



TOTAL SHOULDER REPLACEMENT (or Hemi-Arthroplasty)

- Indication:**
- Severe communitated proximal humeral fractures
 - Glenohumeral joint rheumatoid arthritis
 - Glenohumeral joint osteo-arthritis

Surgery is to decrease pain, will often not increase movement.

Protocol mainly as per Neer's Regime, however often requires adaptation for following reasons:-

- a) Rheumatoid arthritis patients often unable to perform auto-assisted movements, therefore may require more passive and progression to suspension or active exercise.
- b) Rotator cuff often in poor condition.
- c) Following trauma treatment must be customised to accommodate degree of soft tissue damage.

Post-Op Day 1:

Arm in polysling, slight abduction is also helpful to relax deltoid and rotator cuff (e.g. use of pad) - ensure patient has support under elbow.

- a) Routine post-op check.
- b) Elbow, wrist and hand range of movement exercises.
- c) Shoulder girdle exercises.
- d) Passive shoulder movements

Day 2 - 5:

Encourage patient to dress arm and use for light ADL
(eg eating)

- Passive / auto-assisted shoulder mobilisation commenced.
- Aim for full passive movement as soon as possible except lateral rotation which should be to neutral only for four weeks unless otherwise instructed.
- Gradually introduce active exercises as able.

N.B. when patient is supine, support upper arm with pillow.

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| Supine: | a) Flexion (auto-assisted - hold affected wrist) |
| | b) Lateral rotation (use stick) |
| Standing: | c) Pendular exercises. |
| | d) Extension (auto-assisted with stick). |
| | e) Medial rotation (grasp affected wrist behind back). |
| | f) Auto-assisted pulley. |
| | g) Stand with arm on wallbars in flexion - bend knees. |
| | h) Suspension - flex / ext, abd / add |



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Day 16 - 21:

Isometric exercises in all directions.
Theraband as required, but not yet for medial rotation.

3 - 4 Weeks:

Commence passive stretching - take care with lateral rotation.
Patient supine: active exercises through available range.

Once patient can flex arm through range in supine, progress to upright position.

6 Weeks

Theraband for medial rotation.

**8 Weeks: (approx.
depending on patient)**

Red theraband may be introduced for strengthening.

N.B.:

- a) Range of movement exercises (passive or auto-assisted) continued throughout programme.
- b) Heat useful/pre and post Physiotherapy for relaxation and to improve stretch.
- c) Exercises should be performed 3-5 times per day in short sessions.
- d) Patients often require prolonged rehabilitation to achieve good, functional results.
- e) Final results usually better if rotator cuff intact pre-op.
- f) Patients must always be cautious with sudden movements eg slamming car doors.