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Post-operative expectations after Reverse shoulder replacement

- Recovery after shoulder replacement takes time and patience
- The goal is for you to have functional use of your shoulder anywhere from 3 months to 6 months, with continued improvement up to over year
- It is a team effort between you, myself and potentially a trusted physical therapist as we navigate through your recovery
- The goal for the first 6 weeks after your surgery is to take it slow and allow your shoulder to adjust to the new biomechanics placed on your shoulder
 - We want to avoid being too active in the early period because there is a risk of acromial fracture, which will see more stress since your deltoid will be powering your shoulder
 - Exercises should be performed with gentle motion without any forced movements or strain
 - We will demonstrate these exercises during your postoperative visits
 - Slow and steady is the goal, avoid rushed and forceful movements
 - The goal is to eventually get forward elevation comfortably
 - Anything over 90 degrees with active assisted exercises with minimal pain or strain is great in the first 6 weeks
 - Overall, the goal is to achieve active forward elevation between 90-140 degrees, depending on your shoulder's preoperative motion
 - It is difficult to achieve near normal range of motion with the reverse total shoulder because of the constraints inherent to the implant
 - Avoiding positions at risk for dislocation (Extension, adduction and internal rotation)
 - Avoid using your arm to pushing up from a chair etc
 - The 6-week time period will allow your subscapularis tendon to heal if it is repaired
 - Avoid externally rotating your arm past neutral
 - Avoid active internal rotation
 - Avoid using your arm to push yourself up from a chair
 - Avoid using your arm to shut car doors or any other doors
 - You will not be permitted to lift anything heavier than a coffee cup

- Strengthening exercises will begin after 6 weeks
 - It is important to take this slow and will take some time to build endurance
 - Supine press with progression to an upright position
 - If you can perform 20 repetitions easily, progress to a more upright position and eventually we will add more weight
 - Full strength takes time and can take over a year to achieve

Possible complications after this procedure:

- **Infection** is a risk for any joint replacement procedure, this risk varies depending on the health of the patient and throughout the country
 - We strive for an infection risk of 0% however realistically, less than 1% risk would be considered excellent
 - We will try to minimize this with Hibiclins washes before surgery, antibiotics before and after your surgery and using sterile techniques available to us
 - Younger, healthy males who likely have higher testosterone levels are at higher risk for an infection caused by Cutibacterium acnes (one of the more common causes of infection around the shoulder)
 - If you are in this category, we may supplement with a course of antibiotics taken by mouth for an additional 3 weeks
 - Should a deep infection occur, we will treat this aggressively and likely will require additional surgery to eradicate the bacterium
- **Dislocation/Instability** is also another risk factor for any joint replacement
 - **The key is to avoid** positions at risk (Extension, adduction and internal rotation)
 - DO NOT use your arm to push off from a chair and any other similar movements etc
 - Soft tissue tension, improper muscle tone and soft tissue and/or bony impingement could also be factors
 - We will also test and optimize the stability of your shoulder replacement during surgery and clear any areas of possible impingement to try and avoid this
 - On the flip side, it is a balance because we do not want to over-tension your shoulder where your shoulder could be too stiff
- **Stiffness** after your surgery can occur and may require a manipulation while your recover to try and gain more range of motion
 - This is not required often in reverse total shoulder patients

- Because your shoulder will have different biomechanics after the procedure (more deltoid forces), there is a **risk for acromial stress fracture**
 - Older age, female and osteoporosis are risk factors
 - Optimizing the health of your bone (Vitamin D and Calcium) and avoiding overuse for the first year to allow your acromion to adapt to the new stresses may be ways to prevent this
 - Symptoms include pain with active movement along the back and top of your shoulder
 - If an acromial stress fracture should occur, we would immobilize you immediately to allow the fracture to heal and likely obtain a CT scan
 - Occasionally, these fractures require surgery although the current data is inconclusive as to whether this is beneficial to outcomes
- **Fracture around your implants** can occur during surgery and after
 - Avoid falling and take your time to be steady when up on your feet
 - During surgery, we will be gentle and do our best to minimize risk for fracture and protect your bone
 - In rare instances, fractures still do occur and we will address them appropriately should this happen