REVERSE TOTAL SHOULDER ARTHROPLASTY REHABILITATION AND OUTCOME – A CASE PRESENTATION

Michaud EJ: Cleveland, OH, USA

Background and Purpose: The reverse total shoulder arthroplasty is used for glenohumeral joint arthritis associated with the more complex and irreparable rotator cuffs, complex fractures or failed total shoulders where the cuff may have been too deficient. More definitive treatment guidelines on this treatment choice are growing as experience with this intervention increase. Functional differences exist and patients learn during rehabilitation what they can do well and what will be difficult or impossible. The goal of this presentation is to share this testimonial of one patient in the nine months post surgery about these abilities and the perceptions he held.

Case Description: 67 year old, male, injured at work as a construction inspector on the highway where he was struck by a car. Ten months after the injury he had a rotator cuff repair that after several months was considered a failure. His lack of ability to reach up and lift anything impaired function enough that he was referred for assessment for a total joint arthroplasty. Approximately ten months after the first surgery his rotator cuff was severely torn enough that he had a reverse total shoulder arthoplasty in hope of improving reach and function. Pain was part of the decision process, but depended much on his efforts to use the arm throughout this period. Outcomes: Good functional progress with the Penn Shoulder Score of 41/100 at three months post-operative. He has found activities at four months out that give him much difficulty and pain like trying to pull to help himself up out of a chair too quickly or reaching behind his back. Even reaching out for something quickly is not that comfortable. He is pleased with current elevation of 115/120 (Active/Passive), 35/45 of external rotation and PSIS/PSIS for internal rotation. Weakened from the prolonged limited use of this arm his strength at three months was [0-5]: elevation (3), internal rotation (4), external rotation (3-). Pain has decreased to be ranging between 1-3/10 depending on his activity level. As he has attempted supine exercises for stretch and active assisted conditioning he finds this more uncomfortable than erect exercises, because of the joint shifting at the reverse total shoulder and somewhat more full stretch of various tissues. The expectation to achieve normal motions is gradually being altered as he learns the limitations. The end result is pending and will be presented at conference.

Discussion: Success with a massive rotator cuff tear and glenohumeral joint reverse total shoulder arthroplasty is relative to the goals and expectations placed by patient, surgeon and therapy. Therapy is the combination both physical and psychological adaptations. The end result can be a reasonable functional level for low demands and minimal pain if this is adhered to.