

Week 4-8

- Active assisted flexion and external rotation
- Wean out of sling at 4-6 weeks (unless otherwise stated on operation note)

Milestones

- Minimal pain at night or with active movements.
- Active assisted shoulder flexion beyond 90 degrees
- Active assisted external rotation beyond 30 degrees (unless otherwise stated)
- Able to place hand behind back (6 weeks)
- Functional active movements as able at 8 weeks

Week 8-12

- Gentle resisted strengthening exercises

Week 8-12

- Progression of strengthening exercises (i.e theraband, free weights) as appropriate

Information for Physiotherapists

Total Shoulder Replacement Physiotherapy Protocol

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The goal is to achieve a comfortable shoulder that allows good day to day function, rather than a normal shoulder.

Surgery may consist of a resurfacing of the humeral head or a conventional stemmed replacement like a hip replacement. The glenoid is replaced if the bone and tendons are good enough and when the patient is not too young. In all cases the surgery is carried out from the front. Deltoid and pectoralis major are separated. The upper fibres of the pectoralis major are cut, which can be a cause of pain early on. The long head of biceps is cut and some patients will notice the change in shape of the arm. The subscapularis is completely divided and repaired at the end of the operation. If excessive external rotation or resisted exercises are introduced too early this tendon can be pulled off with disastrous consequences.

Post-operative physiotherapy for shoulder replacements

All rehabilitation must be in conjunction with the patient's post-operative notes. These need to be read first prior to commencing rehabilitation. ROM (range of movement) and the muscle power largely depends on the pre-operative state of the patient prior to surgery. The instructions below are a guideline and must be carried out respecting patient's pain tolerance and any underlying bone pathology.

Week 0 to 4

- Pendulum exercises with arm fully supported in a forward position – “cradling the baby”.
- Passive/active assisted flexion either in lying, sitting or standing as pain allows.
- Passive/active assisted external rotation in lying/sitting with a stick.
- Scar massage
- Sling for 4 weeks
- No lifting for 6 weeks e.g. Hoover, kettle, saucepan etc.
- No driving for a minimum of 6 weeks if right arm operated on, 8 weeks if left arm operated on

Milestones

- Passive/active assisted flexion aim for 60 degrees
- Passive/active assisted external rotation aim for 0 - 20 degrees
- Do not exceed these ranges