

Total Shoulder Replacement Rehabilitation Programme

Key messages

- Consider if Domiciliary PT maybe more appropriate (e.g. elderly patient, living alone, co-morbidities, dominant hand)
- Encourage involvement of relative/friend during early rehab to assist with passive movements
- Aim for functional range with strength
- Check ADL activities

Time	Rehab	Goals / aims
Pre -op	Deltoid rehab, Rotator Cuff rehab Scapular stabilisation exercises Transverse abdominal/postural work	Strengthen Cuff and deltoid and regain as much movement as possible
Theatre	Normally done through deltoid pectoral interval and opening rotator cuff interval	
Day 1 - 3 Inpatient	<ul style="list-style-type: none"> - Check specific post-op notes: - Sling – 6 weeks - Active Assisted Flexion, Abduction and External rotation - Advice on posture & scapular control - Elbow, wrist and hand exercises - Instruction for sling, washing/dressing Biceps- Elbow to have assisted movement if tenodesed biceps Oxford Score **Avoid active Internal and external rot past 30° (6 weeks)	<ul style="list-style-type: none"> - Driving – after 6-8 weeks if comfortable and safe Only if patient can perform emergency manoeuvres safely - Work – Sedentary – 6 weeks if comfortable - Swim breast stroke – 8 weeks
OP physio 1 week Twice weekly appointments	<ul style="list-style-type: none"> - Check analgesia management & wound healing - Scapular stabilisation exercises – movement pattern correction - Transverse abdominal/postural work 	
2 - 4 weeks	<ul style="list-style-type: none"> - Check movement pattern - Encourage full assisted flexion - Partially loaded proprioceptive exercises: (eg. Prayer kneeling/ forearms on table) - Start isometric rotator cuff 	
6 – 8 weeks	<ul style="list-style-type: none"> - Start full active ROM exercises - Rotator cuff/ deltoid closed chain strengthening through range, - progressing to open chain. - Fully loaded Proprioceptive exercises: static (eg 4 point kneeling) as patient tolerates. - Progress scapular control if required 	Good scapulo-humeral rhythm Discard sling
8-10 weeks	Resisted strengthening exercises (avoid resisted IR) Gym programme if appropriate	
12 weeks Consultant OP appointment	<ul style="list-style-type: none"> - Can add resisted IR - Aim for regaining good functional range - Check ADL activity - Refer to Consultant if problems 	Functional range NOT to lift body weight or lift heavier than 8lbs/ 4 Kgs ever
Complications	Fracture, neurovascular injury, dislocation, infection, stiffness, loosening of implant	
Final goals	Good functional ROM	<u>Outcome measure</u> Oxford Score