

**OSWESTRY POST OPERATIVE GUIDELINE**  
**TOTAL ANATOMIC SHOULDER REPLACEMENT**

**PATIENT GUIDELINE**

Initially you will wear your sling continuously other than to wash or exercise. In hospital, you will be visited by the physiotherapist, who will teach you the appropriate exercises to work on at home until you are seen by your local physiotherapist.

You will be working on neck, hand, wrist and elbow movements regularly.

You will also be encouraged to shrug your shoulders regularly.

You will be taught to rest the hand of your operative arm on a table or sink, to support the weight of the arm, as you wash your armpit. This is important because the armpit can become sweaty when the arm is not as mobile as usual. It is important that the axilla does not become sore, so please wash and dry it regularly.

Once your dressings have been reduced you can apply ice to the shoulder for up to 15/20 minutes 3 or 4 times a day. It is important to perform the exercises you have been taught regularly and research shows that taking adequate pain relief assists with this.

Initially, rehabilitation is aimed at protecting the shoulder, allowing healing but avoiding stiffening.

It will take approximately 3 months to get useful active movement of the shoulder. The shoulder will continue to improve for 12-24 months.

MILESTONES		
50% of pre op active R.O.M		3 weeks
Passive R.O.M equal to pre op level		6 weeks
Active R.O.M to pre op level		12 weeks
Driving		6-8 weeks
Swimming	Breaststroke	8 weeks
	Freestyle	12 weeks
Golf		3 months
Lifting	Light	6 weeks
	Heavy	6 months
Return to work	Sedentary	6 weeks
	Manual guided by surgeon	

# **OSWESTRY POST OPERATIVE REHABILITATION GUIDELINE** **TOTAL ANATOMIC SHOULDER REPLACEMENT**

## **GUIDELINE FOR PHYSIOTHERAPISTS**

### **Indications**

Post-trauma or severe osteoarthritis and rheumatoid arthritis where predominant feature is pain.

### **Procedure**

To replace the articular surfaces of the humeral head and glenoid with prosthetic implants.  
Some patients will receive an interscalene block whilst under anaesthetic for pain relief which will last 12 - 36hrs but this will also result in temporary muscle paralysis.

### **Post Operative Protocol Summary**

Sling 3/52 – 6/52 (only remove for exercise and washing)

Forward flexion allowed in plane of scapula 90-120° (refer to safe zone in notes)

**NO** resisted internal rotation 6/52 (protect subscapularis )

**NO** external rotation beyond neutral 3/52, not beyond 30° for 6/52 (refer to safe zone)

**NO** extension 3/52

**NO** abduction until 3/52 then commenced with **care**

### **Post Operative Treatment**

#### **Day 1 – 3**

- Polysling to be worn (except when washing or exercising)
- Wrist, hand, elbow exercises
- Teach axillary hygiene and sling application
- Shoulder girdle/ neck exercises
- Scapula setting and postural correction
- Active assisted flexion in scapula plane, using table
- External rotation to neutral in sling
- Ice therapy/ cryocuff 3-4 times a day if dressing allows
- Discharge with advice sheets and ensure follow up appointment is made

#### **Day 3 – 3 Weeks**

- Continue to protect in sling (except when washing or exercising)
- Continue ice therapy daily 3-4 times a day
- Continue with active assisted movements into forward flexion, no Ext rot beyond neutral
- When wound healed commence scar management
- Appropriate level 1 exercises as comfort allows
- Proprioceptive exercises leaning on table
- Scapula stabilisation
- ADL below shoulder level (eating and drinking )

### 3 – 6 weeks

- Wean out of sling as per post-operative instructions
- Begin extension and consider abduction ( keep arm in IR)
- Progress external rotation to 30° ( still protect subscapularis)
- Continue with appropriate level 1 exercises as able, ensuring good gleno-humeral movement not scapulo-thoracic
- Commence sub-maximal isometric cuff exercises **(NO subscapularis)**
- Introduce appropriate level 2 exercises as protocol permitted

### 6 – 8 Weeks

- Encourage active movements into all ranges, including HBB - **DON'T FORCE**, with some gentle self-stretch at end of range
- Add isometric internal rotation
- Progress scapula stabilisation programme
- Introduce appropriate level 3 exercises if good scapula and G/H control established
- External rotation into range but avoid overstretching

### 8 - 12 Weeks

- Increase subscapularis function
- Progress strength through range
- Progress stretches aiming for per operative range
- Soft tissue mobilisations if required
- Emphasise correct movement patterns in activities of daily living
- Emphasise inferior cuff control and endurance
- Dynamic strengthening
- Use kinetic chain

**NB** Stability is equally important as ROM in these patients.

Any acute loss (sudden change) in active ROM or failure to achieve milestones seek advice from Clinical Specialist or Consultant.

MILESTONES		
50% of pre op active R.O.M		3/52
Passive R.O.M equal to pre op level		6/52
Active R.O.M to pre op level		12/52
Driving		6-8/52
Swimming	Breaststroke	6-8/52
	Freestyle	12/52
Golf		3/12
Lifting	Light	6/52
	Heavy	6/12
RTW	Sedentary	6/52
	Manual guided by surgeon	

**IF IN DOUBT ALWAYS ASK**

Level exercises are there as guidance with varying degrees of difficulty within each level.  
Progress through level depending on patients co-ordination and control.

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