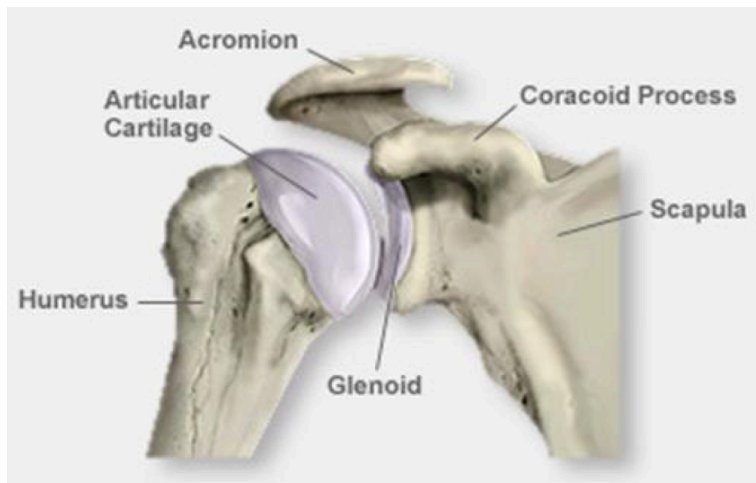


Verso-reverse Total Shoulder Replacement

Patient Information and Exercises

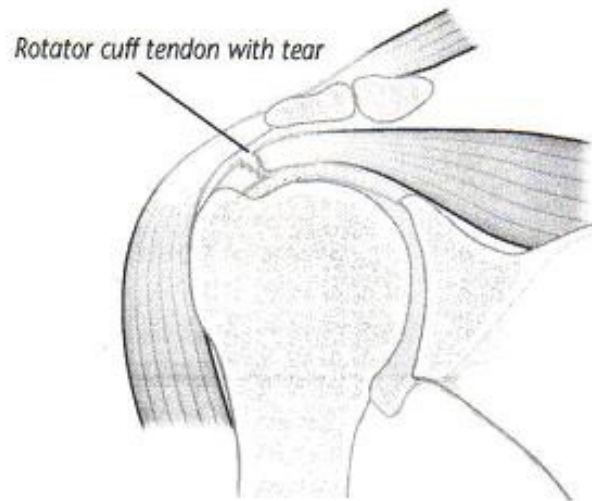
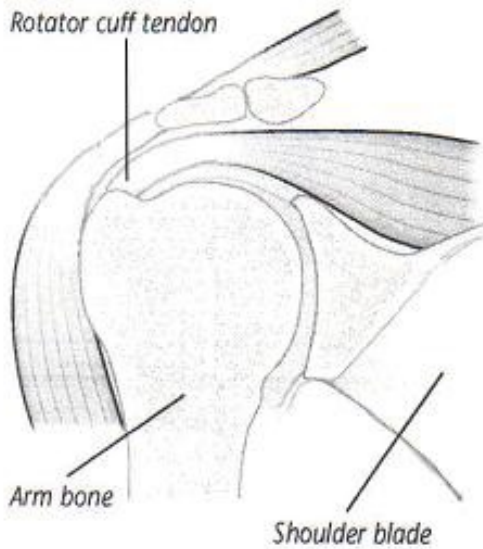
The Shoulder Joint

The shoulder is a ball and socket joint with a large range of movement. The joint sometimes needs replacing. This is usually when severe arthritis affects the joint surfaces and the shoulder becomes painful and difficult to move.



The Rotator Cuff

The rotator cuff is a group of muscles closely wrapped around the shoulder. They attach from the shoulder blade onto the top of the arm bone (humerus). These muscles help keep the joint in the correct position and control shoulder movements. The muscles can be torn through general wear and tear or after an accident. The damage usually occurs close to where the muscle joins the bone (called the 'tendon'). If one or more of these muscles is torn, movement is no longer smoothly controlled and the shoulder becomes weak and painful.



In some cases the rotator cuff muscle are so badly damaged (massive rotator cuff tears) that they are no longer able to stabilise the shoulder joint. When this happens the joint starts to become arthritic and the shoulder becomes painful and movement at the joint becomes reduced.

Normal Shoulder X-ray

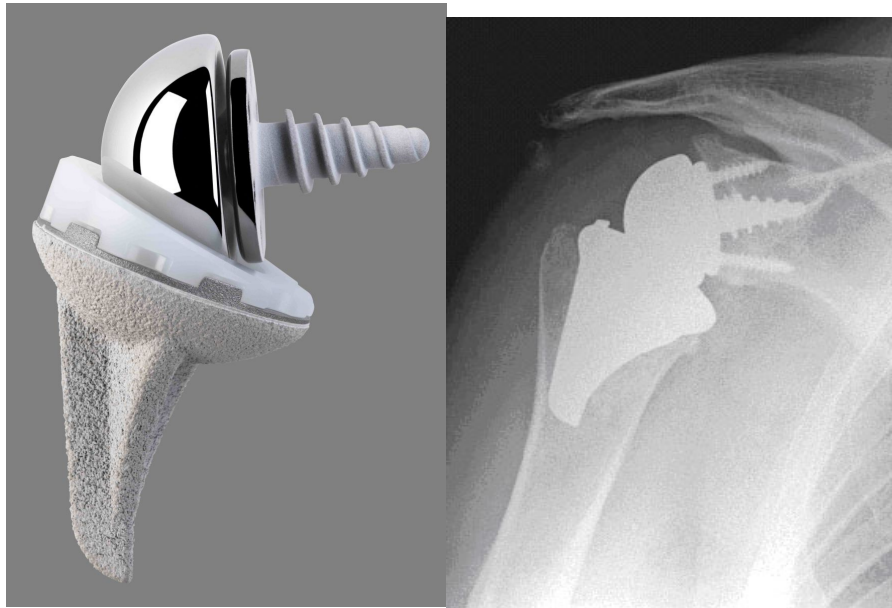


Arthritic Shoulder with deficient cuff



The reverse geometry total shoulder replacement is designed for use in shoulders that have a severe arthritis with a deficient rotator cuff (rotator cuff arthropathy) or following complex fractures with a deficient rotator cuff or in other complex medical conditions.

The Verso prosthesis changes the orientation of the shoulder such that the normal socket (glenoid) is replaced with an artificial ball, and the normal ball (humeral head) is replaced with an implant that has a socket into which the ball rests.



The design changes the mechanics of the shoulder allowing pain relief and an improvement in function and stability, particularly when using the arm in front and above shoulder level.

The operation is carried out under general anaesthetic and a nerve block, with the incision being approximately three inches long on the front side of the shoulder.

The arm is then placed in a sling with a body belt and a physiotherapist will teach you how to take it on and off to do your exercises. You will be in hospital for about 2 days after your operation.



Progression

This is variable and dependent on the amount of movement and the strength of your muscles prior to surgery. Following discharge your pain will slowly decrease and you will become more confident. You will be able to use your arm in front of you for light activities. After six weeks your strength will start to improve.

NB. Avoid pushing down through the arm for 6 weeks; this includes pushing up from a chair and pushing down on walking aids such as frames or sticks.

It is important to continue your exercises, as improvement in strength and range of movement will continue up to 18 months post surgery.

General guidelines

Pain

A nerve block may be used during the operation which means the shoulder and arm will remain numb for a few hours. The shoulder will be sore when this wears off and this may last a few weeks. It is important to continue to take your painkillers regularly. Ice packs may also help to reduce the pain. Wrap frozen peas/crushed ice in a damp cold towel and place on the shoulder for up to 10 minutes at a time.

It is important to be guided by pain when doing any exercises or activities with your operated arm. Listen to your body! Do not force things!

Wearing a sling

You will return from theatre wearing a sling. This is used for 1 week regularly and then for 1-2 weeks for comfort following your operation. It is important that you remove the sling to exercise. You can stop wearing the sling when advised to do so by your consultant or physiotherapist.

The wound

Keep the wound dry until it is healed. This normally takes 10 to 14 days. Your stitch is dissolvable and needs only to be trimmed at your clinic visit.

Driving

This is usually possible after about 6-8 weeks, but will depend on your recovery.

The following is an extract from page 7 of the DVLA website.

'Driving after surgery'

Drivers do not need to notify DVLA unless the medical conditions likely to affect safe driving persist for longer than 3 months after the date of surgery (but please see Neurological and Cardiovascular Disorders Sections for exceptions). Therefore, licence holders wishing to drive after surgery should establish with their own doctors when it is safe to do so. Any decision regarding returning to driving must take into account several issues. These include recovery from the surgical procedure, recovery from anaesthesia, the distracting effect of pain, impairment due to analgesia (sedation and cognitive impairment), as well as any physical restrictions due to the surgery, underlying condition, or other co-morbid conditions.

It is the responsibility of the driver to ensure that he/she is in control of the vehicle at all times and to be able to demonstrate that is so, if stopped by the police.

Drivers should check their insurance policy before returning to drive after surgery.

Return to work

Sedentary job: 6 weeks
Manual job: Guided by Surgeon

Leisure activities

Light activities which involve using your arm in front of your body may be resumed about 6 weeks after your surgery.

Light lifting can begin at 8 weeks

Activities which involve heavy lifting or strenuous activity should be discussed with your surgeon before commencing such activities – usually can only start this at 6 months

Gentle exercises in water may begin at two weeks, but not swimming.

Swimming breaststroke can start at 6 weeks, but freestyle will take longer and might not be possible at all.

Be aware that getting into a pool with ladder access only is likely to be impossible, look for a pool with walk in access if you plan to go to the pool.

NB. Avoid pushing down through the arm for 6 weeks; this includes pushing up from a chair and pushing down on walking aids such as frames or sticks.

Exercises

Use painkillers and/or ice packs (applied for 5-10 minutes) to reduce the pain before you exercise.

It is normal for you to feel aching, discomfort or stretching sensations when doing these exercises. However, if you experience intense and lasting pain (e.g. more than 30 minutes), reduce the exercises by doing them less forcefully, or less often. If this does not help, discuss the problem with the physiotherapist.

Certain exercises may be changed or added for your particular shoulder.

Do short, frequent sessions (e.g. 5-10 minutes, 3-4 times a day) rather than one long session.

Gradually increase the number of repetitions you do. Aim for the repetitions your therapist advises, the numbers stated here are rough guidelines.

All pictures are shown for the right shoulder unless specified.

Posture

Before starting any activity/exercise it is important to position your shoulders correctly. This allows normal shoulder function. Gently move your shoulder blades down and in towards the spine but **not** in a braced back position.

Day 1

1. Keep your arm in the sling and move your hand up and down at the wrist.
2. With your arm in the sling and the elbow bent at your side, turn the hand to face the ceiling and then the ground.
3. With your arm in the sling regularly shrug shoulders up and down and circle forwards and backwards.

Repeat each exercise 10 times, 3-4 times per day. Continue these exercises until otherwise advised by your physiotherapist.

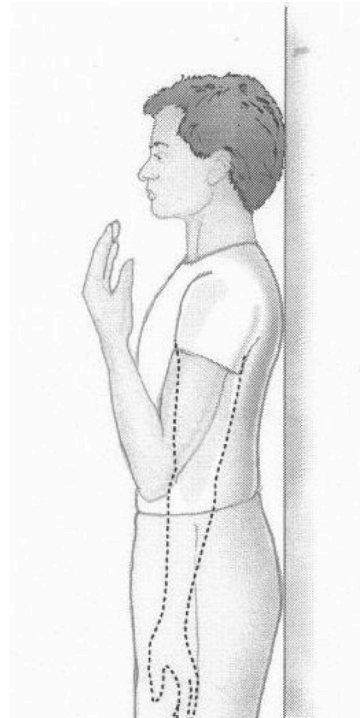
Elbow exercises

Standing or lying

Straighten your elbow and then bend your elbow

Repeat 5 times.

(Shown for left arm)



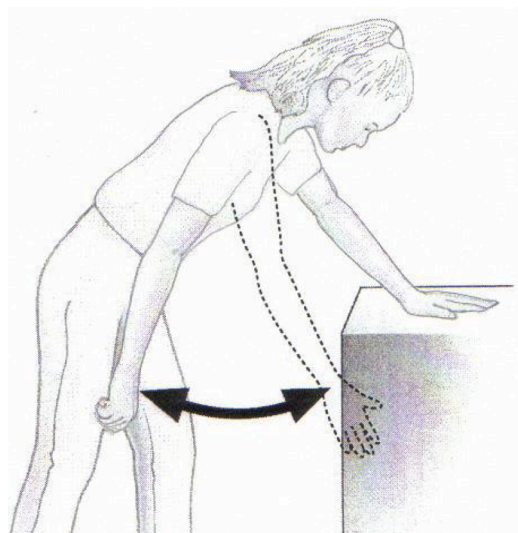
Day 2-5 (body belt may be removed, but stay in sling)

Pendular Exercises

Stand, lean forwards

Let your arm hang down.

Swing arm forward and backwards.



Keep it **relaxed**.

Repeat 10 times.

Now try to swing your arm in circles

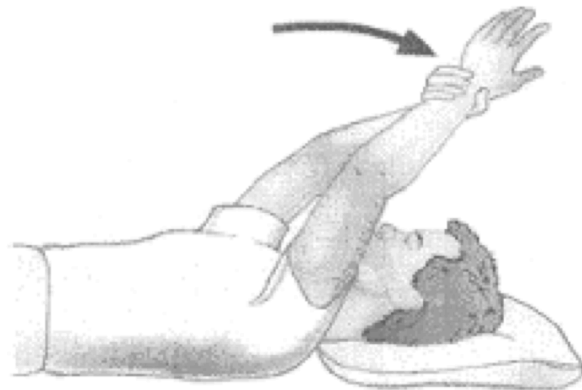
Week 1-3

Passive shoulder flexion

Lying on your back on bed or floor.

Lift your operated arm with your other arm. Keep the operated arm as **relaxed** as possible. Can start with elbow bent.

Repeat 5 times.



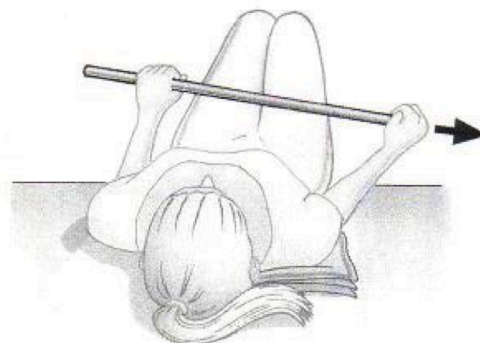
Passive shoulder external rotation

Lying on back (on bed or floor) with towel under shoulder

Keep elbow into your side and bent.
Hold stick in your hands.

Move the stick sideways gently pushing the hand on your operated arm outwards.

Repeat 5 times



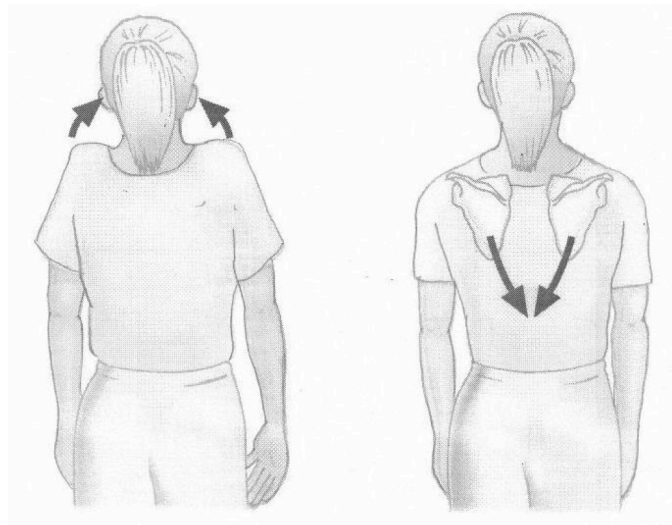
Shoulder blade exercises

Sit or stand

Shrug shoulders up and forwards.

Then roll them down and back.

Repeat 10 times.



You can start to wean off the sling

Week 3-6 – clinic appointment with consultant

May start to increase range of movement as pain allows.

Start anterior deltoid programme

Mr G Sforza and Physiotherapy Department Spire Dunedin Hospital