Jourdan M. Cancienne, M.D.
Sports Medicine
Shoulder, Hip, Knee Arthroscopy
Shoulder Replacement Surgery

MIDWEST ORTHOPAEDICS AT RUSH

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DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL: Reverse Total Shoulder Arthroplasty

- Initial recovery after shoulder surgery entails healing, controlling swelling and discomfort and regaining some shoulder motion. The following instructions are intended as a guide to help you achieve these goals until your 1st postoperative visit.

- COMFORT

  - **Cold Therapy**
    - If you elected to receive the **circulating cooling device**, this can be used continuously for the first 3 days, (while the initial post-op dressing is on). After 3 days, the cooling device should be applied 3 times a day for 20-30 minute intervals.
    - If you elected to receive the **gel wrap**, this may be applied for 20 minutes on, 20 minutes off as needed. You may apply this over the post-op dressing. Once the dressing is removed, be sure to place a barrier (shirt, towel, cloth, etc.) between your skin and the gel wrap.
    - If you elected to use **regular ice**, this may be applied for 20 minutes on, 20 minutes off as needed. You may apply this over the post-op dressing. Once the dressing is removed, be sure to place a barrier (shirt, towel, cloth, etc.) between your skin and the gel wrap.
  - **Medication**
    - **Pain Medication-** Take medications as prescribed, but only as often as necessary. Avoid alcohol and driving if you are taking pain medication.
      - You have been provided a narcotic prescription postoperatively. Use this medication sparingly for moderate to severe pain.
      - **You are allowed two (2) refills of your narcotic prescription if necessary.**
      - When refilling pain medication, weaning down to a lower potency or non-narcotic prescription is recommended as soon as possible.
      - Extra strength Tylenol may be used for mild pain.
      - Over the counter anti-inflammatories (Ibuprofen, Aleve, Motrin, etc.) can be added for breakthrough pain, follow instructions on the bottle.

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- **Anti-coagulation medication:** A medication to prevent post-operative blood clots has been prescribed (Aspirin, Lovenox, etc.) This is the only medication that MUST be taken as prescribed until directed to stop by Dr. Cancienne.
- **Nausea Medication –** Zofran (Odansetron) has been prescribed for nausea. You may take this as needed per the prescription instructions.
- **Constipation Medication -** Colace has been prescribed for constipation. Both your pain medication and the anesthesia can cause constipation. Take this as needed.

- **Driving –** Driving is NOT permitted as long as the sling is necessary.

❖ ACTIVITIES

- You are immobilized with a sling and abductor pillow, full time, until instructed by Dr. Cancienne. Your doctor can tell you when you can discontinue use of the sling at your 1st postoperative visit. The sling may be removed for exercises.
- **Range-of-Motion Exercises** –
  - While your sling is off you should flex and extend your elbow and wrist – (3x a day for 15 repetitions) to avoid elbow stiffness. You can also shrug your shoulders.
  - Ball squeezes should be done in the sling (3x a day for 15 squeezes).
  - You may NOT move your shoulder by yourself in certain directions. NO active flexion (lifting arm up) or abduction (lifting arm away from body) until Dr. Cancienne or your therapist gives permission. These exercises must be done under supervision of the therapist.
  - Physical therapy will begin approximately 2 weeks after surgery. Make an appointment with a therapist of your choice for this period of time. You have been given a prescription and instructions for therapy. Please take these with you to your first therapy visit.
  - Athletic activities such as throwing, lifting, swimming, bicycling, jogging, running, and stop-and-go sports should be avoided until cleared by Dr. Cancienne.

❖ WOUND CARE

- **Bathing -** Tub bathing, swimming, and soaking of the shoulder **should be avoided** until allowed by your doctor - Usually 2-3 weeks after your surgery. Keep the dressing on, clean and dry for the first 3 days after surgery.
  - You may shower 3 days after surgery with a WATERPROOF bandage on. Apply a new dry dressing after showering.
- **Dressings -** Remove the dressing 3 days after surgery. You may apply band-aids or dry sterile gauze to your incision.

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- **Bathroom/Personal Hygiene –** Placing your arm behind your back ***may cause damage to your to your operative shoulder***. Avoid tucking in your shirt or performing bathroom personal hygiene with the involved arm until you are cleared by Dr. Cancienne.

❖ EATING

- Your first few meals, after surgery, should include light, easily digestible foods and plenty of liquids, since some people experience slight nausea as a temporary reaction to anesthesia

❖ CALL YOUR PHYSICIAN IF:

- Pain in your shoulder persists or worsens in the first few days after surgery.
- Excessive redness or drainage of cloudy or bloody material from the wounds (Clear red tinted fluid and some mild drainage should be expected). Drainage of any kind 5 days after surgery should be reported to the doctor.
- You have a temperature elevation greater than 101°F
- You have pain, swelling or redness in your arm or hand.
- You have numbness or weakness in your arm or hand.

❖ RETURN TO THE OFFICE

- Your first return to our office should be within the first 1-2 weeks after your surgery. If this appointment has not been already made, please call Liesl to schedule.

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PHYSICAL THERAPY PROTOCOL: Reverse Total Shoulder Arthroplasty

- These guidelines should be tailored to individual patients based on their rehab goals, age, precautions, quality of repair, etc. Progression should be based on patient progress and approval by the referring physician.
- **PHASE 1 (Day 1 through Week 2)**

  GENERAL GUIDELINES AND PRECAUTIONS
  - Sling wear 24/7 except during grooming and home exercises (3 to 5 times daily)
  - Avoid shoulder extension such that the arm is posterior the frontal plane. When patients recline, a pillow should be placed behind the upper arm and sling should be on. They should be advised to always be able to see the elbow
  - Avoid combined IR/ADD/EXT, such as hand behind back to prevent dislocation
  - Avoid combined IR and ADD such as reaching across the chest to prevent dislocation
  - No AROM
  - No submersion in pool/water for 4 weeks
  - No weight bearing through operative arm (as in transfers, walker use, etc…)

  GOALS
  - Maintain integrity of joint replacement; protect soft tissue healing
  - Increase PROM for elevation to 120 and ER to 30 (will remain the goal for first 6 weeks)
  - Optimize distal UE circulation and muscle activity (elbow, wrist and hand)
  - Instruct in use of sling for proper fit, polar care device for ice application after HEP, signs/symptoms of infection

  EXERCISES
  - Active elbow, wrist and hand
  - Passive forward elevation in scapular plane to 90-120 max motion; ER in scapular plane to 30
  - Active scapular retraction with arms resting in neutral position
- **CRITERIA TO PROGRESS TO PHASE 2**
  - Low pain (less than 3/10) with shoulder PROM
  - Healing of incision without signs of infection
  - Clearance by MD to advance after 2-week MD check up
- **PHASE 2 (2 weeks – 6 weeks)**

  GENERAL GUIDELINES AND PRECAUTIONS
  - May use arm for light activities of daily living (such as feeding, brushing teeth, dressing…) with elbow near the side of the body and arm in front of the body
  - May submerge in water (tub, pool, Jacuzzi, etc…) after 4 weeks
  - Continue to avoid weight bearing through the operative arm
  - Continue to avoid combined IR/EXT/ADD (hand behind the back) and IR/ADD (reaching across chest) for dislocation precautions

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- ***GOALS***
  - Achieve passive elevation to 120 and ER to 30
  - Low (less than 3/10) to no pain
  - Ability to fire all heads of the deltoid
- ***EXERCISES***
  - May discontinue grip, and active elbow and wrist exercises since using the arm in ADL's with sling removed around the home
  - Continue passive elevation to 120 and ER to 30, both in scapular plane with arm supported on table top
  - Add submaximal isometrics, pain free effort, for all functional heads of deltoid (anterior, posterior, middle). Ensure that with posterior deltoid isometric the shoulder does not move into extension and the arm remains anterior the frontal plane
  - At 4 weeks: begin to place arm in balanced position of 90 deg elevation in supine; when patient able to hold this position with ease, may begin reverse pendulums clockwise and counterclockwise
- ***CRITERIA TO PROGRESS TO PHASE 3***
  - Passive forward elevation in scapular plane to 120; passive ER in scapular plane to 30
  - Ability to fire isometrically all heads of the deltoid muscle without pain
  - Ability to place and hold the arm in balanced position (90 deg elevation in supine)
- **PHASE 3 (6 weeks –3 months)**
  - ***GENERAL GUIDELINES AND PRECAUTIONS***
    - Discontinue use of sling
    - Avoid forcing end range motion in any direction to prevent dislocation
    - May advance use of the arm actively in ADL's without being restricted to arm by the side of the body, however, avoid heavy lifting and sports (forever!)
    - May initiate functional IR behind the back gently
    - NO UPPER BODY ERGOMETER
  - *GOALS*
    - Optimize PROM for elevation and ER in scapular plane with realistic expectation that max mobility for elevation is usually around 145-160 passively; ER 40 to 50 passively; functional IR to L1
    - Recover AROM to approach as close to PROM available as possible; may expect 135-150deg active elevation; 30 deg active ER; active functional IR to L1
    - Establish dynamic stability of the shoulder with deltoid and periscapular muscle gradual strengthening
  - *EXERCISES*
    - Forward elevation in scapular plane active progression: supine to incline, to vertical; short to long lever arm
    - Balanced position long lever arm AROM
    - Active ER/IR with arm at side

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- Scapular retraction with light band resistance
- Functional IR with hand slide up back – very gentle and gradual
- Wall walking and/or pulleys
- Supine, inverted pendulums
- NO UPPER BODY ERGOMETER

- *CRITERIA TO PROGRESS TO PHASE 4*
  - AROM equals/approaches PROM with good mechanics for elevation
  - No pain
  - Higher level demand on shoulder than ADL functions
- ***PHASE 4 (12 months +)***
  - *GENERAL GUIDELINES AND PRECAUTIONS*
    - No heavy lifting and no overhead sports
    - No heavy pushing activity
    - Gradually increase strength of deltoid and scapular stabilizers; also the rotator cuff if present with weights not to exceed 5 lbs
    - NO UPPER BODY ERGOMETER
  - *GOALS*
    - Optimize functional use of the operative UE to meet the desired demands
    - Gradual increase in deltoid, scapular muscle, and rotator cuff strength
    - Pain free functional activities
  - ***EXERCISES***
    - Add light hand weights for deltoid up to and not to exceed 3lbs for anterior and posterior with long arm lift against gravity; elbow bent to 90 deg for abduction in scapular plane
    - Theraband progression for extension to hip with scapular depression/retraction
    - Theraband progression for serratus anterior punches in supine; avoid wall, incline or prone pressups for serratus anterior
    - End range stretching gently without forceful overpressure in all planes (elevation in scapular plane, ER in scapular plane, functional IR) with stretching done for life as part of a daily routine
    - NO UPPER BODY ERGOMETER
- *CRITERIA FOR DISCHARGE FROM SKILLED PHYSICAL THERAPY*
  - Pain free AROM for shoulder elevation (expect around 135-150)
  - Functional strength for all ADL's, work tasks, and hobbies approved by surgeon
  - Independence with home maintenance program