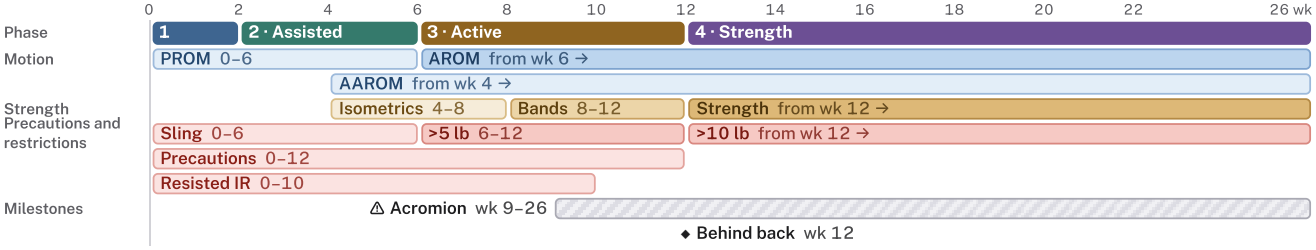
Reverse Total Shoulder Arthroplasty (rTSA) Rehab Protocol

Subscapularis repaired · Version 2026.11 · Reviewed Nov 2026 · HEP Drop staff · Reviewed by a licensed physical therapist

⚠ General reference for licensed clinicians, not individual patient instructions. The operating surgeon's protocol takes precedence.

At a glance: sling 4–6 wk per surgeon · dislocation precautions to wk 12 · passive flexion 90° to wk 2, 120° to wk 6; ER 30° to wk 6 · AAROM from wk 4 · AROM from wk 6 · light bands wk 8 · no resisted IR to wk 10 · lifting: none to wk 2, a coffee cup to wk 6, ≤ 5 lb to wk 12, then 10 lb overhead and per surgeon. Criteria-based.



PHASE	✓ GOALS AND ALLOWED	✕ AVOID	UNTIL	□ ADVANCE WHEN
Phase 1 Protect wk 0–2 if criteria met	**Protect the joint: sling on except for exercise**[4, 5] **· Pain and swelling control (practice-based)** • Pendulums[6] • Passive flexion to 90°[7, 6] and passive ER to 30°[8], in the scapular plane (practice-based) • Hand, wrist and elbow motion[9]; scapular retraction, elbow not behind the body (practice-based)	AVOID Extension past neutral, reaching behind the back, cross-body reach (the dislocation precautions)[6, 7] Active shoulder motion[5] Passive flexion past 90° or ER past 30° in the scapular plane Passive internal rotation (practice-based) Lifting anything with the operated arm (practice-based) Pushing up from a chair or bed, or taking body weight through the operated arm (practice-based)	UNTIL **wk 12** **wk 6** **wk 2** **wk 6** **wk 2** **wk 12**	☐ Passive elevation to 90° tolerated (practice-based) ☐ Pain controlled at rest (practice-based)
Phase 2 Passive to assisted motion wk 2–6 if criteria met	**Passive flexion to 120°, ER still held at 30°, in the scapular plane**[8] **· Sling weaned at 4 to 6 weeks, per the surgeon**[4, 5] • From wk 4: active-assisted flexion and ER with a cane, pulleys[5, 9] • From wk 4: gentle, submaximal, pain-free deltoid isometrics, arm at the side[7, 6]	NEW IN THIS PHASE Passive flexion past 120° or ER past 30° in the scapular plane IR isometrics (subscapularis repaired) (practice-based) Lifting anything heavier than a coffee cup (practice-based) **Still in effect:** Extension, behind-back or cross-body reach (wk 12) · Active shoulder motion (wk 6) · Passive IR (wk 6) · Body weight through the arm (wk 12)	UNTIL **wk 6** **wk 6** **wk 6**	☐ Passive elevation to 120° without compensation (practice-based) ☐ Pain-free deltoid isometrics (practice-based) ☐ Sling weaned, per the surgeon
Phase 3 Active motion and early strength wk 6–12 if criteria met	**Active motion from wk 6**[5, 10]**, supine first, then standing (practice-based) · Deltoid and periscapular strength from wk 8**[11, 8, 5] New pain on top of the shoulder (acromion) at 2 to 6 months, worse with active elevation: stop loading (clinical judgment) and tell the surgeon; a stress fracture is possible[13, 14, 15]. • Active flexion and scapular-plane elevation[5, 10], without shrugging (practice-based) • Passive motion to tolerance; IR starts, up to 50° in the scapular plane (practice-based) • From wk 8: light bands or 1 to 3 lb, low load and high repetitions[5, 7, 12] • Subscapularis repaired: IR isometrics from wk 6, light band IR from wk 10 (practice-based)	NEW IN THIS PHASE Resisted internal rotation (subscapularis repaired) (practice-based) Lifting more than 5 lb with the operated arm (practice-based) Aggressive stretching, until wk 12 (practice-based) **Still in effect:** Extension, behind-back or cross-body reach (wk 12) · Body weight through the arm (wk 12)	UNTIL **wk 10** **wk 12**	☐ Active elevation about 100° without shrugging (practice-based) ☐ Pain-free light band work (practice-based) ☐ 12 weeks since surgery[6]
Phase 4 Strength and function wk 12–26 if criteria met	**Functional active motion: typically about 120° to 140° of elevation (practice-based) · Strength for daily tasks**[16] Permanent lifting limit: per the surgeon. No limit has evidence behind it[5]. • Progressive deltoid and periscapular strengthening[11] • Weight through the arm on a wall or counter (practice-based) • Gentle behind-the-back reach and stretch from wk 12 (practice-based) • Lifting up to 10 lb overhead, then per the surgeon (practice-based) • Low-impact recreation from about 4 months, once the surgeon clears it[11, 17]	NEW IN THIS PHASE Lifting more than 10 lb overhead (practice-based) Floor push-ups, unless cleared by the surgeon (clinical judgment) Driving and return to work Contact sport, unless cleared by the surgeon: generally not advised; high-impact sport only cautiously, from 6 to 8 months (review authors' opinion)[11]	UNTIL **cleared by the surgeon** **cleared by the surgeon**	**Discharge from PT when** ☐ Functional active motion and pain-free daily tasks (clinical judgment) ☐ Independent with the home program (clinical judgment) ☐ Surgeon agrees with discharge Return to low-impact recreation criteria: page 2

Reverse Total Shoulder Arthroplasty (rTSA) Rehab Protocol · exercises and sources

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Exercises by phase

* sets and reps are our default.

Phase 1 · Protect wk 0–2

Pendulums (Codman's) 2–3 × 10–15*
Supine Shoulder Flexion AAROM with Self-Assist 2–3 × 10–15, passive, to 90°*
Elbow AROM (Flexion/Extension) 2–3 × 10–15*
Wrist AROM (Flexion/Extension) 2–3 × 10–15*
Ball Squeeze (Grip) 2–3 × 10–15*
Scapular Retraction in Sling 2–3 × 10–15*

Phase 2 · Passive to assisted motion wk 2–6

Table Slides 2–3 × 10–15*
Supine Cane Shoulder Flexion 2–3 × 10–15* · from wk 4
Supine Cane External Rotation 2–3 × 10–15, no further than 30°* · from wk 4
Overhead Pulleys 2–3 × 10–15* · from wk 4
Isometric Shoulder Flexion 5–10 s holds, submaximal, pain-free* · from wk 4
Isometric Shoulder Abduction 5–10 s holds, submaximal, pain-free* · from wk 4
Isometric Shoulder External Rotation 5–10 s holds, submaximal, pain-free* · from wk 4

Phase 3 · Active motion and early strength wk 6–12

Supine Shoulder Flexion (AROM) 2–3 × 10–15*
Supine Serratus Punch 2–3 × 10–15*
Standing Shoulder Flexion 2–3 × 10–15*
Shoulder Scaption 2–3 × 10–15*
Wall Walks 2–3 × 10–15*
Scapular Retraction (Squeezes) 2–3 × 10–15*
Isometric Shoulder Internal Rotation 5–10 s holds, submaximal, pain-free*
Band Rows 2–3 × 10–15, elbow not past the body* · from wk 8
Side-Lying External Rotation 2–3 × 10–15, 1–3 lb* · from wk 8
Standing Band External Rotation 2–3 × 10–15* · from wk 8
Standing Band Internal Rotation 2–3 × 10–15* · from wk 10
Band Biceps Curl 2–3 × 10–15* · from wk 8
Band Triceps Extension 2–3 × 10–15* · from wk 8

Phase 4 · Strength and function wk 12–26

Wall/Counter Push-Up 2–3 × 10–15*
Behind-Back IR Stretch with Towel 2–3 × 10–15, gentle*
Band Shoulder Extension 2–3 × 10–15, to neutral only*
Wall Ball Taps (Half Arc) 2–3 × 10–15*
Scaption with Dumbbell 2–3 × 10–15, 1–3 lb*

Return to low-impact recreation when

☐ About 4 months since surgery (review authors' opinion)[11]
☐ Cleared by the surgeon

Written for a primary reverse total shoulder arthroplasty for cuff arthropathy or arthritis. After a fracture the tuberosities also have to heal, motion often ends lower[1, 2] and instability risk is higher[3]: follow the surgeon's limits. After revision surgery dislocation is far more common (1% to 49% against 1% to 5%)[3], and with a lateralized implant one published protocol starts external rotation at neutral[32]: ask the surgeon.

Key milestones vs published protocols

MILESTONE	THIS PROTOCOL	RANGE IN PUBLISHED PROTOCOLS
Sling off	**wk 6**	2–8 wk[5], mean 4.7 wk in 50 protocols
Start AAROM	**wk 4**	wk 2–6[5, 30, 32], mean 4.2 wk
Start AROM	**wk 6**	wk 4–6[5, 33], mean 5.8 wk
Start resistance	**wk 8**	wk 4–12[5], mean 8.9 wk
Dislocation precautions end	**wk 12**	wk 4–12[30, 31, 32, 6], 12 wk in two of four compared protocols

Published protocols agree on protection first and deltoid-based strengthening, and differ most on how long dislocation precautions last and when internal rotation starts. A side-by-side comparison with published hospital protocols is at **hepdrop.com/p/rtsa**.

Sources

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33. Mass General Brigham

Full citations, licenses and what each source supports: **hepdrop.com/p/rtsa**.