

PATIENT Instructions: REVERSE Shoulder Replacement

Dressing: A dressing has been applied to your shoulder to absorb any fluid/blood. A small amount of blood on the dressing is expected. Your nurse will teach you how to change your dressing. Change the dressing each day, leaving the steri-strips on. Unless directed by your surgeon, **no salves, balms, or ointments (even antibiotic ointments) to the incisions.** Soreness and bruising is expected for several days afterward. Showering is permitted 72 hours after surgery with the incisions covered. After showering, apply a new dry dressing. **Do NOT soak the incisions. No swimming pools/bathtubs/hot-tubs/beach water for 2 weeks or until cleared by your surgeon.**

Ice: Ice is a powerful anti-inflammatory. Icepacks/wraps will help to reduce swelling and pain. Use liberally (20-30 min./session), but protect the skin from direct contact (and frostbite).

Activity: Wear the immobilizer/sling as directed below. The forearm strap may be removed for hand, wrist, and elbow range of motion which decreases extremity swelling. Sleeping in a recliner with pillows behind the elbow may provide additional comfort. **No driving until permission is given by your surgeon.**

Pain: A nerve block has been performed for immediate post-op pain control by the anesthesiologist. It typically “wears off” at about 8-12 hrs following surgery. A narcotic is given to control your pain. **Begin taking these pain medications when you BEGIN experiencing pain!** These meds can take 30-45 minutes to start “working”. You do not want to play “catch-up” by letting your pain get out of control. Nausea, drowsiness, and constipation are common side effects of narcotics. Adequate fluid intake and a stool softener obtained over the counter from your local pharmacy is recommended to minimize constipation. Call the office if you are unable to tolerate your medication.

Precautions: Call the office **(813) 684-2663** if you develop: temperatures >101°F, shortness of breath, chest pain, uncontrolled pain, marked redness/hives, persistent drainage, new onset numbness, significant incisional/calf swelling, or any other concerns.

Post-operative Visit/Appointment:

- **Call (813) 684-2663 today to make a post-operative appointment to see your surgeon 2 weeks following your surgery.**

Special Instructions:

- ☒ **Schedule physical therapy:** ☒per attached prescription ☒call PT and schedule as soon as able
- ☒ **Sling / Shoulder Brace:** ☒for 6 weeks; (**NO SHOULDER MOTION!**)
- ☒ **Ice (Cryotherapy) Unit:** ☒protect/check skin regularly

†**A blood thinner to prevent blood clots should be taken for 6 weeks following surgery**

PT/OT PRESCRIPTION:

(PATIENT NAME)

Diagnosis: s/p LEFT / RIGHT REVERSE SHOULDER REPLACEMENT

MD Orders for the Therapist:

- Physical Therapy/Occupational Therapy Prescription: 2-3 times per week x 6 weeks
- Follow this protocol without substitution. Contact my office with any questions.

Christopher T. Donaldson, MD

Phase I: (0 – 2 Weeks post-op UNTIL THE 1ST POST OP VISIT)

NO SHOULDER MOTION.

Only remove sling for ELBOW, WRIST, HAND ROM

Control upper extremity edema with compressive glove/compressive wraps

Modalities at all phases as needed and to control pain.

Patient Instructions/Exercises:

- 1) Open sling to work on hand, wrist, and elbow motion 3x day.
- 2) Extend elbow until straight, then flex up and bring hand to shoulder
- 3) With elbow at side, turn palm up and then palm down
- 4) Flex wrist up and down
- 5) Make a fist and then open hand and spread fingers wide

Phase II: (2-6 Weeks post-op)

Add pendulums only!!

Work on edema control.

Sling: At all times, other than when performing exercises

Basic Activities: May use arm for tabletop activities, such as eating, brushing teeth, and occasional keyboard use and writing activities. Only bend elbow, **no active use of shoulder!!**

Phase III: (Begin at week 6 post-op)

Shoulder Motion:

PERFORMED WITH PATIENT **SUPINE** and **Passive Only:**

Limits: Forward elevation: 140°, External rotation: 40°

Perform each 2-3x a day/10-15 repetitions each

- 1) Pendulum exercises: circles in both directions
- 2) Passive Elevation
 - a. Either assisted by another while sitting
 - b. Supine, grasp wrist with opposite hand, pull overhead
- 3) Pulley Elevation (if available)
- 4) Passive External Rotation with a Stick

Phase III: (6 weeks – 8 weeks post-op)

Shoulder Motion: Add Active Assist and Active motion (AAROM, AROM)

- 1) Continue PROM as above
- 2) AVOID SHOULDER EXTENSION.
- 3) Initiate scapulothoracic stabilization. Gentle peri-scapular and deltoid isometrics, supine.
- 4) May start isometrics: No IR: ER, extension, flexion, abduction OK
- 5) Start with assisted ER exercises, elevation in scapular plane
- 6) Supine forward elevation – then progress to vertical:
- 7) Standing forward elevation, assisted by other extremity

Phase IV: (8 weeks - 12 weeks post-op)

Shoulder Motion: Gradually progress to Active exercise program

- 1) Internal, external, forward elevation in scapular plane, abduction, and extension.
- 2) Teach patient controlled stretching techniques

Resistance: Gradually convert isometrics to gentle resistance exercises

- 1) Use various grades of elastic tubing
- 2) Use light free weights

Phase V: (12 weeks and on)

- 1) Full shoulder strengthening, weights and progressive resistance tubing
- 2) Add coordination and endurance as patient can tolerate
- 3) Gradual return to all functional activities (ie golf!)
- 4) Work-out any residual deficiencies in motion or strength
- 5) Light weights or progressive resistance tubing is used