



Reverse Total Shoulder Arthroplasty for Proximal Humerus Fracture

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-6 PT 1-2x/week HEP daily	Edema and pain control Protect tuberosity repair SUPINE PROM Week 0-4: FF 90°, ER 30°, No IR Week 5-6: FF full°, ER 30° No IR Start AAROM at 4-6 weeks if tuberosities healing on x-ray	Sling when not doing exercises Sling x 6 weeks Limit ER to neutral x2 weeks No ER >30°, active IR (weeks 2-6) No backward extension (BE) No scapular retractions Limit abduction 75° No resisted elbow flexion	Elbow, wrist, hand ROM Codman/Pendulum Passive supine forward flexion as tolerated Scapular mobility and stability (side-lying) Deltoid isometrics Posture training
Weeks 6-12 PT 2-3x/week HEP daily	Protect subscap repair FF 150°, ER 45°	No sling No resisted IR/BE Avoid BE/IR/Adduction No resisted scapular retractions Avoid painful ADL's	Advance P/AA/AROM Cane/pulley Passive IR in 60° abduction Rhythmic stabilization at 120° Submaximal isometrics ER/FF/ABD Closed chain kinetic exercises Scapular stabilization Anterior deltoid/teres strengthening
Weeks 12-24 PT 1-2x/week HEP daily	Full ROM Improve strength Improve endurance	No sling Avoid painful ADL's	Begin AA <input checked="" type="checkbox"/> AROM IR/BE Advance strengthening as tolerated Closed chain scapular rehab Functional strengthening focused on anterior deltoid and teres Maximize scapular stabilization
Weeks 24+ HEP daily	Maximal ROM Independent HEP	None	Progress strengthening, flexibility, and endurance

Physician's Signature: _____





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You are recovering from arthroscopic and reconstructive shoulder surgery. The following information is to help make your recovery as smooth and rapid as possible.

1. **Wound Care:** Keep your dressing on for 2 days. Do not get it wet. You may shower by wrapping plastic wrap (saran wrap) over your shoulder dressing. After 3 days, the bandages may be removed and the wounds covered with clean dressings. Keep wounds dry until your first visit after surgery. Do NOT submerge your shoulder under water (pool, bath, hottub).
2. **Bleeding:** Postoperative bleeding is not unusual. You may reinforce your dressing if needed. If you have concerns about the amount of bleeding, please call the office.
3. **Sling Usage:** Wear sling and/or abduction pillow at all times. It may be removed for exercises, showering, and clothing changes only as directed. Keep your arm at the side for showering and clothing changes
4. **Exercises:** Elbow and wrist range of motion exercises should begin on the first post-operative day. You should perform these exercises 4 times a day as tolerated. Other exercises may be prescribed by your physician as well.
5. **Medications:** Postoperative pain should be controlled by the prescriptions given to you. You may use acetaminophen (Tylenol) instead of the narcotic medication if your pain is not strong. DO NOT use ibuprofen (Advil, Motrin) or naproxen (Aleve, Naprosyn) or other anti-inflammatory drugs as they may interfere with tendon healing unless prescribed by your physician.
 - The Zofran may be taken every 8 hours as needed for nausea/vomiting
 - The Colace may be taken twice a day as needed for constipation
 - You may resume your usual medications (unless otherwise instructed).
6. **Blood Clot/ DVT Prevention:** Take one aspirin daily for 30 days to reduce the possibility of blood clots.
7. **Driving:** You should NOT drive while you are still taking your narcotic medications. Driving in a sling can have legal ramifications. Healthy patients wearing a sling were more likely to be involved in a motor vehicle accident than unimpaired drivers.
8. **Smoking:** No smoking after your surgery as smoking can interfere with healing.
9. **Follow-Up:** You will be seen in clinic for your follow-up appointment 2 weeks after surgery.
10. If you have any additional questions, please do not hesitate to contact the office at **(469) 800 – 7200.**



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DR. BLACK'S SURGERY PATIENTS

As a general rule, most orthopedic surgical procedures are uneventful. However, medical complications can occur, and we want all surgical patients to have an awareness of the things to look for and actions to take in the event of a postoperative complication. This can help to prevent an adverse outcome.

PLEASE BE ADVISED OF THE FOLLOWING:

1. **FEVER** – Low grade fever is common after bone and joint surgery, particularly in the first two days. A little fever during this time is not of concern. If your temperature rises above 102°F during the first three days or above 101°F thereafter, then please call the doctor on call for advice.
2. **BLEEDING** – It is fairly common to get a minor amount of bleeding that can soak through the bandages or surgical dressing. This is not of concern. Please call regarding excessive bleeding. Notify your surgeon if the wound drains any fluid later than five days after surgery.
3. **CARDIOVASCULAR** – If you develop chest pain, shortness of breath, or fainting spells, then you need to go to the emergency room for evaluation. If your symptoms are severe then call 911 rather than going in a private vehicle. Someone should notify the Orthopaedic Associates of Dallas doctor on-call and your family doctor as well.
4. **BLOOD CLOTS** – Orthopedic surgery patients are at risk for blood clots, especially after lower extremity surgery. Please be sure to notify your surgeon if you or someone in your family has a history of such clots or any type of clotting disorder.

Obesity or use of oral contraceptives can increase the risk of blood clots. Women should consider not taking oral contraceptives while unable to walk normally without crutches, brace or cast on the leg.

Traveling after surgery - Realize that long air flights or car trips may also increase the chance of blood clots. You can lessen the risk of DVT by taking short breaks to either walk around or pump your foot against resistance (like stepping on the gas).

Signs of blood clots may include calf pain or cramping, diffuse swelling in the leg and foot, as well as chest pain, coughing, or shortness of breath. Please call if you recognize any of these symptoms. There is noninvasive testing available at our center to rule out this potentially life threatening condition.

5. **CONSTIPATION** – It is common to become constipated from taking narcotic based pain medications so you may need a stool softener / laxative. It is recommended that you take Ducolax 100mg twice per day as needed, and this is available over the counter at any pharmacy. Increase your fiber and water intake after surgery to help avoid this.

The main number of Orthopaedic Associates of Dallas is 469-800-7200 is answered 24/7, but should not be used for emergency situations. It is best to use 911 first in a true emergency, then call and notify us of the situation.



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