

SHOULDER REPLACEMENT

THERAPIST INFORMATION

- The subscapularis muscle is released and reattached to the anatomical neck of the humerus. This is why the range of external rotation and resisted internal rotation are limited in the first three weeks.
- Respecting these limitations, it is very important to start mobilising with passive and active assisted exercises as soon as possible, and progressing as pain allows.



AIMS OF PHYSIOTHERAPY

- Achieve full range of movement
 - Aim for full passive flexion at 3-4 weeks. Active flexion and abduction should be comfortable to 90 degrees.
 - Aim for Full ROM at 6 weeks.
- Improve scapula control and postural awareness
- Strengthen rotator cuff only after 6 weeks. If it is deficient, anterior deltoid strengthening may be indicated.
- Restoring proprioception with closed chain exercises.

EARLY STAGE: Day 1-5

Day	Treatment Guidelines
Day 1	<ul style="list-style-type: none"> Finger, wrist and radio-ulnar movements Active elbow flexion and extension Ice application to reduce inflammation NO ACTIVE INTERNAL ROTATION
Day 2	<ul style="list-style-type: none"> Axillary hygiene taught Exercises continue as above Hand gripping exercises Pendular exercise Passive flexion in plane of scapula in supine
Day 3-5	<ul style="list-style-type: none"> Day 5 can begin isometric strengthening of cuff

MIDDLE STAGE 1: 5 days to 3 weeks

Aims	Treatment Guidelines
Increase ROM	<ul style="list-style-type: none"> Begin passive abduction (maintain shoulder neutral rotation) Begin passive external rotation to neutral Continue pendular exercises
Increase muscle control	<ul style="list-style-type: none"> Commence active assisted flexion in supine Progress to active assisted flexion in sitting as able Continue isometric strengthening – NO IR
Proprioception & core stability	<ul style="list-style-type: none"> Continue scapular setting Can begin hydrotherapy where available

MIDDLE STAGE 2: 3-6 weeks

Aims	Treatment Guidelines
Increase ROM	<ul style="list-style-type: none"> Encourage to actively move into all ranges Gentle self stretching at end of range
Increase muscle control	<ul style="list-style-type: none"> Add isometric internal rotation Progress to isotonic strengthening
Proprioception & core stability	<ul style="list-style-type: none"> Begin to wean from sling

LATE STAGE: 6+ weeks

Aims	Treatment Guidelines
Increase ROM	<ul style="list-style-type: none"> • Continue to regularly stretch the joint to end of range • Can begin breast-stroke if appropriate
Increase muscle control	<ul style="list-style-type: none"> • Progress strengthening (confirm tuberosity healing on X ray) • Deltoid strengthening • Theraband
Proprioception & core stability	<ul style="list-style-type: none"> • Progress proprioception

- Improvement continues for 18-24 months post-operatively and where possible the patient should not be discharged or should continue exercising until their maximum potential has been reached.