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PATIENT Instructions: REVERSE Shoulder Replacement

<u>Dressing</u>: A dressing has been applied to your shoulder to absorb any fluid/blood. A small amount of blood on the dressing is expected. Your recovery room nurse will teach you how to change your dressing. Change the dressing each day, leaving the prineo(clear tape over the incision) in place. Unless directed by your surgeon, <u>no</u> 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 4 weeks or until cleared by your surgeon.

<u>Ice</u>: Ice is a powerful anti-inflammatory. Cold compression ("ice machines") are important to reducing pain and swelling. Use liberally (20-30 min./session) but protect the skin from direct contact (and frostbite).

<u>Activity:</u> Wear the immobilizer/sling. Remove the sling at least 3 times per day for hand, wrist, and elbow range of motion which decreases swelling. Sleeping in a recliner with pillows behind the elbow may provide additional comfort. **No driving until permission is given by your surgeon.**

Blood Clot Prevention: ASA 81mg once in the morning and once at night times 4 weeks

<u>Pain</u>: 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. <u>Begin taking pain medications as soon as you</u> <u>BEGIN to experience pain!</u> These meds can take 45-60 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. <u>Adequate fluid intake and a stool softener obtained over the counter from your local pharmacy is important to minimize constipation</u>. Call the office if you are unable to tolerate your medication.

NARCOTIC MEDICATIONS ALONE WILL NOT PROVIDE COMPLETE PAIN RELIEF. COLD COMPRESSION (ICE MACHINES), TENS USE, AND REGULAR TYLENOL AND ANTI-INFLAMMATORIES (ALEVE/IBUPROFEN, IF MEDICALLY OK) ARE CRITICAL PARTS OF YOUR PAIN CONTROL PLAN. REQUEST FOR NARCOTIC REFILL WILL ONLY BE ACCEPTED DURING BUISNESS HOURS. PLEASE GIVE 24-48 HOURS FOR MEDICATION REFILL REQUESTS TO BE ADDRESSED

<u>Precautions</u>: Call the office (813)-754-1199 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. <u>Call 911 or report to the nearest emergency room with any concerns for medical emergencies</u>



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Reverse Total Shoulder Replacement: Physical Therapy Protocol

PRECAUTIONS: Following RTSA, patients are at increased risk of dislocation when performing **internal rotation**, **adduction**, **and extension** such as when tucking in a shirt or pushing off to rise from a chair. This should be avoided for 6 weeks post-op. The patient must wear their sling for 2-4 weeks.

Timeframe	ROM	EXERCISES
0-2 WEEKS	Ok to complete pendulums and elbow, wrist and hand ADLs	 No strengthening exercises Emphasis on edema control Ok to drive at 2 weeks
2-6 WEEKS	 Begin working on FE/ER progressively AVOID IR Progress to active standing FE 	 Ok to begin gentle strengthening (No heavier than a coffee cup) Passive ER ROM Begin scapulothoracic stabilization exercises Begin deltoid and periscapular supine isometrics
6-12 WEEKS	 Work on obtaining terminal ROM in FE/ER Ok to begin working on IR 	Gradually convert isometrics to gentle resistance exercises
12+ Weeks	Ok for full ROM in all planes	 Full shoulder strengthening Ok for gradual return to all functional activities