

Reverse Shoulder Replacement

Reverse Shoulder replacement surgery is performed for:

Massive irreparable rotator cuff injury or cuff tear arthropathy

Shoulder arthritis in the absence of a function rotator cuff

Rehabilitation Protocol

Some of the physiotherapy terms may be unfamiliar to you now. They will become clear as you work with your physiotherapist.

Milestones

Time after surgery	What you can expect from your shoulder
Week 3	50% of pre-surgery active range of motion
Week 6	Passive range of motion to at least pre-surgery level
Week 12	Active range of motion to at least pre-surgery level Improvement continues for 18months to 2 years and you should continue exercising until your maximum potential has been reached

Return to Functional activities

Activity	When you can expect to be able to do the activity
Return to work	Sedentary job: 3 weeks Manual job: as guided by your surgeon (typically between 3-6 months)
Driving	6 weeks
Swimming	Breaststroke: 6 weeks Freestyle: 12 weeks
Lifting	Avoid lifting heavy items for 3 months, after then, as guided by your strength

In Hospital:

Time after surgery	Physiotherapy/Support
Day 0	<p>Immediately after surgery, you will</p> <ul style="list-style-type: none"> • Be fitted with a polysling and body belt (fitted in theatre) • Start performing finger, wrist, and elbow movements • Commence working with your physiotherapist
Day 1-2	<p>On the day after surgery, you can expect:</p> <ul style="list-style-type: none"> • The body belt to be removed • To learn axillary hygiene <p>You will be taught how to perform:</p> <ul style="list-style-type: none"> • Pendular exercises • Scapular setting • Passive flexion in the scapula plane (as comfortable) • External rotation to neutral <p><i>Most people are discharged 1-2 days after surgery</i></p>

At Home:

Time after surgery	Physiotherapy/Support
Day 5 - 3 weeks	<p>During this time, you will:</p> <ul style="list-style-type: none"> • Avoid resisted internal rotation or forced passive external rotation (reattached subscapularis muscle is vulnerable) • Begin passive abduction (maintaining shoulder in IR) • Perform passive external rotation to neutral only • Perform active assisted flexion in supine and progress to sitting position as soon as you are able • Progress to active when possible • Begin isometric strengthening of all muscle groups (except IR) • Remove sling as able • Perform functional reaching activities below 90 degrees
3-6 weeks	<p>During this time, your physiotherapist will:</p> <ul style="list-style-type: none"> • Encourage active movement into all ranges with some gentle self-stretching at the end of range • Add isometric IR • Progress functional activities
6 weeks +	<p>From here, you will:</p> <ul style="list-style-type: none"> • Progress strengthening through range • Regularly stretch the joint to the end of its available range <p><i>Your physiotherapist may perform soft tissue manipulation (if required)</i></p>