



## Total Shoulder Replacement

In this procedure the shoulder joint socket and head is replaced. The indications for this procedure are same as the Copeland shoulder replacement. However in my practice this is indicated for shoulders where both the surfaces of the head and socket are not congruent i.e. the curvature of the head and socket do not match up.



### Post op: Day 1

Mastersling with body belt fitted in theatre Cryocuff to reduce inflammation. Finger, wrist and radio ulnar movements. Active elbow flexion and extension. Shoulder girdle exercises and postural awareness

### Day 2 – Day 3-5 (Discharge)

Body belt removed. Axillary hygiene taught. Continue using cryocuff. Exercises continue as above. Hand gripping exercise. Pendular exercises. Passive flexion/extension in scapular plane in supine. Continue with shoulder girdle exercises, postural awareness and include scapular setting.

### **Discharge (Day 3-5) to 3 Weeks**

Remove sling when comfortable. Pendular exercises continued. Isometric strengthening exercises of all muscle groups (except IR). Begin passive abduction (maintain shoulder in IR). Begin passive external rotation to neutral only. Begin active assisted flexion in supine and progress to sitting position as soon as the patient is able. Progress to active when possible. Relaxation and breathing control are encouraged.

### **4 Weeks – 6 Weeks**

The patient is encouraged to actively move into all ranges. Gentle assisted stretching exercise to increase range - do not force. Commence isometric theraband exercises - resistance dependent on individual N.B. Take care with IR Progress to isotonic strengthening. Proprioceptive exercises are encouraged -weight and non-weight bearing.

### **6 Weeks**

Progress strengthening and include anterior deltoid exercises. Continue to regularly stretch the joint to end of its available range. Swimmers can begin breaststroke if pain and range of movement allow.

Patient progress and the outcome will depend on the condition of the joint and soft tissues preoperatively. A better outcome is expected with patients whose joint is replaced for primary OA. Improvement continues for 18 months to 2 years and where possible the patient should not be discharged or should continue exercising until their maximum potential has been reached.

### **Return to Functional Activities**

These are approximate and may differ depending upon each patient's individual achievements. However, they should be seen as the earliest that these activities might commence. Driving: after 6 weeks, Swimming: breaststroke 6 weeks, freestyle 3 months, Golf: 3 months, Lifting: light lifting can begin at 6 weeks but avoid lifting heavy items for 6 months. Return to work - Dependent upon the patient's occupation: Those with sedentary jobs may return at 6 weeks;

manual workers or those whose occupations demand excessive shoulder use should be guided by the surgeon.