Reverse Shoulder Replacement

Patient Recovery & Exercise Guide

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This guide explains what to expect after your reverse shoulder replacement with Dr Mark Robinson — from leaving hospital, to caring for your shoulder at home, to the exercises that will help you get your movement and strength back. Please keep it handy and bring it to your appointments.

Everyone recovers at their own pace. Your surgeon and physiotherapist will tailor the timeframes to your surgery and your progress.

ABOUT YOUR SURGERY

Your shoulder is a ball-and-socket joint: the ball is the top of the arm bone (the **humeral head**) and the socket is part of the shoulder blade (the **glenoid**). Normally, the rotator cuff muscles hold the ball in the socket and help lift the arm.

A **reverse shoulder replacement** swaps the normal arrangement. A metal ball is fixed to the socket side, and a cup is fixed to the top of the arm bone (Humerus). This new design lets the large muscle over your shoulder (the **deltoid**) do the work of lifting your arm, instead of the rotator cuff. It is often used when the rotator cuff is badly torn or worn, for arthritis combined with rotator cuff damage, for some complex fractures, or when a previous shoulder replacement needs revising.

In the first few months, the new joint is most at risk of slipping out of place (dislocating). The precautions below protect it while the tissues around it heal.

BEFORE YOUR SURGERY

Prehabilitation / Physiotherapy

It is recommended that you consult a physiotherapist 4 weeks before your operation to optimise your core strength, strength of muscles about the shoulder blade and rotator cuff strength.

Preoperative Wash / Skin Care

Avoid activities that may result in cuts or abrasions to the operative limb for 2 weeks prior to the operative limb (such as gardening).

A Benzac AC Wash 5% shoulder be trialled two weeks prior to surgery (if skin irritation occurs, discontinue). If a rash or dry skin develops stop using the wash. A chlorhexidine pre-op wash will be provided to be used the night before and the day of surgery.

Diet / Vitamin C

In the weeks before and after your operation, Dr Robinson encourages you to eat a healthy, balanced diet rich in protein, vitamins and minerals. Include plenty of lean meat, fish, eggs, dairy, legumes, wholegrains, fruit and vegetables, and keep well hydrated.

Dr Robinson recommends taking 1000–1500 mg of vitamin C daily, starting 2 days before your surgery and continuing for 6 weeks afterwards. Vitamin C supports the body's natural healing processes, including the repair of bone, skin and soft tissue. Vitamin C supplements are available from your local pharmacy or supermarket.

No Smoking

Smoking significantly slows healing and increases the risk of complications, including wound infection, delayed bone healing and problems with anaesthesia. We strongly recommend that you stop smoking before your surgery and avoid smoking throughout your recovery. This includes cigarettes, vapes and other nicotine products. If you would like support to quit, speak with your GP or contact Quitline on 13 78 48.

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GOING HOME

Discharge

Most patients spend one night in hospital. Occasionally patients go home on the day of surgery.

Wound, Dressings & Showering

You will go home with a dressing over your shoulder wound. Leave it in place until your 2–3 week review, when we will remove it. The dressings are water resistant, not waterproof, so showering is fine but please try to keep them mostly dry until your post-op appointment.

Sling

Wear sling for 2 weeks only. You may come out of sling when sitting in a chair & performing your exercises. The sling's main purpose is to assist with pain and prevent early stiffness.

Swelling / Ice

Swelling & bruising after shoulder surgery is normal and should gradually settle over a few weeks. Regular icing helps with both pain and swelling:

- Apply ice to your shoulder 3–5 times a day, for 20 minutes at a time.
- Keep icing for as long as the swelling lasts, which may be a few weeks.
- Moving your shoulder, elbow, wrist and fingers regularly also helps reduce swelling in your arm and hand.
- Elevation will help to reduce swelling; place hand higher than elbow and elbow higher than the level of your heart.

Pain Relief & Medications (allergies permitting)

Your anaesthetist will prescribe a range of pain medications for you to take home. Please take them as prescribed. In general:

- Take **paracetamol** regularly.
- Add **anti-inflammatories** (Nurofen, Celebrex, Mobic) if they have been prescribed for you.
- Use **stronger pain relief** (such as palexia/tapentadol) as a top-up when needed.

Stop these medications as soon as your pain allows.

Vitamin C

Dr Robinson recommends taking Vitamin C 1000–1500 mg daily for at least 6 weeks after surgery.

YOUR FOLLOW-UP APPOINTMENTS

WHEN	WHAT HAPPENS
2–3 weeks	Your first post-op clinic review. Our nurse will remove your dressing and check your wound.
3 months	Review with Dr Robinson to see how you are progressing.
12 months	Review with an X-ray of your shoulder.

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KEY PRECAUTIONS — FIRST 6 WEEKS

- **Sling:** wear your sling for 2 weeks unless advised otherwise. You may take it off for showering and dressing, eating, for your exercises, and while sitting at a desk to work.
- **No pushing:** don't use your operated arm to push yourself up from a chair or bed, or to take your weight.
- **Light items only:** don't lift anything heavier than about 1 kg (roughly a cup of tea) with your operated arm.
- **Don't force it:** avoid stretching hard into tightness or any exercise against resistance until your surgeon or physiotherapist says so. Let pain guide you and stop any exercise that is painful. Progression through the exercise regime is based on pain and milestones, not necessarily time.
- **No forceful internal rotation** (closing a car door, sliding screen door)
- **Avoid high risk unpredictable movements** such as walking / washing dogs

When to contact us

Please contact our clinic straight away, or see your local doctor, if you notice:

- Swelling that is getting worse rather than better
- Redness, warmth or discharge around the wound
- A fever, or feeling generally unwell
- Pain that keeps increasing or isn't controlled by your medications
- A sudden loss of movement, or your shoulder feels like it has slipped out of place
- New numbness, pins and needles, or colour change in your hand

Phone (07) 5346 8000 · Email admin@balanceortho.com.au

After hours: go to your nearest urgent care clinic or hospital emergency department.

RETURNING TO WORK, DRIVING & ACTIVITIES

Work

A reasonable goal for returning to office or desk work is 2–4 weeks. For heavy lifting or manual work, the usual target is 5-6 months.

Driving

Driving can usually be resumed at around 6 weeks, once you feel confident controlling the vehicle. Your car insurance may not cover you if you are involved in an accident before 6 weeks.

Return to activities

These timeframes are a general guide. Please check with your surgeon or physiotherapist before starting an activity.

ACTIVITY	EXPECTED TIMEFRAME	NOTES
Walking	From day 1	Recommended from the day of surgery to reduce risk of bloods clots.
Desk / computer work	2–4 weeks	You may remove your sling when sitting at your desk. Avoid prolonged mouse usage with operative arm.
Stationary exercise bike	3 weeks	Once wound has healed; light resistance, upright position

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ACTIVITY	EXPECTED TIMEFRAME	NOTES
Aquatic (pool) therapy	From about 4 weeks	Once your wound has fully healed and your surgeon approves; guided by your physiotherapist
Driving	6 weeks	Once confident; confirm with your surgeon
Running	8-10 weeks	As pain allows.
Gardening / light housework	12 weeks	AS pain allows.
Golf	4 - 6 months	Putting from 3 weeks, chipping from 4 months, full swing from 6 months; build up with your physiotherapist
Road / outdoor cycling	4-6 months	Wait until balance and confidence return to avoid a fall onto the shoulder
Swimming – freestyle	Once full movement returns	Check with your physiotherapist
Gym / resistance training	4-6 months	Some long-term load limits may apply; review with your physiotherapist
Tennis & racquet sports	6 months	
Heavy lifting / manual work	6 months	Below shoulder height; avoid heavy loads held away from your body long term

YOUR RECOVERY AT A GLANCE

WHEN	GOALS	WHAT YOU'LL BE DOING
Phase 1 **Day 1 – 2 weeks** Protection	• Settle pain and swelling • Protect the new joint while the tissues heal – no forceful movements • Keep your neck, elbow, wrist and hand moving • Wound healing	• Learn good posture and sling care / maintain • Ice regularly • Keep dressing clean and dry • Hand to mouth (eating) • Passive / active assisted range of motion: - Start your early exercises the day after surgery, including pendulums, assisted arm lifts and external rotation - Bend and straighten your elbow, wrist and fingers regularly to reduce swelling - Neck range of motion
Phase 2 **2 – 6 weeks** Early movement	• Gradually regain gentle movement • Prevent stiffness • Keep protecting the new joint – no forceful movements	• Wound review in Dr Robinson's rooms • **Wean / discard sling** • Progress from active assisted to active range of motion • Introduce shoulder pulley as pain allows • If pain free may progress through pool-based (aquatic) therapy from about 4 weeks, once your wound has fully healed • Gentle deltoid isometric exercises

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WHEN	GOALS	WHAT YOU'LL BE DOING
Phase 3 **6 – 12 weeks** Regaining movement	• Overhead and external active range of motion • Use your arm for light daily tasks	• Progressive active assisted elevation transitioning to active range of motion with shoulder pulley (front, scapular plane & side) • Progressive active assisted external rotation transitioning to active range of motion with stick • Light tasks below shoulder height
Phase 4 **3 – 6 months** Strengthening	• Build strength, endurance and control • Get back to more of your usual activities	• 3-month review with Dr Robinson • Progressive strengthening for the rotator cuff and shoulder blade muscles: resistance band first, then light gym work • Low-impact fitness such as walking and stationary bike • Avoid sudden jerking or heavy loads through the shoulder
Phase 5 **6 months +** Return to activity	• Return to work, hobbies and sport • Look after your shoulder long term	• Gradual return to activities (see the Return to Activities table) • Keep up a maintenance strengthening program • Avoid repetitive heavy lifting away from your body • 12-month review with an X-ray

Exact exercises, sets and repetitions will be tailored to you by your physiotherapist and may differ from this general guide.

YOUR EXERCISE PROGRAM

Physiotherapy starts the day after surgery. Let pain be your guide and don't continue any exercise that hurts. These exercises are a general guide, and your physiotherapist will provide a more personalised program.

Early exercises — start the day after surgery

- Take your sling off to do these exercises.
- Repeat each exercise **5–10 times** per session.
- Aim for **3–5 sessions a day**.
- Stay within your comfort zone and move on to the more advanced versions only once you feel confident.

1. Neck range of motion ▶ Watch the video

- Stand or sit comfortably in a chair.
- Look up, then down. Turn your head to look left, then right.
- Tilt your ear towards your left shoulder, then towards your right shoulder.

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2. Shoulder blade exercises ▶ Watch the video

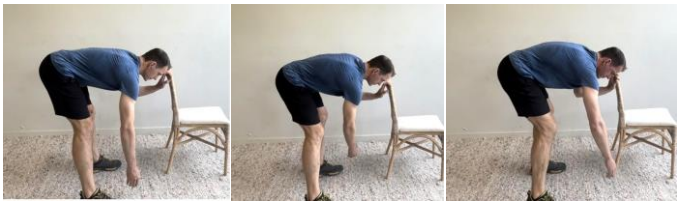
- Gently squeeze your shoulder blades together, hold for 5–10 seconds, then relax.
- Lift your shoulders towards your ears in a shrugging motion.
- Roll your shoulders in circles, both forwards and backwards.

3. Shoulder hang ▶ Watch the video

- Hold a chair or table with your other hand for balance and lean forward so your operated arm hangs towards the ground.
- Hold for 10–20 seconds, then stand tall again.

4. Shoulder pendulums ▶ Watch the video

- Bend forward at the waist to about 90°, supporting yourself with your other hand on a table or chair.
- Let your operated arm hang relaxed. Gently rock your body, starting the movement from your hips and knees, so your arm swings in small circles.
- Circle 10 times clockwise, then 10 times anticlockwise. The circles should be about 23–30 cm wide.
- Keep your arm and shoulder relaxed the whole time — your body does the work, not your shoulder muscles.



5. Active assisted external rotation (with a stick) ▶ Watch the video

- From day 1, progress gradually to active external rotation.
- Begin this exercise lying on your back. Progress to standing as tolerated.
- Hold a broomstick in both hands. Keep your operated arm by your side with the elbow bent to 90°.
- Turn your operated arm outwards as far as it will comfortably go on its own.
- Then use your good arm to gently push the stick a little further.
- Progress to upright when comfortable.

These notes are a general guide only. Details may vary depending on your individual circumstances and at the discretion of your surgeon.

From 2 weeks — assisted arm lifts

- Add these exercises from 2 weeks or as tolerated, as directed by your physiotherapist. Keep doing the previous exercises as well.
- Your good arm does all the lifting. Don't force through tightness or pain.

6. Active assisted shoulder flexion ▶ Watch the video

- Lying, sitting or standing, hold the hand of your operated arm with your other hand, in front of your chest.
- Using your good arm to do the work, slowly raise both hands towards the ceiling.
- Gently bring your hands back down to the starting position.
- Once confident, lower your hands behind your head for an extra stretch.

Stage 1 — lying down

Stage 2 — sitting or standing (once comfortable)

Stage 3 — hands behind your head (once comfortable)

7. Active external rotation ▶ Watch the video

- Stand or sit with your elbows by your sides and forearms bent to 90°.
- Keeping your elbows tucked in, gently move your hands apart as far as you comfortably can.
- Bring your hands back together.

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From around 4-6 weeks — when your physiotherapist advises

- Start these once you are comfortable with the earlier exercises and your physiotherapist gives you the go-ahead (usually from around 6 weeks).
- Keep doing your earlier exercises as well.
- Repeat each exercise **5–10 times** per session, aiming for **3 sessions a day**.

8. Wall walk ▶ Watch the video

- Face a wall or door frame and use your fingers to "walk" your hand up as high as you comfortably can.
- Hold for 10–20 seconds, then gently walk your fingers back down.

9. Active assisted abduction (with a stick) ▶ Watch the video

- Hold a pole or broomstick in your good hand.
- Rest the hand of your operated arm on top of the pole and let that arm relax completely.
- Use your good arm to gently push the pole — and your operated arm — out to the side and up, to a height that gives a stretch without pain.

10. Modified table slide ▶ Watch the video

- Place the hand of your operated arm on a table or chair for support.
- Slowly step your feet back, away from the table, until your arm is stretched out in front of you.
- Slowly step back towards the table.

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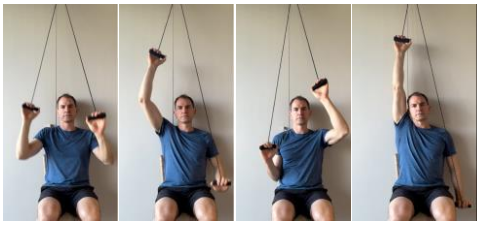
11. Shoulder extension with shoulder blade squeeze ▶ Watch the video

- Stand with your feet shoulder-width apart.
- Keeping your arms straight, move your hands back behind your body.
- Focus on squeezing your shoulder blades together, without shrugging your shoulders.
- Relax your arms back to your sides.

12. Shoulder pulley ▶ Watch the video

- Attach the pulley to the top of a door (or as directed in the pulley's instructions).
- Hold a handle in each hand, thumbs up.
- Pull down with your good arm to lift your operated arm forward and up.
- Hold for 5–10 seconds, then let your operated arm relax back down to your side.



13. Shoulder forward flexion ▶ Watch the video

- Raise your arm in front of you towards the ceiling, keeping your elbow straight and leading with your thumb.
- Hold for 10 seconds, then slowly lower.
- Avoid shrugging or hitching your shoulder blade up. Doing this in front of a mirror can help you check your form.

14. Shoulder abduction ▶ Watch the video

- Lift your arm out to the side with your elbow straight.
- Raise it as high as is comfortable, then slowly lower it back to your side.
- Avoid shrugging your shoulder or leaning your body to the side.

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15. Shoulder internal rotation behind back

- Extend your shoulder and place you hand on behind your buttock or small of your lower back.
- Use your non-operative arm to assist to the lower back.

Watch the exercises on YouTube

Each exercise in this guide is demonstrated in a short video on our YouTube channel. Tap "▶ Watch the video" next to an exercise, or scan the QR code to see all of our videos.

youtube.com/@BalanceOrthopaedics

This guide has been developed with reference to published post-operative rehabilitation guidelines for reverse shoulder replacement. It is a general guide only and does not replace individual assessment and advice from your surgeon and physiotherapist.

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