Reading Orthopaedic Centre

HARRY BROWNLOW, MD.FRCS (Ortho) – Shoulder Protocols

STEMMED HEMIARTHROPLASTY FOR TRAUMA / FRACTURE

The main aim in the first 6 weeks post surgery is to avoid avulsion of the greater and lesser tuberosities from the humerus. Stiffness is to be expected but will gradually resolve over 12 - 18 months and can be addressed surgically if there is a persistent problem. Strengthening is much less important than restoring range of movement.

Postoperative guidelines

Day 1 - 3

- Mastersling with body belt and abduction pad to retain neutral rotation are fitted in theatre
- Teach axillary hygiene
- Finger, wrist and radio-ulna movements – include hand gripping exercises
- Active assisted elbow flexion and extension
- Shoulder girdle exercises and postural awareness
- Discharge home when comfortable (may be 2 - 3 days after surgery)

3 weeks onwards

- Commence pendular exercises
- Continue with shoulder girdle exercises, postural awareness and include scapular setting
- Sling is still used and only removed for exercises

6 weeks and onwards

- Gradually discard sling
- As pain allows progress to full passive range of movement
- Add active assisted exercises progressing to active exercises
- Introduce anterior deltoid strengthening exercises as appropriate
- Commence isometric strengthening of all groups and progress to isotonic as tolerated
- Can begin hydrotherapy where available and if required
- Encourage the patient to move through all movements with attention to self stretching at end of range
- Proprioceptive exercises and core stability work as required

Return to functional activities (earliest recommendations)

- *Driving* 8 weeks - dependent on ease of movement and safety
- *Swimming* 8 weeks for breaststroke, freestyle will take longer.
- *Golf* from 3 months
- *Lifting* light lifting can begin at 8 weeks
  avoid heavy lifting for 6 months.
- *Return to work* the patient should be guided by the Consultant

N.B. The guidelines for a shoulder replacement following a fracture are less aggressive than those for the Copeland shoulder replacement due to arthritis. Active movement is delayed to allow for bony union and to reduce the risk of avulsion of the greater and lesser tuberosities. Progression will be slower. Use pain and the patient's ability as your guide.

If you are concerned, please check with the Consultant for any potential individual variances to the protocol.