



‘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:

!!!!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



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<p>Day 1</p>	<ul style="list-style-type: none"> • 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.
<p>Day 2 – discharge</p>	<ul style="list-style-type: none"> • Wean out of sling when nerve block wears off (unless fracture then sling for 3 weeks) • 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/ external rotation in combine d flexion and abduction with the elbow supported (Avoid hand behind back)
<p>Week 1 (Review by Physiotherapist)</p>	<ul style="list-style-type: none"> • 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 • Begin scapular strengthening and control exercises • Begin Proprioception exercises
<p>Week 2 – 6</p>	<ul style="list-style-type: none"> • 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. • Continue proprioception and scapular exercises
<p>Week 6+</p>	<ul style="list-style-type: none"> • 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.

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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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For further information: <http://www.readingshoulderunit.com>

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