THE ROBERT JONES AND AGNES HUNT ORTHPAEDIC HOSPITAL NHS FOUNDATION TRUST

REHABILITATION GUIDE FOLLOWING REVERSE TOTAL SHOULDER REPLACEMENT
(This is not an exhaustive list of all rehabilitative techniques or therapies and this should not over rule any clinical judgement)

Indications

Severe rotator cuff arthropathy
Salvage procedure for failed hemiarthroplasty or cuff repair
Revision arthroplasty surgery

Procedure

Anterolateral approach. Deltoid split. Head resected. Metal plate screwed to glenoid. Ball mounted onto this plate. Stem inserted into humerus. Plastic socket mounted on this.
Superolateral approach- deltoid spilt then reattached.
Some patients will receive an interscalene block whilst under anaesthetic for pain relief which will last 12 - 36hrs but this will also result in temporary muscle paralysis.

Post operative Protcol Summary

ROM not above 90˚ for 3/52
Sling 4 – 6/52 as pain allows
**** No** Pendular exercises for 3/52
No hand behind back 6/52 (dislocation risk)
No loading in extension, ie pushing up from chair due to risk of dislocation
NB It is essential to restore upward scapula rotation during elevation and scapula control during eccentric lowering to reduce the incidence of scapula notching
May need to protect cuff repair (if present) at Consultant's request

TIMESCALE	REHABILITATION EXERCISES	GOALS
Day 1 – 3	• Finger, wrist and elbow exercises • Shoulder girdle / cervical spine exercises • **NO** pendular exercises • Scapula setting and postural correction • Teach axillary hygiene and sling application (avoid flex above 70°) • **DO NOT** mobilise until block worn off • Ice therapy / cryocuff 3 – 4 times a day	• **Check if specific post-operative instructions have been given and amend the guide accordingly** • Good understanding of post- operative rehabilitation • No complications following surgery • Control of pain with adequate pain relief • Teach sling application and axillary hygiene • Sling to be worn (except when washing or exercising) • Normal sensation returned to limb
Day 3 - 3 weeks	• Commence AAROM exercises below 90°, avoid pure abduction, use scapula plane • ADL's below shoulder level (eating and writing) • Gravity minimised exercises and progress deltoid control once pain settling and PROM allows • Scapula stabilisation • Isometric serratus anterior (proprioceptive positioning in sit or stand) • Avoid overloading deltoid to prevent undue stress on attachment (following reattachment during surgery)	• Continue to protect in sling • Continue ice therapy 3 – 4 times a day • Commence scar tissue management after 10 days • Maintain low level cardiovascular fitness
3 - 6 weeks	• Active assisted flexion, scaption, internal and external rotation in **supine**- progress to sitting when good control • Progress on to active ROM when able • Isometric strengthening all muscle groups • Deltoid rehab / Rotator cuff deficient exercises as per Torbay protocol	• Gradually wean out of sling 4 – 6 weeks • Functional use behind back, no stretching

	• Progress scapula / thoracic control exercises	
6 weeks onwards	• Active ROM encouraged all ranges (avoid repetitive or loaded abduction) • Gentle end of range stretching • Isotonic strengthening through range • Functional specific exercises with good eccentric control of scapula on lowering • Functional use behind back, no stretching • Continue strengthening for 6/12	• Expected ROM behind back post operatively is approx. to sacrum, this is due to component design, therefore do not force this movement • Exercises as guidance only, progress depending on patients co-ordination and control, avoiding pain • Return to driving 6/52 onwards safe from surgical perspective but competency to drive is the responsibility of the individual patient • Swimming breast stroke 6/52 • Swimming freestyle 12/52 • Cycling 12/52 • Golf 12/52 • Light lifting 6/52 • Return to heavy lifting is not recommended • Return to sedentary work 6/52 • Manual work guided by surgeon • JAMAR grip strength measure correlates with global UL strength • Oxford shoulder score • Constant-Murley score

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PATIENT GUIDELINE SUMMARY

- After your operation you will initially wear your sling continuously other than to wash or exercise.
- In hospital, you will be visited by the physiotherapist, who will teach you the appropriate exercises to work on at home until you are seen by your local physiotherapist.
- You will be working on neck, hand, wrist and elbow movements regularly.
- You will also be encouraged to shrug your shoulders regularly.
- You will be taught to rest the hand of your operative arm on a table or sink, to support the weight of the arm, as you wash your armpit. This is important because the armpit can become sweaty because the arm is not as mobile as usual. It is important that the axilla does not become sore, so please wash and dry it regularly.
- Once your dressings have been reduced you can apply ice to the shoulder for up to 15/20 minutes 3 or 4 times a day. It is important to perform the exercises you have been taught regularly and research shows that taking adequate pain relief assists with this.
- Initially, rehabilitation is aimed at protecting the shoulder, allowing healing but also avoiding stiffening.
- It will take approximately 3 months to get useful active movement of the shoulder. The shoulder will continue to improve for 12-24 months.