



Reverse Total Shoulder Arthroplasty

Discharge Instructions

Comfort

- Discomfort increases 1-2 days after surgery due to the nerve block wearing off. This can be helped by oral pain medication. It is safe and normal.
- Cold therapy – This will greatly reduce pain and will help with swelling for the first three days. You may use it 20 minutes on, 20 minutes off, as often as you wish. Always keep a cloth barrier, such as a towel, between the cold and your skin.

Medication

- For anticoagulation – you **MUST** take one 81mg aspirin twice a day for four weeks to help prevent blood clots. This is the only mandatory medication.
- For nausea – Zofran (ondansetron) as needed. This was sent to your pharmacy on file.
- For constipation – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
- For pain – A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. Use only if needed. Try to manage your pain with ice, ibuprofen, and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such as constipation, nausea and cognitive impairment may occur. Tylenol and ibuprofen can be used as stepdown medications and are recommended as soon as possible. It is very common to use the pain medication at night to help sleep better or around the time of therapy so you can participate more comfortably.

Activity

- You may be discharged with your shoulder in a sling. You can use a pillow to support your shoulder to keep it at 30-45 degrees of abduction. Use the sling and pillow at night for the first 4 weeks post-op.
 - No internal rotation against resistance for 12w
 - No pushing, pulling or heavy lifting for 12w
 - Long-term, you should limit forceful, jerking movements (i.e. starting a motor) and repetitive impact loading (i.e. chopping wood)
- Periodic standing and walking is encouraged to decrease the risk of blood clots.
 - If seated, perform ankle pumps and circles to promote lower extremity blood flow.
- Physical therapy usually begins as soon as possible after surgery. Please call your insurance company for a list of facilities in your area if the list we gave you does not accept your insurance.
- Driving – No driving while still wearing the sling (at least 4 weeks post-op)
 - Please bear in mind we want you to be safe and comfortable when you return to driving - this is a sliding scale depending on your progress.

Wound Care

- Your incisions are covered by several absorbent pads, gauze, and a foam dressing
 - Do not get the dressing wet the first week after surgery—so this means covering it when showering, sponge bath only, etc.
 - The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision.
- After 1 week, you can take off the dressing to check on the incision. Keep the surgical incisions clean, dry and covered. If you have any concerns about the incision (redness, draining, swelling, pain), you can call us and send a picture to info@genesisortho.com
- Even after you take off the bandages at 1 week post-op, you must continue to use the sling at all times.



Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.

Call your physician if:

- You develop a temperature over 100.3 degrees.
- You notice any drainage of the incisions 5 days or later after surgery.
- The shoulder becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- You have persistent pain and / or swelling in your calf.
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

Physical therapy: *Begins 4-6w post-op and continues for 3-6 months*

- 0-2 weeks post-op
 - Continue sling at all times except for hygiene
 - Educate on sling removal and application
 - Return to ADLs
 - Continue cryo cuff/ice, 8-12h/day 2w
 - Exercises
 - NO pendulum or ROM exercises
 - Hand-to-mouth activities in sling
 - Wrist and elbow ROM
 - Ice after exercises x 15m
 - Criteria for advancement
 - No active signs of inflammation
- 2-6 weeks post-op
 - Begin to d/c sling when sitting with arm at the side, continue to wear when sleeping
 - Exercises
 - Continue hand-to-mouth activities out of sling
 - Pendulum shoulder ROM exercises
 - Stationary bike with arm in sling
 - Periscapular muscle strengthening
 - Wrist and elbow ROM
 - Criteria for advancement
 - Full active-assisted ROM, limit forward elevation to 140 and external rotation to 40
 - Work
 - Can return to work with no heavy lifting and no overhead
- 6-12w post-op
 - Can d/c sling
 - Exercises
 - Begin AROM and continue PROM/AAROM in all planes
 - Progressive deltoid strengthening
 - Gentle isometric strengthening exercises
 - Manual glenohumeral and scapular mobilization
 - Aquatic shoulder therapy



- Theraband strengthening exercises with progression to free weights for all planes except IR
 - Increase repetitions before increasing weight
 - NO resisted IR for 12w
- Begin overhead activity
- Putting and chipping for golf
- May begin running
- May begin driving
- Criteria for advancement
 - Full AROM
 - Full use of shoulder for daily activity
- 12w-6mo post-op
 - Increase shoulder strength, particularly deltoid
 - Exercises
 - Continue ROM exercises w/o limitations
 - Progressive deltoid strengthening (likely up until 12 months post-op)
 - Sport-specific strengthening exercises
 - Low-speed throwing, controlled racket sports, noncontact sports at 3mo
 - Competitive throwing, racket sports, contact sports at 6mo
 - Progressive return to golf with full swings all clubs at 6mo