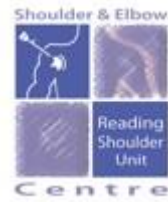




MR GIUSEPPE SFORZA
CONSULTANT ORTHOPAEDIC SURGEON



'VERSO' REVERSED GEOMETRY TOTAL SHOULDER REPLACEMENT

The 'VERSO' reversed geometry total shoulder replacement is designed to improve pain and function in cases of rotator cuff arthropathy, arthritis or complex fractures. The procedure reverses the normal mechanics of the joint. The glenoid is replaced with an artificial ball and the humeral head is replaced with an implant that has a socket into which the ball rests. This increases the efficiency of the deltoids function, improving pain, stability and function.

INPATIENT GUIDELINES:

Physiotherapy follow up appointment: Prior to admission an appointment should be arranged to attend for physiotherapy at 1 week post operation.

!!!!ALWAYS CHECK AN APPOINTMENT HAS BEEN MADE!!!!

If this appointment has not been made an appointment needs to be made as soon as possible.

Clinic follow up appointment: 3 weeks (X-ray on arrival), 3 months, 6 months (X-ray on arrival) and annually (X-ray on arrival)

*** If patient not progressing as expected, arrange review prior to follow-up. ***

Sling use: Master sling with body belt is worn for up to 1 week. Body belt can be removed from day 2. Discard sling when patient has adequate control of the arm and is safe to do so (i.e. not likely to push out of a chair nor a falls risk)

Contraindications/ risks: Hand behind back, external rotation past 0°, resisted internal rotation and weight bearing through the arm is contraindicated for 6 weeks i.e. turning the arm away from the body with the elbow tucked into the side and no pushing through the arm of a chair to stand as this risks dislocation.

Discharge summary/ Ward physiotherapist responsibilities:

- ◆ Ensure patient has a physiotherapy and clinic appointment arranged.
- ◆ Issue patient with advice on analgesia, contraindications and sling use (1 week)
- ◆ Teach early exercises as per protocol

Day 1

- ◆ Master sling and body belt fitted in theatre ◆ Ice packs applied to shoulder
- ◆ Begin shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness
- ◆ Ensure physiotherapy and clinic appointment arranged
- ◆ Advise patient on analgesia use, contraindications and sling use.

Day 2 – discharge

- ◆ Continue to wear Master sling – remove body belt
- ◆ Continue to use ice packs
- ◆ Teach auxiliary hygiene
- ◆ Continue shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness
- ◆ Begin gentle pendulum exercises in forward leaning position
- ◆ Begin passive flexion, abduction, external rotation to 0° and internal rotation in combined flexion and abduction with the elbow supported (Avoid hand behind back)

Week 1 (Review by Physiotherapist)

- ◆ Wean out of Master sling without body belt as comfortable
- ◆ Keep lower body active: cycling, walking, squats etc
- ◆ Continue to use ice packs
- ◆ Issue analgesia and pacing advice
- ◆ Continue day 2 + exercises
- ◆ Begin isometric strengthening into flexion, extension, abduction and external rotation (NOT INTERNAL ROTATION)
- ◆ Begin DELTOID REGIME

Week 2 – 6 (Consider patient for hydrotherapy)

- ◆ Encourage good posture and a progressive increase in ADL's - i.e. lift mug of water, plate, buttering bread, brushing teeth, washing face, writing for short periods.
- ◆ Continue shoulder girdle, elbow, wrist and hand mobility exercises
- ◆ Continue day 2 + and week 1 + exercises
- ◆ Progressive passive exercises to active assisted, then active (as pain allows)
- ◆ Progress the DELTOID REGIME following the principles of low weight and high repetition, to enhance shoulder endurance and minimise the risk of injury/dislocation.

Week 6+

- ◆ Encourage full active flexion, abduction, internal and external rotation.
- ◆ Advise to avoid sudden lifting, pushing, and jerking motions indefinitely to minimise the

risk of injury/dislocation.

- ♦ Continue to progress the DELTOID REGIME following the principles of low weight and high repetition, to enhance shoulder endurance and minimise the risk of injury/dislocation.

Consideration should always be given to the individual patients' ability. Physiotherapy will begin 1 week post op.

The protocol focuses on a central pillar of deltoid strengthening; with early phase rehabilitation focused on protecting the remnants of the subscapularis soft tissue repair, whilst restoring mobility;

later stage focuses on functional rehabilitation.

Progression should be tailored to the individual patient. Contraindications must be followed for the full 6 weeks.

Timings for returning to functional activities are approximate and will differ depending upon the individual. However, they should be seen as the earliest that these activities may commence:

- Driving 3-8 weeks
- Swimming breaststroke 3 - 12 weeks Frontcrawl 3 months
- Golf 3 months Bowls 3 months Cycling 3 months
- Lifting: can resume light lifting at waist level at 3 – 8 weeks. No lifting at shoulder height until good deltoid strength achieved.
- Return to work: dependant upon the patient's occupation
 - With sedentary jobs may return at 6 - 8 weeks
 - Manual workers should be guided by the surgeon

Note: These are guideline protocols only.

Deltoid four phase program

Phase 1

Position: Supine - Elbow flexed to 90°, resting on bed supported with towel maintaining neutral position.

Level 1: Push the arm towards the ceiling until 90° shoulder flexion is achieved. (If unable to achieve actively, achieve through active assistance or passive action of opposing hand)
Once 90° shoulder flexion is achieved maintain this position for 3-4 mins. (Focus on control) If unable

to achieve 3-4 mins continuously build up to achieve this.

Level 2: Once level 1 achieved add slow and controlled forward and backward movements of the arm. Start small maintaining for 3-4 mins. Gradually progress as tolerated until all available range of movement achieved.

Level 3: As per level 1 with light weight in hand.

Level 4: As per level 2 with weight in hand.

Phase 2: On achieving phase 1 level 4 progress to phase 2:

Position: Propped up in supine - Elbow flexed with fingers pointing towards the ceiling, elbow resting on bed supported with towel maintaining neutral position.

Level 1: Push the arm towards the ceiling until straight arm position is achieved. (If unable to achieve actively, achieve through active assistance or passive action of opposing hand)
Once full range is achieved maintain this position for 3-4 mins. (Focus on control) If unable to achieve 3-4 mins continuously build up to achieve this.

Level 2: Once level 1 achieved add slow and controlled forward and backward movements of the arm. Start small maintaining for 3-4 mins. Gradually progress as tolerated until all available range of movement achieved

Level 3: As per level 1 with light weight in hand.

Level 4: As per level 2 with weight in hand.

Phase 3: Continue to increase angle of propped up position until a sitting position is achieved.

Position: Sitting - Elbow flexed with fingers pointing towards the ceiling.

Level 1: Push the arm towards the ceiling until straight arm position is achieved. (If unable to achieve actively, achieve through active assistance or passive action of opposing hand)
Once full range is achieved maintain this position for 3-4 mins. (Focus on control) If unable to achieve 3-4 mins continuously build up to achieve this.

Level 2: Once level 1 achieved add slow and controlled forward and backward movements of the arm. Start small maintaining for 3-4 mins. Gradually progress as tolerated until all available range of movement achieved

Level 3: As per level 1 with light weight in hand.

Level 4: As per level 2 with weight in hand.

Phase 4: Repeat levels 1-4 in standing position

To book a consultation or an appointment with Mr Giuseppe Sforza please get in touch

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