



Marc Hirner

Orthopaedic Surgeon

Total Shoulder Replacement

Shoulder Replacement

Indications:

Severe osteo or rheumatoid arthritis where the predominant feature is pain

Protocol

	In Patient
Day 0	Mastersling with body belt or Cold Compression sling fitted in theatre Finger, wrist and elbow movements
Day 1	Body belt removed Axillary hygiene taught Pendular exercises Scapular setting Passive flexion in the scapula plane as comfortable External rotation to neutral
	Out Patient
Day 5-3 weeks	No resisted internal rotation or forced passive external rotation (reattached subscapularis muscle is vulnerable) Begin passive abduction (maintain shoulder in IR) Passive external rotation to neutral only Active assisted flexion in supine and progress to sitting position as soon as the patient is able. Progress to active when possible Begin isometric strengthening of all muscle groups (except IR) Remove sling as able Functional reaching activities below 90 degrees
3 weeks + Level 2 exercises	Encourage active movement into all ranges with some gentle self-stretching at the end of range. Add isometric IR Progress functional activities

6 Weeks +	<p>Progress strengthening through range</p> <p>Regularly stretch the joint to the end of its available range</p> <p>Soft tissue manipulation if required</p>
------------------	--

Milestones	
Week 3	50% of pre-op active ROM
Week 6	Passive ROM to at least pre-op level
Week 12	Active ROM to at least pre-op level

Improvement continues for 18 months to 2 years and the patients should continue exercising until their maximum potential has been reached

Return to functional activities

Driving After 4 weeks

Golf 3 Months

Lifting Light lifting can begin at 3 weeks.
 Avoid lifting heavy items for 6 months.

Return to work Sedentary job: 6 weeks
 Manual job: Guided by Surgeon