ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

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CINCINNATI, OH · FORT THOMAS, KY

(513) 354-3700

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SHOULDER · PREPARING FOR SURGERY

Preparing for Your Reverse Total Shoulder Replacement

A Guide to Your Surgery

PROCEDURE	SETTING	ANESTHESIA	RECOVERY
Shoulder surgery	Outpatient or a short one-night stay	General or regional — reviewed with anesthesia	Personalized week-by-week protocol

Reverse total shoulder replacement — a ball on the socket and a cup on the arm let the deltoid power the shoulder.

01 A MESSAGE FROM DR. PETTIT

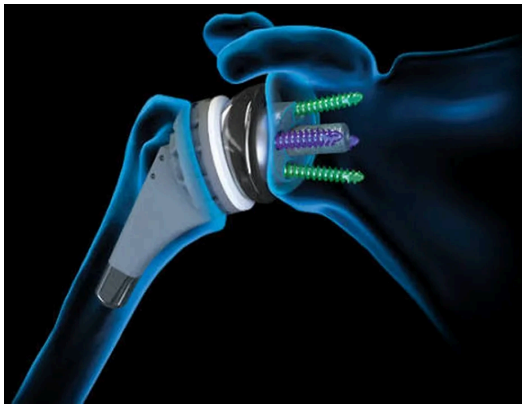
Thank you for the opportunity to take part in your care. Our number one goal, along with our team at Beacon Orthopaedics and Sports Medicine, is to improve your quality of life through our knowledge, skill, experience, and — most importantly — compassionate care. Reverse Total Shoulder Replacement is a highly effective procedure, but we recognize that surgery can be stressful, and we hope to make this process as smooth as possible.

This guide is a resource to help you and your loved ones understand your reverse total shoulder replacement, prepare for the day of surgery, and know what to expect during your recovery. Please keep it with you up to your date of surgery and beyond. Our team is always here to answer your questions — please do not hesitate to contact us about anything.

Sincerely,
Robert J. Pettit, MD

02 ABOUT YOUR REVERSE TOTAL SHOULDER REPLACEMENT

PROCEDURE ILLUSTRATION



Reverse total shoulder implant — the ball sits on the socket side and the socket on the arm side, so the deltoid can power the arm · for education; your anatomy may differ

In a reverse total shoulder replacement, the ball-and-socket of the shoulder is switched — a ball is placed on the socket side and a cup on the arm side. This design lets the deltoid muscle power the shoulder, which is ideal when the rotator cuff is torn and irreparable or when arthritis is combined with cuff damage. It reliably relieves pain and restores the ability to raise the arm.

Reverse total shoulder arthroplasty reverses the normal ball-and-socket relationship of the shoulder — placing the ball on the socket side and the socket on the arm side — allowing the deltoid muscle to power arm elevation even when the rotator cuff is torn or deficient.

Want to see how the procedure is done? Watch an animation and read more at Orthopedia patient education.

03 IS THIS THE RIGHT PROCEDURE FOR YOU?

Why it may be recommended

— Arthritis combined with a massive, irreparable rotator cuff tear
— Failed prior shoulder surgery with cuff deficiency
— Certain complex fractures of the proximal humerus

What it is intended to achieve

— Restores overhead function even without a working rotator cuff
— Reliable pain relief for complex shoulder arthritis
— Well-established outcomes, backed by published research on optimizing results

04 RISKS TO UNDERSTAND

Risks include infection, dislocation, nerve injury, implant loosening over time, and stiffness. Dr. Pettit will review your individual risk factors and expected functional outcomes.

05 IN THE WEEKS BEFORE SURGERY

— Get your pre-operative CT scan
— this is required. Your shoulder replacement is planned directly from a CT scan of your shoulder. The scan must be completed before your surgery date so Dr. Pettit can precisely plan your implant type, size, position, and alignment from a 3D model of your shoulder. Our team will schedule this scan for you
— please be sure to complete it as directed
— Complete your pre-operative clearance. Depending on your age and health, you may need lab work, an EKG, or a visit with your primary care doctor or cardiologist. Our surgery scheduler will tell you exactly what is required
— Review your medications with us. Blood thinners (such as warfarin, Eliquis, Xarelto, Plavix, or aspirin) and certain supplements may need to be stopped before surgery
— but never stop a prescribed medication without instruction from the prescribing doctor
— Stop nicotine. Smoking and vaping slow healing. Stopping even a few weeks before surgery improves your recovery
— this is especially important for tendon, ligament, cartilage, and bone healing
— Arrange a ride and a helper. You cannot drive yourself home after anesthesia. Plan for a responsible adult to drive you and to stay with you the first night
— Prepare your home. Set up a comfortable recovery area with everything within reach, clear tripping hazards and loose rugs, and stock easy meals. If you will use crutches, a walker, a sling, or a brace, practice with it ahead of time
— Fill prescriptions early. If Dr. Pettit sends pain medication or other prescriptions before surgery, fill them ahead of time so they are ready when you get home.
— Complete pre-operative clearance, labs, and imaging
— Stop NSAIDs and blood thinners as directed
— Arrange help at home, since your arm will be in a sling
— Attend a pre-operative education visit if offered

06 THE DAY OF SURGERY

Sandy Evans, our surgery scheduler, will give you your exact arrival time and location, and will tell you when to stop eating and drinking — generally nothing to eat or drink after midnight the night before, unless you are told otherwise. Take only the medications we tell you to take, with a small sip of water. Leave jewelry and valuables at home, wear loose, comfortable clothing, and bring your photo ID, insurance card, and this guide. Most of our procedures are outpatient, meaning you go home the same day. You will meet the anesthesia team before your procedure to review your anesthesia plan and answer any questions.

07 WHAT TO EXPECT AFTER SURGERY

— You will go home in a sling, worn for 4–6 weeks; motion begins gently and is guided to protect the replacement
— Physical therapy focuses on regaining forward reach first, then strengthening the deltoid
— Most patients see steady improvement over 3–6 months. See your Post-RTSA exercise program in the Home Exercise Programs section
— Wear your sling as directed

— Begin gentle passive motion as instructed
— Ice regularly to manage pain and swelling
— Attend your follow-up visit — most patients do a home exercise program rather than formal physical therapy; a PT prescription is available on request

Recovery timeline

— Weeks 0–6: sling with passive motion
— Weeks 6–12: active motion progression
— Months 3–5: strengthening
— Months 5–6+: return to most daily and recreational activities

> Your detailed, week-by-week recovery instructions come in your **post-op protocol**, which Dr. Pettit and our team will review with you and provide in print and online at **robertpettitmd.com/protocols/reverse-total-shoulder-arthroplasty.pdf**

08 POST-OP QUICK REFERENCE

Keep this section for after your surgery. These highlights are drawn from Dr. Pettit's Reverse Total Shoulder Replacement post-operative protocol — your procedure may use a different variant, so always follow the copy you receive at surgery.

Medication management

You have been given a regional anesthetic block prior to your operation; this will wear off in the evening following your surgery. We recommend taking pain medication once you feel the block wearing off. You may find it beneficial to sleep in a recliner or propped up with pillows in the days following surgery.

1. **Pain Medication**: Tylenol 1000mg every 8 hours and, unless discussed otherwise, you have been prescribed a narcotic pain medication (Oxycodone 5mg) to take every 4-6 hours as needed.
   — DO NOT drive/use any heavy machinery, drink alcohol, make any life-changing or legal decisions (i.e. sign a will), or participate in activities that require a lot of physical skill, as narcotics may change your mental acuity. On rare occasions they may cause confusion or disorientation, we advise you to discontinue this medication should that occur.
   — Narcotics can be addictive. Dispose of any excess medication at a police/fire station.
   — Take a stool softener (e.g. Colace) while taking narcotic medication, as narcotics may cause constipation. If this does not help alleviate your constipation, you can try adding miralax or milk of magnesia. Please call our office if this regimen does not alleviate your constipation.
   — If you have any questions or concerns about narcotic strength medications, please contact us.
2. **Anti-nausea**: Zofran (Ondansetron): Take as prescribed if needed for nausea
3. **Anti-Inflammatory**: Unless contraindicated due to other health reasons, you have been prescribed a non-steroidal anti-inflammatory drug (Ibuprofen 800mg) for use postoperatively. If you have no personal history of adverse response to anti-inflammatories (NSAIDs), take as prescribed: Ibuprofen every 8 hours with food to help reduce swelling and pain. **Do not take other NSAIDs (Celebrex, Advil, Aleve, etc) with Ibuprofen.**
4. **Muscle relaxer**: Flexeril (Cyclobenzaprine) for muscle spasms. Take this as needed, it will make you drowsy.
5. **Antibiotic**: You will be given a prescription antibiotic, IF you do not stay overnight in the hospital, as a precaution for 7 days. Take twice a day with food.

Tylenol and Celebrex/Ibuprofen are the foundation for your pain control regimen. Example dosing: 1000mg Tylenol then 4 hours later 800mg Ibuprofen then 4 hours later repeat — every 4 hours alternate between Tylenol and Ibuprofen. Oxycodone as needed for breakthrough pain. *You should not exceed 3,000mg of Tylenol or 3,200mg of Ibuprofen in 24 hours.

Sling & Weight Bearing Status

— With a Reverse Total Shoulder Arthroplasty, you will be placed in a sling
— You need to wear the sling for 4-6 weeks. It should only be removed for showering and for your exercises
— Do not drive until you are out of the sling
— You should not bear weight with your arm or use your arm to lift anything greater than 5lbs for 3 months

— Your sling comes with a ball: please use the squeeze ball regularly to make a fist, as this will help reduce pain, swelling, and bruising. If your sling did not come with a squeeze ball: please use a pair of socks and frequently squeeze them to make a fist

— Please see the picture below as a reference of maintaining neutral shoulder rotation. The hand of your operative arm should remain in the box, and in front of you at all times

— If you are always wearing your sling for comfort, it is important to come out of it 3-4 times a day to straighten your elbow. Be sure to move your wrist and fingers to avoid stiffness

— Until you are more comfortable, you will need some help to remove your sling. You will need to unclip the shoulder strap and the Velcro strap across your forearm. Be sure to support your arm while the sling is being removed and put back on. Do not actively move your shoulder to remove your sling

Home exercise program

Before Your First Post-Op Visit (first 2 weeks)

Start these the day you get home and continue until your first visit. Do not actively lift or rotate the operated shoulder.

Pendulum Exercises

3×/day, 5 minutes at a time

Lean forward with your good arm resting on a table or chair and let the operated arm hang relaxed. Gently swing it in small circles, letting gravity do the work. Gradually increase the size of the circle.

Hand & Finger Motion

2–3×/day, 10 repetitions

Open and close your hand. Use the squeeze ball that came with your sling to make a fist — this helps reduce pain, swelling and bruising. If your sling did not come with a ball, use a rolled pair of socks.

Wrist Motion

2–3×/day, 10 repetitions

Bend your wrist up and down. Keep the movement gentle and within a comfortable range.

Forearm Rotation

2–3×/day, 10 repetitions

Turn your palm up and down, in a motion similar to turning the pages of a book.

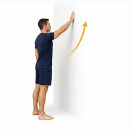
Elbow Motion

2–3×/day, 10 repetitions

Bend and straighten your elbow as much as possible. Come out of the sling 3–4 times a day to do this and to avoid stiffness.

First Post-Op Visit (about 7–10 days)

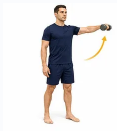
Gentle range of motion. Do each in sets of 10, 3–5 times daily. Keep your shoulder against the wall so it does not rotate outward. Goal: reach at least 90° of forward elevation by your next visit.



Wall-Supported Forward Elevation

Sets of 10, 3–5×/day

Stand with your operated shoulder against a wall. Slowly lift your arm in front of you as high as comfortable, keeping the shoulder against the wall so it does not rotate outward.



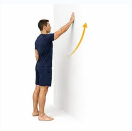
Assisted Forward Elevation

10-sec holds, sets of 10, 3–5×/day

Use your other arm to gently help lift the operated arm forward until you reach light resistance. Hold 10 seconds and slowly release. The non-operated arm should do only about 10% of the work.

Second Post-Op Visit (about 6 weeks)

Continue range of motion and add gentle rotation. Sets of 10, 3–5 times daily. You may begin removing the sling more during the day for activities in front of you.



Forward Elevation — Wall Walk

Sets of 10, 3–5×/day

Face the wall and “walk” your fingertips up the wall to lift your arm forward as high as comfortable, then slowly lower back down.

External Rotation

Sets of 10, 3–5×/day

Gently begin rotating your arm outward. You may use your non-operated arm to apply light pressure. Stay within the limit Dr. Pettit gives you.

Internal Rotation

Sets of 10, 3–5×/day

Begin reaching behind your back. This is usually the most difficult motion after shoulder replacement — progress gently and never force it.

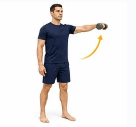
Third Post-Op Visit — Strengthening

Light resistance strengthening. Perform 3 sets of 10 repetitions, 2–3 times per day. If using a resistance band, start with light resistance and increase gradually.

External Rotation (Banded or Dumbbell)

3 sets × 10, 2–3×/day

Keep your elbow at your side and turn your hand outward against light resistance. Return slowly and with control.



Forward Raise

3 sets × 10, 2–3×/day

With light resistance, lift your arm in front of you to about shoulder height — higher as tolerated. Lower slowly.

Wall Push-Up

3 sets × 10, 2–3×/day

Stand upright with your hands on the wall. Slowly lower yourself toward the wall as tolerated, then press back to a standing position.

Scapular Retraction

3-sec holds, 3 sets × 10, 2–3×/day

Keeping your hands in front of you, squeeze your shoulder blades together for 3 seconds, then relax.

Follow-up appointment

— Your first post-operative appointment will be scheduled 7-10 days following your surgery. If you do not have a post-operative appointment scheduled, please call 513-354-3700

Signs & Symptoms to Immediately Report

Call **911** and go to the nearest hospital if you are having chest pain or trouble breathing.
Call the office at **513-354-3700** to report any of the following:

— Persistent fever (101 or greater)
— Sudden increase in pain and swelling
— Wound redness or drainage (besides blood)
— Increased skin temperature around incision
— Deep calf pain and swelling
— Severe abdominal pain

Your home exercise program. Dr. Pettit will guide you through a staged exercise programme after surgery. The full **Post-Reverse Total Shoulder Exercises**, with photographs and dosages for every exercise, is available at **robertpettitmd.com/exercise-programs/rtsa.pdf** — follow the specific instructions you are given at your visits.

09 COMMON QUESTIONS

How is reverse replacement different from anatomic replacement?

Reverse replacement changes the joint's mechanics to rely on the deltoid muscle, which works well even when the rotator cuff isn't functional.

Will I regain full motion?

Most patients gain substantial, functional overhead motion, though it may not fully match a normal, healthy shoulder.

10 QUESTIONS & SCHEDULING

Once you and Dr. Pettit decide on surgery, **Sandy Evans**, our surgery scheduler, will handle your surgery date, insurance authorization, pre-operative clearances, and exact arrival instructions. **Maria Dodd, PA-C** helps manage your recovery — medications, imaging, and questions — throughout.

Surgery scheduling & direct office line: (513) 441-5639 · Main office: (513) 354-3700

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/prepare/reverse-shoulder-replacement.pdf

This guide is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.