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:**

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

Prior to admission an appointment should be arranged to attend for physiotherapy at 1-3 week post operation.

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 (X-ray on arrival)
- 6 months (X-ray on arrival)
- 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:
  - Elective—until nerve block wears off
  - (3 weeks in cases of fracture).

**Body belt can be removed from day 2.**

### Contraindications/ risks (for 6 weeks):

- Hand behind back
- External rotation past 0°
- Resisted internal rotation
- Weight bearing through the arm

***i.e. rotating the arm outwards 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 (0-3 weeks)
- Teach early exercises as per protocol
<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2 – discharge</th>
<th>Week 1 (Review by Physiotherapist)</th>
<th>Week 2 – 6</th>
<th>Week 6+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master sling and body belt fitted in theatre</td>
<td>Wean out of sling when nerve block wears off (unless fracture then sling for 3 weeks)</td>
<td>Keep lower body active: cycling, walking, squats etc</td>
<td>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.</td>
<td>Encourage full active flexion, abduction, internal and external rotation.</td>
</tr>
<tr>
<td>Ice packs applied to shoulder</td>
<td>Continue to use ice packs</td>
<td>Continue to use ice packs</td>
<td>Continue shoulder girdle, elbow, wrist and hand mobility exercises</td>
<td>Advise to avoid sudden lifting, pushing, and jerking motions indefinitely to minimise the risk of injury/dislocation.</td>
</tr>
<tr>
<td>Begin shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness</td>
<td>Teach auxiliary hygiene</td>
<td>Issue analgesia and pacing advice</td>
<td>Continue day 2 + exercises</td>
<td>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.</td>
</tr>
<tr>
<td>Ensure physiotherapy and clinic appointment arranged</td>
<td>Continue shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness</td>
<td>Begin isometric strengthening into flexion, extension, abduction and external rotation (NOT INTERNAL ROTATION)</td>
<td>Progress passive exercises to active assisted, then active (as pain allows)</td>
<td>Continue proprioception and scapular exercises</td>
</tr>
<tr>
<td>Advise patient on analgesia use, contraindications and sling use.</td>
<td>Begin gentle pendulum exercises in forward leaning position</td>
<td>Begin DELTOID REGIME</td>
<td>Progress the DELTOID REGIME following the principles of low weight and high repetition, to enhance shoulder endurance and minimise the risk of injury/dislocation.</td>
<td></td>
</tr>
</tbody>
</table>
Consideration should always be given to the individual patients’ ability. Physiotherapy will begin 1-3 weeks post op. Patient can be considered for hydrotherapy from 2 weeks to assist rehabilitation.

The protocol focuses on a central pillar of deltoid strengthening; with early phase rehabilitation focused on protecting the remnants of the subscapularis/teres minor/rotator cuff remnants 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.

For questions or concerns please contact:
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Protocol written by Jon Lee—ESP Physiotherapist—Royal Berkshire Hospital—October 2016