## **Reverse Shoulder Replacement**

## **Indications:**

Severe cuff arthropathy ,shoulder arthritis (certain indications) , revision surgery

	In Patient
Day 1	Polysling with body belt fitted in theatre
	Finger, wrist and elbow movements
	Cold compression
	Drain removal after 24 hours
Week 1	Body belt removed
	Axillary hygiene is taught
	The Subscapularis has not been repaired and therefore
	protection regarding IR and ER beyond neutral is not required
	Handing gripping exercise
	Pendular exercises
	Passive flexion, abduction, internal and external rotation
	Scapular setting and posture correction
	Discharge when safe, usually 3 days post-op
	Keep sling for 6 weeks
	May perform ADL below shoulder level, , such as eating & writing
	Out Patient
6 Weeks	Active assisted flexion, abduction, internal and external rotation in
	supine and progress to sitting position as soon as the patient is
	able.
	Progress to active when possible
	Begin isometric strengthening of all muscle groups but
	concentrate on strengthening the deltoid
8 Weeks+	Encourage active movement into all ranges with some gentle self-
	stretching at the end of range.
	Progress isotonic strengthening though range

Regularly stretch the joint to the end of its available range

Continue to strengthen the deltoid for 6-months.

Improvement continues for 18 months to 2 years and the patients should continue exercising until their maximum potential has been reached.

## **Return to functional activities**

**Driving** After 6 weeks

Golf 3 Months

**Lifting** Light lifting can begin at 6 weeks. Avoid lifting heavy items for 6 months.

**Return to work** Sedentary job: 6 weeks

Manual job: Guided by Surgeon