



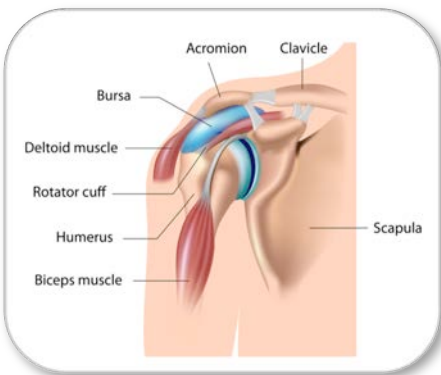
# Understanding Reverse Total Shoulder Replacement Surgery

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Our goal at The Orthopedic Institute of Wisconsin is to provide high quality care, both non-surgical and surgical. This approach allows our patients to regain lost function and experience pain relief that will hopefully result in the improvement of their quality of life. If you have any additional questions, please call: (414) 643-8800

## Understanding Shoulder Anatomy

The shoulder is a large ball and socket joint composed of bones, tendons, muscles, and ligaments. The bones of the shoulder joint include: your collarbone (clavicle), your upper arm bone (humerus), and your shoulder blade (scapula). The rounded head of the upper arm bone fits into a shallow socket in the shoulder blade, known as the glenoid. The bone surfaces that meet are covered with cartilage, a smooth material that protects the bones and allows them to slide easily. The muscles and tendons surrounding the shoulder provide stability and



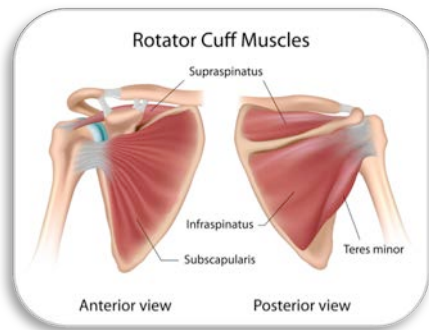
## Reasons for Shoulder Replacement

Patients who require a reverse total shoulder replacement are those who typically have extensive damage to their rotator cuff, a group of muscles and tendons that provide stability to the shoulder joint.

- *Massive/Irreparable cuff:* If the rotator cuff is too damaged or the tear is too massive, it cannot be repaired
- *Rotator cuff arthropathy:* arthritis of the shoulder joint due to longstanding rotator cuff tears within the shoulder.
- *Retraction:* If the torn portion of the rotator cuff has pulled away from the site of the tear, repair becomes difficult.
- Normally performed on patients older than 70 and those who are not heavy laborers.

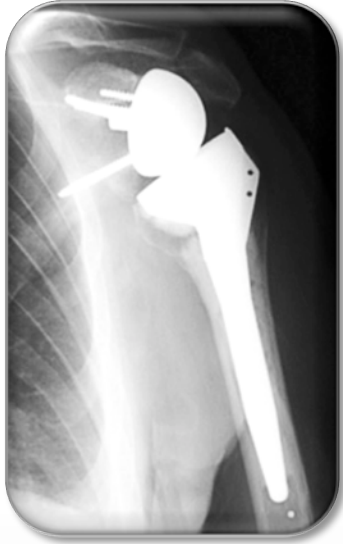
## Why Surgery?

The need for reverse total shoulder replacement surgery is a result of deterioration of the rotator cuff beyond repair. It is useful in those patients as it allows for continued movement of the arm without the need for a functioning rotator cuff.



## The Surgery

This surgery, typically lasting 60-90 minutes, removes the damaged areas and replaces them with a prosthesis. An incision is made down the front of your shoulder and the damaged ends of the bone are removed. The reverse total shoulder system is used. It is composed of three parts: the stem, the glenoid sphere, and the plastic insert that sits on top of the stem. The stem is placed inside the humerus bone and is locked into place with bone cement. The glenoid sphere and plastic insert are both screwed into place. The shoulder joint is checked for stability and range of motion before the surgery is complete.



## Post-Operative Expectations

Patients are typically kept in a sling after surgery to serve as a reminder to not actively move the arm for 6 weeks. Many patients have difficulty finding a comfortable sleeping position at first and find that sleeping in a recliner or propped up with pillows is more comfortable, although you may sleep in a bed anytime.

## Physical Therapy

Following your surgery, you will be given a continuous passive motion (CPM) machine to assist with early motion. Physical therapy is typically started three weeks after the procedure. Therapy session should be attended two to three times per week. After spending time with your physical therapist, you will learn how to perform your exercise program on your own at home. When you do not have supervised physical therapy, it is crucial that you continue your physical therapy program at home.

## Long-Term Expectations

Each year following your surgery, Dr. Pennington will want to see you in the office in order to measure your progress and to examine your shoulder replacement. Follow-up visits are a very important way for your surgeon to provide you with advice and to assist you in minimizing any risk of complications. Patients who have joint replacements are at risk for infections of the implanted joints. In order to minimize this risk, you will need antibiotics before any invasive procedures. In the case of required dental work or cleanings, you will be placed on antibiotics in order to reduce the danger of infection.



## Typical Schedule of Follow-up Visits

Seven-to-ten day assessment:

- X-rays, if not taken post-op
- Remove staples/incision check
- Setup physical therapy

Five to seven week assessment:

- Check the surgical site
- Evaluate range of motion
- Evaluate ability to start a strengthening program and daily activities
- Discuss returning to work if you have not already done so

Future assessments:

- X-rays, when appropriate
- Evaluate range of motion & strength
- Evaluate performance of daily activities