



Reverse Shoulder Arthroplasty Protocol

- Preoperatively:
 - Inpatient procedure with overnight stay in hospital
 - Depending on age, insurance and co-morbidities some patients may elect to have this performed outpatient.
 - If RSP performed at outpatient center, patient's will be given pain medication (Percocet / Vicodin), anti-inflammatory (Toradol), anti-nausea medication (Zofran), and an antibiotic (Doxycycline)
 - If younger male, give Doxycycline for 2 weeks (start 1 week prior to surgery and finish 1 week postoperatively)
 - All Patient's to have CT Scan performed for surgical planning. CT Scan is good for 6 months. Surgicase (DJO Matchpoint, Wright BluePrint) protocol to be performed
 - If Patient requires postoperative SNF placement, usually requires 3 day stay at the hospital before being transferred to facility. Social Services on the floor will authorize and arrange SNF placement
 - All clearances, preoperative orders, and surgical consents to be faxed to pre-surgical screening prior to surgical date

- Peri-operative:
 - Surgery takes approximately 2-3 hours
 - General anesthesia with preoperative inter scalene nerve block
 - Following surgery, in recovery room for approximately 2 hours before being admitted to orthopedic floor
 - Given antibiotics, Decadron 10 mg, Tranexamic Acid 1 gm prior to incision
 - OT will meet with patient following morning to demonstrate the use and placement of ultrasling, how to perform pendulum exercise, dress, bathe and perform ADLs
 - Discharge between 11am and 2pm the following day unless going to SNF. If going to SNF must complete paperwork and leave pain medication prescription in chart for the facility
 - Social Services will arrange HHC per insurance: Nurse for daily dry dressing changes; therapist to demonstrate pendulum exercises, aide to assist with ADLs. HHC will contact patient to schedule appointments as they are going to their home.

- Postoperatively:
 - Appointment
 - 9-10 days (Wound Check, Dressing Change, X-rays)
 - 6 weeks (X-rays)
 - 12 weeks: Start Strengthening
 - 6 months: X-rays

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- 1 year: X-rays
- annually for minimum of 5 years (IPAD given for research)
- Week 0-6
 - Initial appointment is 9-10 days postoperatively. X-rays are taken and if incision healed, sutures are removed.
 - If large hematoma, do NOT remove sutures. If sutures are not removed, place on antibiotics (Keflex 500mg QID x 7 days if no PCN allergy) and have patient return 1 week later for evaluation. Patient is to be in immobilizer for a total of 6 weeks. They come out of the immobilizer for dressing, bathing, and performing pendulum exercises 3x/day.
 - Pendulum exercises to be done 3x/day with 25-30 rotations clockwise/counterclockwise. If significant STS/stiffness, recommend PROM/ AAROM elbow, wrist and hand.
 - Okay to use hand for activities in front of patient
 - Avoid using elbow to get out of bed
- Week 6-12
 - X-rays obtained
 - Discontinue use of shoulder immobilizer. Begin Stage 2 Rehabilitation : ROM
 - Patient's are given Stage 2 HEP to begin. ROM as tolerated with 4 exercises to perform on a daily basis. May use their arm actively and passively for ADLs. NO strengthening or resistance. No lifting, pushing, pulling or carrying >2lbs.
 - May begin using arm for ADLs, chipping & putting, and driving.
 - Recommend the use of heat prior to stretching and activity and the use of ice afterwards
- 3 Months
 - X-Rays obtained
 - Patient may begin strengthening exercises: Deltoid, Rotator Cuff, Periscapular strengthening
 - Begin performing activities as tolerated
 - Recommend avoiding high energy impact sports for 6 months
- 6 months, 1 year, and annual visits
 - X-Rays obtained with measurements.