 4–6 weeks, including while sleeping.
- Avoid the combined position of shoulder adduction, internal rotation, and extension (the "hand behind the back" motion) in the early phase, as this position carries the highest risk of dislocation with a reverse implant.
- Because the deltoid — not the rotator cuff — powers this implant, active motion is often introduced earlier than after a standard cuff repair, per surgeon protocol.
- Contact the surgeon for fever, excessive drainage, increasing redness, uncontrolled pain, new numbness or tingling, or a sensation of the shoulder shifting or dislocating.

**PHASE I**
## Immediate Post-Op Protection

**TIMEFRAME**
## WEEKS 0–4

**Goals:**
Protect the implant, control pain and swelling, maintain elbow/wrist/hand mobility, and begin protected passive/active-assisted shoulder motion within ordered limits.

**Precautions:**
Avoid the combined position of adduction, internal rotation, and extension; no lifting; and avoid supporting body weight through the operative arm.

**Interventions:**
Cryotherapy, grip strengthening, elbow/wrist range of motion, pendulums if permitted, scapular setting, postural work, and gentle shoulder passive/active-assisted motion within surgeon-ordered limits.

**Criteria to Progress:**
Pain is controlled, the incision is healing well, and the patient tolerates early protected motion without apprehension.

PHASE II

## Active-Assisted & Active Motion

TIMEFRAME

**WEEKS 4–8**

**Goals:**
Progress to active-assisted and then active motion as cleared, restore basic deltoid activation, and wean from the sling when approved.

**Interventions:**
Cane or pulley active-assisted motion, table slides, wall-assisted flexion, scapular control drills, and gentle deltoid isometrics in safe positions.

**Restrictions:**
Continue to avoid the combined adduction/internal rotation/extension position, forceful stretching, and heavy lifting.

**Criteria to Progress:**
Improving active range of motion, good tolerance of active motion, and no apprehension or instability.

PHASE III

## Progressive Strengthening

TIMEFRAME

**WEEKS 8–14**

**Goals:**
Restore active range of motion, improve deltoid and scapular strength, and increase independence with functional reaching.

**Interventions:**
Progress to fuller active range of motion, add resistance band or light weight exercises for the deltoid and periscapular musculature, and begin functional reaching and lifting tasks as tolerated.

**Functional Focus:**
Emphasize posture, scapular control, and pain-free use of the arm for activities of daily living.

**Criteria to Progress:**
Functional active range of motion, good scapular and deltoid control, and minimal pain.

PHASE IV

## Advanced Strengthening & Return to Activity

TIMEFRAME

**3–5+ MONTHS**

**Goals:**
Maximize strength and endurance, and support return to daily, recreational, and low-demand vocational activities.

**Interventions:**
Advance resisted deltoid and scapular strengthening, functional task training, and low-impact recreational activity as tolerated.

**Return to Work/Sport:**
Desk work may resume sooner; heavy labor, overhead lifting, and high-demand sports are typically limited long-term given implant constraints and should follow surgeon guidance.

**Discharge Criteria:**
Functional range of motion, adequate strength for daily activities, and stable mechanics without apprehension.

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This protocol is a general guideline. Progression should be individualized by the treating physical therapist in coordination with Dr. Yao's office based on implant type, soft-tissue tensioning, and dislocation risk.