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Post-operative Physiotherapy Pathway for Total Shoulder replacement or Reverse Polarity Shoulder Replacement

Owner:	Benjamin Thomas Physiotherapy and Orthotics Manager
Approved by	Therapies Clinical Governance Group
Approval Date	19 th July 2023
Review Date	19 th July 2026 This is the most current document and should be used until a revised version is in place

Key Amendments

Date	Amendments	Approved by:
25 th January 2023	Document extended to 30 th June 2023 whilst under review.	Dr J Trevelyan/ Benjamin Thomas
23 rd June 2023	Document extended for another 3 months whilst under review.	Benjamin Thomas
19 th July 2023	Document approved and reviewed for 3 years	Therapies Governance Group

Total Shoulder replacement

The most commonly used total shoulder replacement (glenoid +humeral component) considered for primary OA of the Glenohumeral joint. This procedure can only be considered in patients with a good functioning rotator cuff as these muscles are still required to help power movement of the shoulder.

How well the patient progresses and the outcomes will depend on the condition of the joint and soft tissues pre-operatively. A better outcome is expected with patients whose joint is replaced for primary osteoarthritis. Improvement continues for 18 months to 2 years and where possible the patient should continue exercising until their maximum potential has been reached. The protocol outlined applies to patients with an intact rotator cuff. If a rotator cuff repair has additionally been carried out, the strengthening programme for the repair should be adhered to.

NO active internal rotation and NO external rotation beyond neutral. (The subscapularis muscle has been taken down and reattached and therefore it requires protection for 3-4 weeks, until we are confident that it has healed.)

Reverse Polarity Shoulder Replacement

This procedure is considered for patients with complete rotator cuff failure or rotator cuff arthropathy and usually applies to the more elderly population.

Due to the lack of rotator cuff the reverse shoulder replacement alters the fulcrum of movement allowing deltoid to work more effectively. This procedure is mainly carried out for pain relief but may improve patients functional ability.

Since the rotator cuff is absent the concern about protecting subscapularis and limiting external rotation does not apply, however during surgery the deltoid is split and detached off the anterior aspect of the acromium, therefore for the first 3 weeks post-op care should be taken not to stress the anterior aspect of deltoid (avoid aggressive active range)

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Avoid hyperextension in adduction and do not apply weight in this position (Patient lifting from a chair supporting himself on the armrests!) to avoid dislocation for 3 weeks.

Pre-Operation (if done)

- Shoulder surgery information book issued to patient pre-admission.

Post Operation

Day 1 - Discharge

- Poly sling – check correct fitting
- Finger, wrist and radio ulnar movements
- Active elbow flexion and extension
- Check patients ability to adjust immobiliser
- Axillary hygiene taught
- Pendular exercises
- Scapular control exercises

Patients are usually discharged at 1-2 days

Discharge to 3 weeks

- Passive flexion in supine, as comfort permits after approx 7 – 10 days
- Begin passive abduction (maintain shoulder in internal rotation)
- Begin passive external rotation to neutral

3 Weeks

- Patient can remove sling as able.
- Encourage the patient to progress from active assisted to active in all ranges as comfort permits.
- Add isometric all ranges
- Progress to isotonic strengthening, as comfortable and **only** if has achieved a good range of movement.
- Gentle movement in the water or hydrotherapy if appropriate

6 Weeks

- Progress strengthening
- Continue to regularly stretch the joint to end of its available range

Return to Functional Activities

The following are approximate and may differ depending upon each patient’s individual achievements. However, they should be seen as the earliest that these activities may be commenced.

ACTIVITY	
Driving	After 6 weeks
Swimming	Breaststroke 4-6 weeks; Freestyle 3 months, but you may be able to give them advice on specific exercises they could try in a pool earlier than 6 weeks
Golf	3 months
Lifting	Avoid lifting heavy items for 3 months
Return to Work	Dependent upon the patient’s occupation Those with sedentary jobs may return after 6 weeks Manual workers or those whose occupations demand excessive shoulder use should be guided by the surgeon