

Sports Therapy
Manual Therapy
Electrotherapy
Manipulation
Rehabilitation
Pre-habilitation
Clinical Pilates
Pre-Season Screening
Exercise Prescription
Massage

1 Launder St, Hawthorn VIC 3122
Tel – 9819 2827 Fax – 9819 4471
www.hawthornphysio.com.au

5 Studley Ave, Kew VIC 3101
Tel – 9851 8888 or Tel – 9851 8845
www.svpm.com.au

TOTAL SHOULDER JOINT REPLACEMENT

What is a total shoulder replacement?

A total shoulder joint replacement (TSJR) is a surgical procedure whereby the diseased shoulder joint is replaced with an artificial prosthesis. The shoulder joint is a ball and socket joint with a large range of movement. It relies greatly on the cartilage, ligaments and muscles around the joint for support. There are two main types of shoulder replacement. During a conventional total shoulder replacement, the humeral head is removed and replaced with a polished metal ball attached to a stem. The glenoid cavity socket is removed and replaced with a metal and plastic socket. The prosthesis is implanted with bone cement.

Partners

Chris Ward
B.App.Sc. (Physio)

Charlie Schall-Riaucour
B.Physio (Hons.),
B.App.Sc. (Phys.Ed.),
Post Grad Dip (Exs for
Rehab)

Physiotherapists

Richard Webber
B.App.Sc (Physio)

Sarah Tulloch
B. Health Sc., M. Physio

Eleanor Dwyer
B. Sc., M. Physio

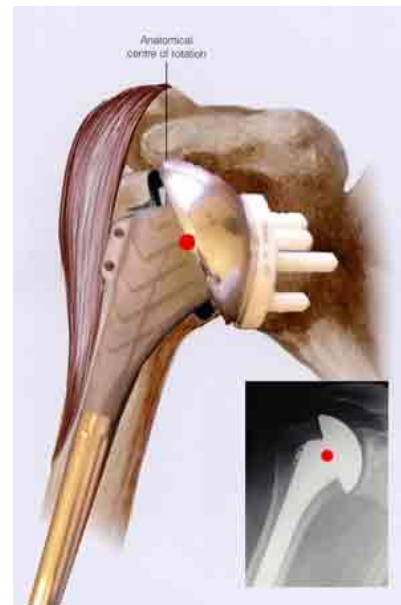
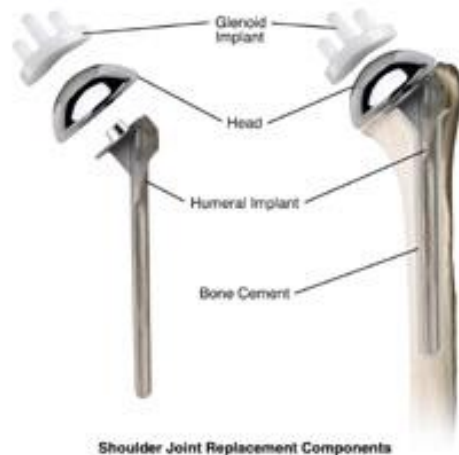
Daniel Ford
B. Physio

Nicole Forster
B. Physio

Practice Manager

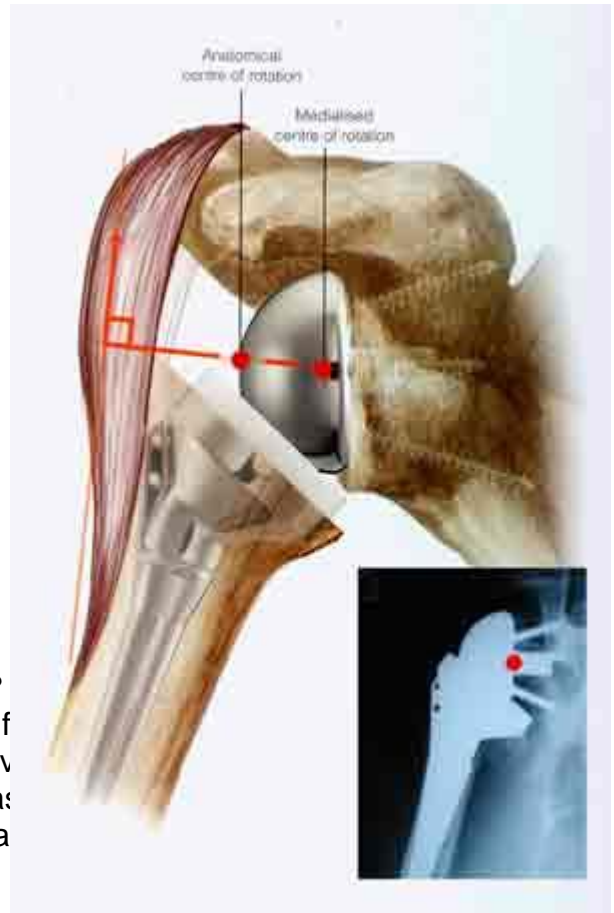
Anne Mellor
BA (Hons)

Conventional Total Shoulder Joint Replacement (TSJR)



During a reverse shoulder joint replacement, the prosthesis is reversed and the glenoid cup is replaced with a ball prosthesis. The humeral ball is replaced with a matching cup prosthesis. See diagram over. Your surgeon will determine the most appropriate prosthesis for you.

Reverse Shoulder Joint Replacement



Who should have a shoulder replacement?

A total shoulder replacement is considered if the joint has been severely damaged by progressive degenerative diseases of the joint. The most common reason in Australia is severe osteoarthritis and degenerative rotator cuff disease.

What do I do prior to surgery?

Preparing mentally and physically for surgery is an important step towards a successful recovery.

If you are a smoker, you should stop smoking prior to surgery as it increases the risks associated with having an anaesthetic and also delays tissue healing after the operation. Anti-inflammatory tablets such as Voltaren, Celebrex, aspirin etc should be stopped 7 – 10 days before your surgery. **If in doubt about any medication that you are taking, please ask your surgeon or nursing staff at the pre-admission clinic.**

What happens after surgery?

A total shoulder replacement generally requires 45 - 90 minutes of operative time. After surgery, patients are taken to a recovery room where vital organs are closely monitored. When stabilised, patients are returned to their hospital rooms.

The following is a general guide to what is expected after your surgery:

Day 1

1. You will mainly rest in bed on the first day following surgery, but will get up to stand once or twice with the physiotherapist and nursing staff
2. You will have a drain tube coming out of the wound to remove bleeding in the joint
3. The arm will be resting in a sling
4. You will commence gentle hand, wrist and elbow movements
5. Ice will be regularly applied using a cryocuff to help reduce pain and swelling

Day 2

1. The drain tube is typically removed from your shoulder joint
2. The wound will be dressed with steri-strips and a waterproof dressing to allow you to shower as normal.
3. You will continue with previous day exercises and add shoulder blade exercises and pendular exercises
4. You will sit out of bed for meals, and walk around the room as tolerated
5. You will continue to apply ice regularly

Day 3

1. You will feel more comfortable with the shoulder and will increase the amount of walking that you do during the day
2. Continue with exercises as above

Day 4-5

1. Prepare for discharge

Ways to look after your shoulder include:

EXERCISE:

1. Continue with your exercise program 4 times every day
2. Attend physiotherapy for further exercise at 4-6 weeks following surgery (when requested by your surgeon.)
3. You may use your hand for gentle activities directly in front of you and may bend the elbow, wrist and hand to use them e.g. eating.

INFECTION:

It is important to watch your shoulder for any sign of infection. Signs to look out for include:

1. Increased pain unrelieved with pain medications
2. Sweats, chills, and other general feelings of being unwell
3. Increased redness around the incision
4. Increased swelling at the incision
5. Drainage or odour from the incision
6. Change in colour and temperature of the arm

WORK & SPORT: Will be directed by your surgeon and physiotherapist when appropriate.

It is important to notify the surgeon immediately following any injury to your shoulder

COMMONLY ASKED QUESTIONS

How much exercise should I do and how can I tell if I've done too much?

It is important to complete your home exercise program regularly and progress your activity levels. However you will know if you have over-exercised if your shoulder is painful and swollen following activity. Dramatic increases in night time ache and pains are also an indication of one over-doing things during the day.

How long do I have to use the sling?

You will wear an arm sling during the day for the first four to six weeks after the surgery, however you are able to remove the sling to do the exercises your physiotherapist has provided you with. You continue to wear the sling at night for 4 to 6 weeks also.

When can I drive?

You will not be allowed to drive a car for up to 6 weeks following your surgery as the shoulder control and range of movement required to do so is not present.

When can I swim?

You can safely immerse your shoulder in water when your wound has totally healed (usually 2 -3 weeks, pink skin and no scabs). Prior to this, infection is high and soaking the wound may delay wound healing. **Hydrotherapy is a great way of exercising.**

**** You must get a clearance from your surgeon prior to immersing your shoulder in water and commencing hydrotherapy ****

Should I use heat or ice packs?

Both heat and ice are effective at relieving pain around the shoulder. Initially you should apply ice to the shoulder and not heat as heat will increase swelling around the joint. Down the track, around 2 to 3 weeks, you may begin to use heat prior to exercise to increase joint mobility and allow soft tissues to stretch more easily. As a general rule, continue to apply ice following your exercise.

Should I inform anyone that I have a shoulder replacement?

You should alert your dentist that you have a shoulder replacement in the presence of a dental infection and/or prior to major dental surgery.

To gain clearance at airports while travelling, you will also require a document from your G.P. outlining the particulars of your shoulder replacement.

PREHABILITATION EXERCISES

The following exercises should be completed 3 times each day in the lead up to surgery. This will ensure you come into surgery with as best posture and shoulder movement as possible. Don't force these exercises, only move as far as comfortable. These exercises will also be completed while in hospital and in the early stages.

1. Elbow, Wrist and Hand Movements

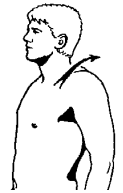
Be sure to keep the elbow, wrist and hand mobile by bending and straightening all joints. It is much easier to keep these joints moving now than to let them get stiff.

2. Gripping

Squeeze a stress or squash ball with hand. Hold for 5 seconds and release. Repeat 10 times.

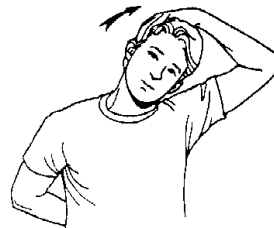
3. Shoulder (scapula) retraction

Pull shoulder blades back gently and pinch them together. Keep shoulders down away from ears. Hold for 5 seconds and repeat 10 times.



4. Neck Stretches

Move left ear to left shoulder to stretch right side of neck. Hold 2 seconds, then repeat on the other side. Repeat 5 times on each side.



5. Pendular Swings

Stand beside a table/ bench and support yourself firmly with your uninjured arm. Bend forward from the hips to allow your injured arm to hang free. Swing the arm gently forward/ backwards, side to side and in circles for 1-2 minutes.



6. Active - Assisted shoulder flexion

Cradle your injured arm in your uninjured arm. Raise both together in front using the uninjured arm to assist the injured arm. Move only to the point of pain. Make sure that you don't let your shoulder "hitch" upwards when elevating the arm. You can look in the mirror to monitor this. 2-3 minutes.

Variation – The exercise can be performed in sitting or lying on your back.

