

Total Shoulder Replacement

Physiotherapy Protocol

This operation involves the replacement of both the humeral and glenoid components in the joint. The subscapularis muscle will have been detached and re-sutured so it will need protecting in the early stages of rehabilitation (the first 6 weeks).

Forced extension - pushing through the arm to get out a chair - must be avoided in the first 6 weeks to reduce the risk of dislocation.

Day 1 - 3

- Polysling in situ to remain for 3 - 6 weeks
- Finger, wrist, forearm and elbow exercises taught
- Scapula setting
- Pendular exercises, both flexion/extension and small circles
- Discharge home when comfortable (can be 2 - 3 days after surgery)

2 - 3 weeks

- Commence formal physiotherapy and begin to wean out of sling as pain and control allows
- Continue with pendular exercises
- Active assisted shoulder movements in supine lying but avoid stretching ER
- Isometric strengthening of rotator cuff except IR

3 - 6 weeks

- Continue to wean out of sling
- Progress to active movements and from supine to sitting to standing as tolerated
- Refer to hydrotherapy if necessary
- Start gentle isometric exercises for IR
- Encourage functional use of the arm at waist height – light tasks

6 weeks onwards

- Maximise active range of movement and strengthening through range as pain allows
- Gradual increase in use of arm in daily functional tasks

Return to functional activities/sport

- *Driving* after 6 - 8 weeks or when safe.
- *Lifting* as able
- *Golf* from 3 months
- *Return to work* light work (no lifting) from 6 weeks. Medium work (light lifting below shoulder level) from 8 weeks. Heavy lifting from 3 months

Consultant Clinic Follow-up at 3 weeks post-op.