

TOTAL SHOULDER REPLACEMENT

This operation involves the replacement of both the humeral and glenoid components in the joint. The subscapularis muscle will have been detached and resutured 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.

Post operative guidelines (Similar to the protocol for CSRA)

Day 1 - 3

- Mastersling in situ, with body belt, but sling 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

- *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