

Exercises following Copeland Surface Replacement Arthroplasty (CSRA)



Introduction

The Copeland Surface Replacement as its name suggest replaces the cartilage on the humeral head (ball part of the shoulder joint) as shown on the x-ray above. Following your operation you will have a scar approximately 3 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 for 1-2 days.

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 as advised by the hospital. 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 between each application.

Wearing a sling

You will return from theatre wearing a sling. This is used for approximately 3 weeks following your operation. It is important that you remove the sling to exercise. You can stop wearing the sling as soon as you feel comfortable. You can remove the sling from as little as 24 hours post op to shower as long as you hold your arm by your side whilst you do so.

The wound

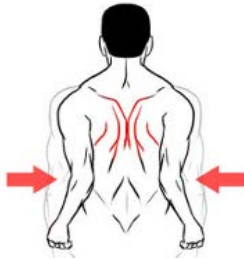


Keep the wound dry until it is healed. This normally takes 10-14 days. Your stitches are dissolvable and need only to be trimmed by your practice nurse approximately 10-14 days post-op. You should have a waterproof dressing over the wound and this should remain intact until you see your practice nurse for a wound check unless advised otherwise by the nursing staff.

Follow up

You will be referred to your local physiotherapy department to continue your rehabilitation; this should be around one week post-op. A clinic appointment will be arranged with your surgeon at 3 weeks, 3 months and 1 year post-op with x-rays.

Following the surgery it is important you follow a strict regime of exercises (outlined below) It is advised that you do the exercises a minimum of 10 times each, three times a day. You may remove the sling at three weeks (sometimes earlier if recommended by the consultant). For the first six weeks after the operation you must not forcefully turn your arm away from your body or perform tasks which cause resistance against the shoulder as you turn the arm in towards the body. You will begin physiotherapy between one to three weeks after the surgery. You can begin hydrotherapy from three weeks after the surgery.

Day 1

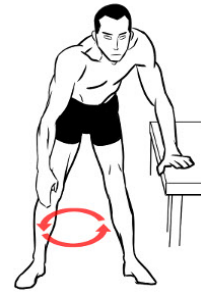
<p>Begin shoulder girdle exercises:</p> <ul style="list-style-type: none"> - Shrug the shoulders up to the ears. - Roll the shoulders backwards. - Squeeze the shoulder blades together. 	
<p>Begin elbow exercises:</p> <ul style="list-style-type: none"> - Bend and straighten the elbow. - With a bent elbow turn the forearm over in a clockwise and anti-clockwise direction. 	
<p>Begin wrist and hand exercises:</p> <ul style="list-style-type: none"> - Bend the wrist forwards and backwards - Tilt the wrist from side to side. - Circle the wrist in a clockwise and anticlockwise direction. - Squeeze and make a fist. - Ensure you maintain a good upright posture in your sling. 	

Day 2 – Discharge

Continue shoulder girdle, elbow, wrist and hand mobility exercises.

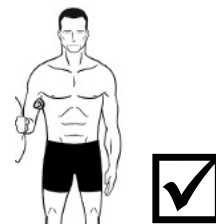
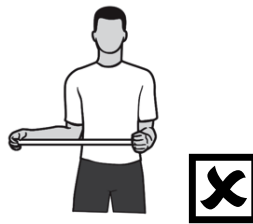
Begin gentle pendulum exercises:

- In a standing position, lean forwards and allow the arm to hang pointing towards the floor.
- Then gently circle the arm.



Begin passive shoulder exercises:

- Laying on your back use the good arm to support the bad arm and lift it straight above your head.
- Sitting or standing, tuck your elbows into your side, elbows bent, hands grasped together. Use the good arm to push the bad arm away from the body to neutral, keeping the elbows tucked into the side. **Do not exceed zero degrees of external rotation.**



Weeks 1-3

You will be reviewed by a physiotherapist and may be considered for hydrotherapy. Continue shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness.

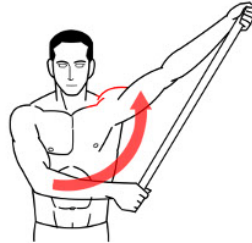
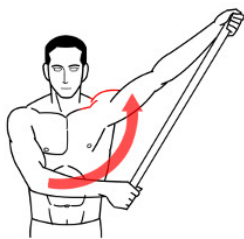
Continue gentle pendular exercises.

Progress passive exercises, progressing to active assisted, then active as comfort allows:

- Laying on your back use the good arm to support the bad arm and lift it straight above your head.
- Standing, slide the operated arm up the wall in front of you.
- Standing, lift the operated arm above your head unassisted.

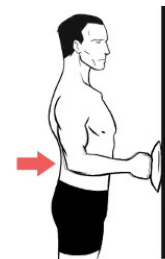


- Standing, holding a stick or broom, use the good arm to push the operated arm away from the body, around overhead.
- Standing, holding a stick or broom, use the good arm to assist the operated arm away from the body, around overhead.
- Standing, lift the away from the body, around overhead unassisted.

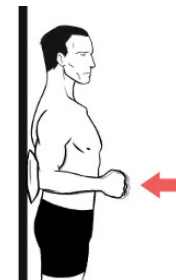


Begin gentle cuff isometric exercises as pain allows, do not force or push into pain:

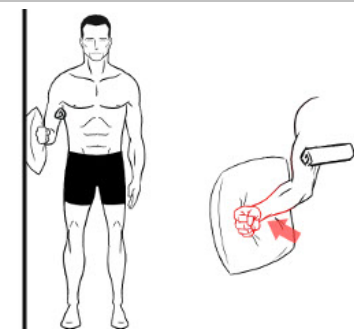
- Arm at your side, elbow bent to 90 degrees, stand facing the wall.
- Apply pressure forwards through the wall.



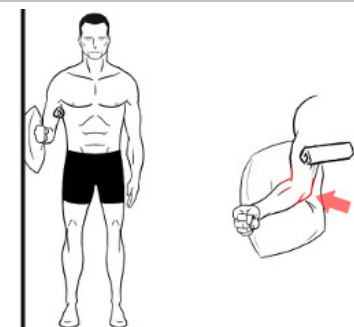
- Arm at your side, elbow bent to 90 degrees, stand with your back to the wall.
- Apply pressure back through the wall.



- Arm at your side, elbow bent to 90 degrees, stand next to the wall.
- Apply pressure out through the wall as if turning the arm outwards.



- Arm at your side, elbow bent to 90 degrees, stand next to the wall.
- Apply an outward pressure into the wall through your elbow.



Weeks 3 – 6

Continue shoulder girdle, elbow, wrist and hand mobility exercises.

Continue pendular exercises.

Continue outward turning exercise **to neutral only or/ as far as deemed safe by consultant.**

Continue to progress passive mobility exercises.

Continue gentle strengthening exercises as pain allows (avoid internal rotation).

Begin strengthening internal rotation (turning the arm in against resistance) (sub maximally and only if pain free):

- Arm at your side, elbow bent to 90 degrees, stand inside a door frame.
- Apply pressure in against the door frame.



Begin gentle stretching exercise to increase range – do not force or stress; outward turning of the arm to neutral only or / as far as deemed safe by consultant:

(If you are having trouble reaching your hand up your back, use a towel or grasp hand behind your back and pull or lift the arm up the back to stretch the movement.)

- Lie on the operated shoulder, lift the arm to shoulder height resting on the bed and bend the elbow to 90 degrees.
- Use the opposite hand to push the operated sides palm down towards the bed stretching the shoulder.
- If you are having trouble reaching across to your opposite shoulder, pull the arm across the body, add a stretch by pulling on the elbow.
- If you have poor posture, or forward rolling shoulders, lean forward through a door frame, stretching open the chest and shoulders.



Weeks 6+

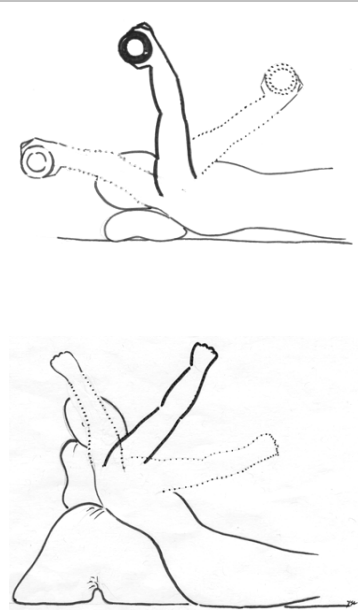
Begin deltoid program:

- Lie down flat on your back with a pillow supporting your head.
- Raise your weak arm to 90 degrees vertical, using the stronger arm to assist if necessary.
- The elbow should be straight and in line with your ear.
- Hold your arm in this upright position with its own strength.
- Slowly with your fingers, wrist and elbow straight, move the arm forwards and backwards in line with the outside of the leg, as per diagram (gentle movement from both sides of the



arm upright position)

- Keep the movement smooth and continuous for 5 minutes or until you get tired.
- As you get more confidence in controlling your shoulder movement, gradually increase the range of movement until your arm will move from the side of your thigh to above your head, touching the bed and returning.
- Keep the movement smooth and continuous for 5 minutes or until you get tired.
- As you get more confidence in controlling your shoulder movement, a light weight (e.g. tin of beans or small paperweight) should be held in the affected hand.
- At this stage you may recline the head of your bed or put some pillows underneath your back to recline your position.
- Having more confidence in controlling your shoulder movement, gradually go to sitting and eventually standing.

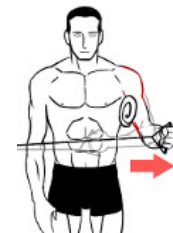


Progress rotator cuff strengthening and begin closed chain exercises:

- Standing or sitting, attach Theraband provided by your physio to door handle, elbow tucked into side.
- Grasp Theraband, pull band in to touch stomach slowly and controlled.
- Return to start position. A rolled up towel provides a small amount of traction and may make the exercise more comfortable but is not essential.


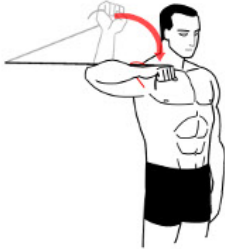

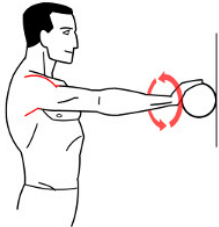
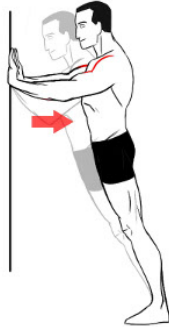



- Standing or sitting, attach Theraband to door handle, elbow tucked into side.
- Grasp Theraband, rotate arm and pull band away from body slowly and controlled.
- Return to start position.



- Lying on your back, lift your arm out to the side to shoulder height.
- Bend your elbow to 90 degrees, hand pointing towards the ceiling.
- Slowly, in a controlled manner, rotate the arm, pushing the palm towards the bed.
- Then slowly rotate backwards, pushing the back of the hand towards the bed.
- Hold a light weight to increase difficulty.



<ul style="list-style-type: none"> - Lying on your good side, tuck your elbow into your side. - Hand pointed towards the ceiling, slowly rotate your arm, bringing your hand to your stomach. - Hold a light weight to increase difficulty. 	
<ul style="list-style-type: none"> - Standing, tie a knot in the end of your Theraband. - Throw it over the top of a door and close the door holding the band in place. - Slowly rotate the arm, keeping the upper arm still and bringing the hand forwards towards the floor. 	
<ul style="list-style-type: none"> - Standing, tie a knot in the end of your Theraband. - Throw it over the top of a door and close the door holding the band in place. - Slowly rotate the arm, keeping the upper arm still and bring the hand back, finishing with the hand pointing towards the ceiling. 	
<p>Proprioceptive exercises and core stability work:</p> <ul style="list-style-type: none"> - Standing, lift arm straight in front to shoulder height. - Roll a ball in different directions along the wall. 	
<ul style="list-style-type: none"> - Standing, hands shoulder width apart, shoulder height, resting on wall, lower body to wall. - Push through arms. - Return to starting position. 	
<ul style="list-style-type: none"> - On hands and knees, or a press up position, lift one arm straight in front of body. - Slowly lower back to start position. - Repeat on opposite arm. - To increase difficulty, lift opposite leg at the same time. 	

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: 3-4 weeks
- Lifting: Can resume light lifting at waist level at 3 weeks. Avoid heavy lifting for 6 months.
- Swimming: breaststroke 6 weeks; front crawl: 3 months
- Golf: 3 months
- Contact sports: best avoided but speak to your surgeon at your 3 month clinic appointment.
- Return to work: dependent upon your occupation but sedentary jobs (no lifting) may return at 6 weeks and manual workers should be guided by your consultant at your three month follow-up appointment.

Note: These are guidelines only.

Further information

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Visit www.royalberkshire.nhs.uk www.readingshoulderunit.com

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