



Total shoulder replacement discharge advice

This leaflet gives advice and exercises following total shoulder replacement. If you have any questions or concerns, please speak to your physiotherapist.

Introduction

Following your operation you will have a scar approximately three inches long on the front of your shoulder.

Your arm will be supported in a sling and a physiotherapist will teach you how to take it on and off to do your exercises. You will be in hospital overnight.

General guidelines

- **Pain:** A nerve block will be used during the operation which means the shoulder and arm will remain numb for a few hours. The shoulder will be sore when this wears off and this may last a few weeks. It is important to continue to take the painkillers. Ice packs may also help reduce the pain. Wrap frozen peas / crushed ice in a damp cold towel and place on the shoulder for up to 10 minutes. Allow at least 20 minutes before reapplying the ice pack to the shoulder.
- **Wearing a sling:** You will return from theatre wearing a sling. This is used for between 3-6 weeks following your operation. It is important that you remove the sling to exercise. You will be guided when to remove the sling by your Physiotherapist.
- **The wound:** Keep the wound dry until it is healed. This normally takes 10-14 days. Your stitches are dissolvable and need only to be trimmed by your practice nurse 10 days post-op.
- **Driving:** This is usually possible after about 6-8 weeks or when safe, but will be dependent on your recovery.
- **Posture:** Before starting any activity / exercise it is important to position your shoulders correctly. This allows normal shoulder function. Gently move your shoulder blades down and in towards the spine but not in a braced back position.
- **Follow up appointments:** You will be reviewed in the shoulder clinic approximately 3 months after your surgery and will be reviewed by either your surgeon or a specialist physiotherapist to check your progress and have an x-ray. Physiotherapy is usually started within a few weeks of the surgery at your local physiotherapy department and is continued for as long as your physiotherapist feels it is necessary.
- **Progression:** This is variable and dependant on the amount of movement and the strength of your muscles prior to surgery. Following discharge your pain will slowly decrease and you will become more confident. You will be able to use your arm in front of you for light activities. After six weeks your strength will start to improve.

It is important to continue your exercises, as improvement in strength and range of movement will continue up to 18 months post-surgery.

Compassionate

Aspirational


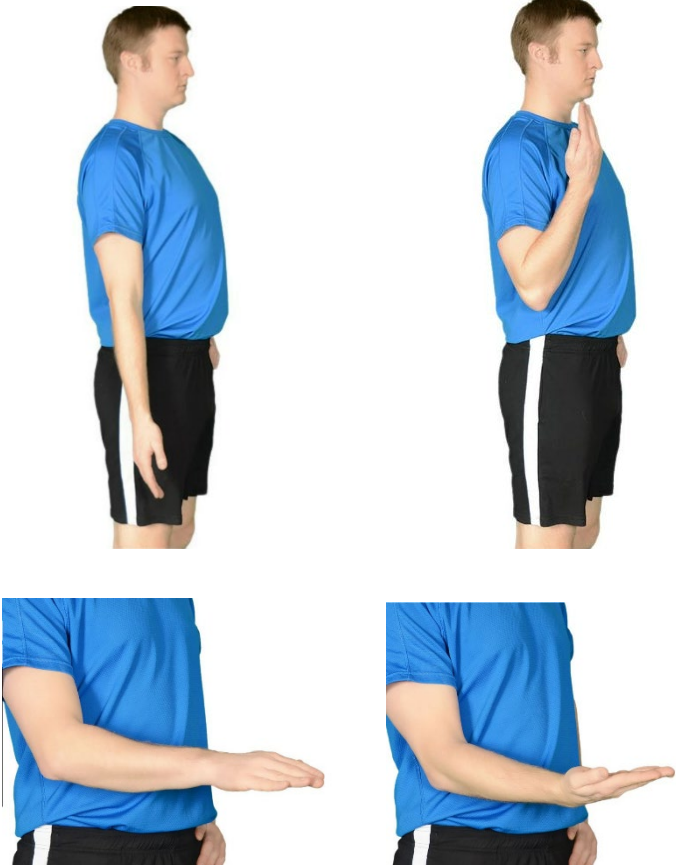
Resourceful

Excellent

Please note: you cannot push through the arm to get out of a chair for 6 weeks to reduce the risk of dislocation.

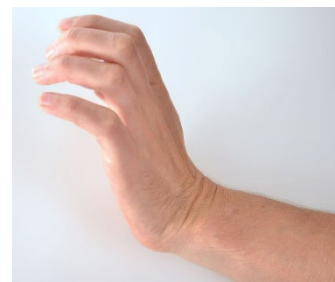
Exercises

From Day 1 - as pain allows

<p>Postural awareness:</p> <ul style="list-style-type: none">• Standing or sitting – Pull the shoulder blades gently back and down, with the chest bone (sternum) naturally coming forwards, as if taking a deep breath in.	
<p>Elbow exercises:</p> <ul style="list-style-type: none">• Standing – Bend and straighten the elbow fully, using your good arm to assist if needed.• Standing or sitting – With a bent elbow turn the forearm over in a clockwise and anti-clockwise direction (palm up, then palm down).	

Wrist and hand exercises:

- Bend the wrist forwards and backwards, then side to side.
- Circle the wrist in a clockwise and then in an anticlockwise direction.
- Squeeze and make a fist. You can use a small ball if you have one.



- Standing with your good arm holding onto a chair.
- Bend forwards and let your operated arm come away from your body.
- Slowly move the arm in a 'pendular' motion forwards and backwards, left to right and around in circles.



From 1 week

- Lying on your back – Using the good arm to assist (to do most of the lifting), help the operated arm up to a vertical position.
- DO NOT go any further than vertical.



- Standing – Have your arm at your side, elbow bent to 90 degrees.
- Stand next to the wall and push your hand against the doorframe as if you are turning the arm outwards.

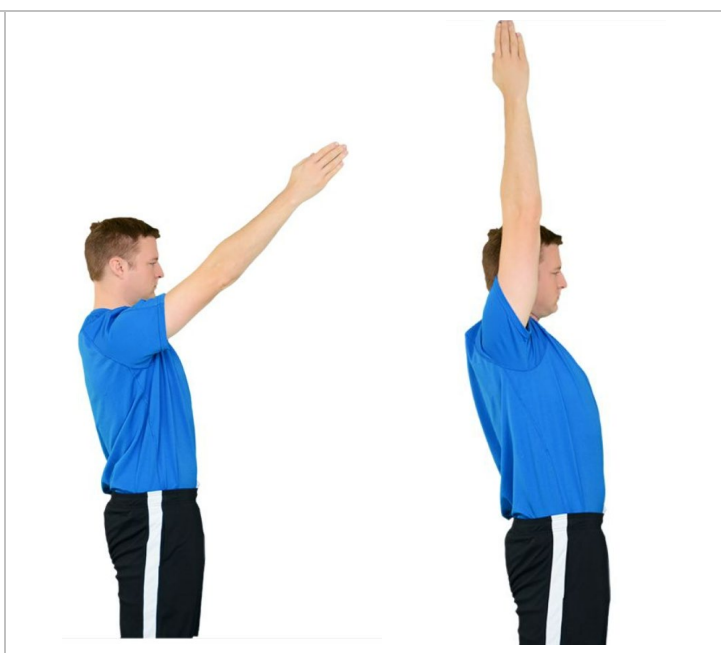


- Standing – Arm at your side, elbow bent to 90 degrees.
- Stand with your back to the wall and push your elbow backwards against the doorframe.



From 2 weeks

- Standing – Lift the operated arm upwards to a vertical position.



- Standing – Holding a stick in both hands; slowly use the good hand to push the operated arm out to the side and away from the body.
- Slowly encourage the arm to go all the way up



- Standing – Have your arm at your side, elbow bent to 90 degrees.
- Stand next to the wall and push your hand against the doorframe as if you are turning the arm inwards.



- Standing or sitting – Tucking your bent elbow into your side, turn your arm away from your body unassisted.
- Do NOT force the movement.



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Resuming normal activities

Timings for returning to functional activities are approximate and will differ depending upon the individual. However, the earliest that these activities may commence are:

- **Driving:** after 6 - 8 weeks or when safe.
- **Swimming:** Breaststroke: 6-8 weeks; Front crawl at 3 months.
- **Golf:** From 3 months.
- **Contact sports:** From 3-6 months (football, martial arts, horse riding, racquet sports).
- **Return to work:** light work (no lifting) from 6 weeks, medium work (light lifting below shoulder level) from 8 weeks, heavy lifting from 3 months/

Note: These are guidelines only.

Images courtesy of <http://simpleset.net>

Useful numbers and contacts

Royal Berkshire NHS Foundation Trust
Orthopaedic Physiotherapy Department
Royal Berkshire Hospital
London Road, Reading RG1 5AN
Tel: 0118 322 7812 / 7811
For questions or concerns please contact: rbft.physiotherapy@nhs.net

Visit the Trust website at www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Orthopaedic Physiotherapy Department
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