

Post-operative rehabilitation protocol

Reverse shoulder replacement for fracture

Replacement of the shoulder joint after a fracture at the top of the arm bone that cannot be fixed. For patients, physiotherapists, and GPs.

Prof. Mohamed A. Imam

MD, MSc (Hons), D.SportMed, PhD, FRCS (Tr & Orth)

Consultant Orthopaedic Surgeon: upper limb, sports injuries, and complex trauma

Rowley Bristow Orthopaedic Centre, Ashford and St Peter's Hospitals NHS Foundation Trust

www.TheArmDoc.co.uk

The plan at a glance

The joint is replaced and the broken bone fragments, with their tendons attached, are stitched back around the implant. Those fragments need six weeks to heal. This protocol is slower than the one for a planned reverse replacement.

	Phase 1 Weeks 0 to 2	Phase 2 Weeks 2 to 6	Phase 3 Weeks 6 to 12	Phase 4 After 12 weeks
Sling	On day and night, off for exercises	On day and night, off for exercises	Wean off over 1 to 2 weeks	None
Movement	Pendulums. Assisted lift to 90°, outward turn to neutral	Assisted lift as comfort allows, outward turn to 30°	Active, unaided. Building range	Full available range
Load	A cup of tea, elbow at the side	A cup of tea, elbow at the side	Up to 1 kg. Static strengthening	Progressive strengthening, up to 5 kg
Review	Wound check and X-ray at 2 weeks	Clinic and X-ray at 6 weeks	Clinic and X-ray at 12 weeks	Clinic and X-ray at 12 months

Darker shading means tighter restriction. Times are guides. Your surgeon's instructions take precedence where they differ.

Seek advice urgently if

- The wound becomes red, hot, or swollen, or it leaks or opens.
- You have a fever or feel unwell.
- The shoulder changes shape, locks, or becomes suddenly painful after a movement or a fall.
- New pain develops over the top or the back of the shoulder blade.
- New numbness, tingling, or weakness develops in the arm or hand.
- The hand becomes cold, pale, or blue.

Call 999 or go to the Emergency Department for shortness of breath or chest pain.

For anything else on this list, contact your surgical team the same day. Out of hours, call NHS 111.

Phase 1

Protect: weeks 0 to 2

Aims: control pain and swelling, protect the repair, start gentle assisted movement.

Do

- Wear the sling day and night. Take it off to wash, dress, and exercise.
- Move the fingers, wrist, and elbow fully, several times a day.
- Start gentle pendulum exercises.
- Lying on your back, lift the operated arm with the other hand to 90°, within comfort.
- Keep a pillow behind the elbow when lying down, so the arm does not drop back.
- Sleep propped up on pillows.
- Keep the dressing dry until the wound check.

Avoid

- Lifting the arm unaided.
- Reaching behind you: back pocket, tucking in a shirt, bra strap.
- Pushing up from a chair or bed with the operated arm.
- Turning the arm outwards beyond the straight-ahead position.
- Lifting anything heavier than a cup of tea.
- Driving.

Expected in this phase

Bruising spreads down the arm and across the chest. The hand may swell. Keep the fingers moving and arrange help at home.

Phase 2

Move with help: weeks 2 to 6

Aims: regain movement with assistance, protect the healing fragments.

Do

- Keep the sling on day and night for the full six weeks.
- Continue pendulums and assisted lifting. Go beyond 90° as comfort allows.
- Turn the forearm outwards with a stick to 30°, elbow at your side.
- Use the hand at waist level with the elbow at your side: eating, reading.
- Walk daily. Take care on stairs and uneven ground.

Avoid

- Lifting the arm unaided.
- Reaching behind you. This position can dislocate the joint.
- Pushing up from a chair or bed.
- Lifting anything heavier than a cup of tea.
- Any activity with a risk of falling.

Move on to Phase 3 when

The six-week X-ray shows the implant and the bone fragments are in place.

Phase 3

Active movement: weeks 6 to 12

Aims: lift the arm unaided, return to light daily tasks.

Do

- Wean out of the sling over one to two weeks.
- Start lifting the arm unaided. Begin lying down, then sitting, then standing.
- Add static (isometric) deltoid exercises.
- Turn the arm outwards under its own power.
- Use the arm for light tasks, first to shoulder height, then above.

Avoid

- Lifting more than 1 kg.
- Forcing the hand behind the back.
- Pushing up from a chair with the operated arm.
- Resistance bands and weights.
- Any activity with a risk of falling.

Move on to Phase 4 when

Twelve weeks have passed and the X-ray is satisfactory.

Phase 4

Strengthen: after 12 weeks

Aims: a comfortable shoulder that lifts above shoulder height for daily tasks.

- Strengthen the deltoid and shoulder blade muscles with light bands.
- Reach gently behind the back, within comfort.
- Return to light gardening, swimming, and leisure activity in stages.
- Keep the lifting limit at about 5 kg, and 10 kg at most for life.

What to expect

Improvement continues for 12 months. Most people lift the arm above shoulder height in comfort. Turning the arm outwards and reaching behind the back often stay limited. Avoiding falls protects the implant. Ask your GP about a bone health and falls assessment.

Return to activity

Typical times from surgery. Each depends on comfort, movement, and healing.

Activity	From	Condition
Walking	Day one	Sling on, take care on stairs
Light tasks at waist level	2 weeks	Elbow at the side
Desk work	4 weeks	One-handed, in the sling
Driving	8 weeks	Out of the sling, able to control the wheel. Tell your insurer.
Light household tasks	8 weeks	Within the 1 kg limit
Light gardening	12 weeks	No digging or heavy lifting
Swimming, gentle breaststroke	4 months	Comfortable active lift
Golf, bowls	4 to 6 months	Discuss with your surgeon
Heavy manual work	Not advised	Risk to the implant
Contact sport	Not advised	Risk to the implant

When to slow the protocol

Some patients need more time. Your surgeon will tell you if any of these apply.

- **Very weak bone, or fragments held under tension.** Assisted movement only until eight weeks. Unaided lifting starts after that.
- **Weakness of the deltoid from a nerve injury.** Recovery takes three to six months. Assisted exercises continue for longer.
- **Dislocation of the replacement.** A brace is used and each phase restarts.
- **Leg injury or a need for a walking frame.** Weight through the operated arm needs your surgeon's specific approval.
- **Smoking and diabetes.** Both slow healing. Stop smoking and vaping nicotine. Keep blood sugar well controlled.

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This protocol is general guidance for uncomplicated reverse shoulder replacement for a proximal humerus fracture. A planned reverse replacement for arthritis follows a faster protocol. It is not a substitute for individual medical advice. Instructions from your own surgeon and therapist take precedence.

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