

ANATOMIC TOTAL SHOULDER ARTHROPLASTY GUIDELINE

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These are guidelines only. Each patient is an individual and may have individual variations on the information below. Post operative instructions are documented on the operation note which should be provided with the referral or if not, obtained from the consultant's team. These guidelines are for use by a qualified physiotherapist in collaboration with the orthopaedic surgeon undertaking the patient's surgery. The authors take no responsibility for the use of this guideline by staff or individuals other than the above at UCLH NHS Foundation Trust.

Post Op	Post op precautions/support advice/ exercise suggestions
<p>Immediately Post-op – Week 2/ 3</p>	<ul style="list-style-type: none"> ● Sling: type of sling at the discretion of the surgeon. <ul style="list-style-type: none"> ○ Worn for 3 -6 weeks at all times except washing/dressing/ axillary hygiene and exercises. Instructions should be followed how to complete these safely. ● OT assessment ● Safe range of motion: recommended in post-operative note by surgeon. If not specified Agreed Safe Zone: Forward Flexion to <90 degrees, External rotation to <0 with arm by side ● Restrictions: <ul style="list-style-type: none"> ○ No combined Abduction / External rotation ○ No shoulder extension - recommended to sleep with pillow behind arm to prevent dropping into extension overnight ○ No Hand behind back ○ No weight bearing through the upper limb ○ No heavy lifting – limit to cup/mobile phone ○ No resisted internal rotation (protection of subscapularis repair) ○ No active shoulder elevation ○ No External rotation beyond 0 degrees (protection of subscapularis repair) ● Exercise suggestions/ considerations: <ul style="list-style-type: none"> ○ Exercises should be within comfort limits and should not exacerbate pain. ○ Exercises/ movement should be well controlled - do not force or stretch ○ Cervical spine/ elbow/wrist/ hand exercises as appropriate ○ Scapula mobility
<p>Week 2/3 – Week 6</p>	<ul style="list-style-type: none"> ● Sling: as above in immediately post-op – 3 weeks ● Safe range of motion: recommended in post-operative note by surgeon. If not specified Agreed Safe Zone: Forward Flexion to <90 degrees, External rotation to <0 with arm by side ● Restrictions: <ul style="list-style-type: none"> ○ No combined Abduction / External rotation ○ No shoulder extension - recommended to sleep with pillow behind arm to prevent dropping into extension overnight ○ No External rotation beyond 0 degrees (protection of subscapularis repair) ○ No Hand behind back ○ No weight bearing through the upper limb ○ No heavy lifting – limit to cup/mobile phone ○ No resisted internal rotation exercises (protection of subscapularis repair) ● Exercise suggestions/considerations:

PHYSIOTHERAPY FOLLOW UP RECOMMENDED WITHIN 2 WEEKS
 Agreed with AR/AP/TT/ ML 3/5/24: For Review may 2025

	<ul style="list-style-type: none"> ○ Exercises and movement should be within comfort limits and well controlled - do not force or stretch ○ Prevent any compensatory movement patterns as able ○ Active-assisted / supported movement within limits of safe zone e.g. Assisted shoulder flexion below shoulder level: step back/table slides (flexion) / ball rolling/ well-supported active-assisted short lever shoulder flexion in supine ○ Assisted and well supported external rotation with arm by side in sitting to 0 degrees or limits set by surgeon ○ From week 3 post operatively: Gentle sub-maximal static isometrics for deltoid and posterior rotator cuff (at 0 degrees) may commence within pain free limits when supported e.g. if in supine with folded towel behind arm to prevent extension or in supported sitting: short lever flexion/ external rotation (at 0 degrees) ● Progression Criteria: Patient should be comfortable with good control of movement before progressing to next phase
<p>Week 6 – Week 12</p>	<ul style="list-style-type: none"> ● Sling: Weaning of support/sling as appropriate and comfort allows - should have no signs of instability, good deltoid function and pain well controlled; may want to continue with poly sling outdoors/ travelling ● Restrictions: <ul style="list-style-type: none"> ○ No Combined Abduction/ External Rotation ○ No hand behind back ○ No weight bearing through upper limb ○ No heavy loading/ lifting ○ Movement within comfort limits: not to force, stretch or push into pain ● Exercise suggestions/ considerations: <ul style="list-style-type: none"> ○ External rotation exercises beyond 0 ensuring control, comfort and within restrictions – initially commence supported and with arm by side e.g. supine/ sitting with arm supported; do not use weights for RC control over 0.5kg ○ Progress to active-assisted to active movement in front of body within restrictions as control, stability and comfort allows e.g. table slides progress range and progress to wall slides incorporating kinetic chain / proprioception as appropriate ○ Gentle pain free submaximal isometric internal rotation in neutral with upper limb supported may commence ○ Progress deltoid activation in well controlled range and progression from weight of the arm to low weights, - short to long lever, supine – reclined – sitting/standing as control allows ● Progression Criteria: Patient should be comfortable with good control of movement before progressing to next phase
<p>12 weeks +</p>	<ul style="list-style-type: none"> ● Sling: Discard sling if not already ● Restrictions: <ul style="list-style-type: none"> ○ Hand behind back never forced ○ Avoid heavy lifting for 6 months minimum. ○ Some activities/ sports may not be appropriate - liaise with surgeon as is variable depending on the individual ● Exercise suggestions/ considerations: <ul style="list-style-type: none"> ○ Progress rotator cuff control exercises to against gravity / unsupported as able

	<ul style="list-style-type: none"> ○ Progress deltoid through range as control and comfort allows if used, weights should be kept low, using repetitions as appropriate for the individual patient ○ Progress AROM for function; ensure good movement pattern and consider pre-operative movement level/ soft tissue quality/ individual expectations
Milestones	
Week 6	Sling discarded, increasing active assisted movement
Week 12	Improving function as appropriate for individual

Return to Functional Activities

Driving	Timeframes will differ on an individual basis. Please discuss with your care team if you need further guidance.
Swimming	12 weeks + depending on stroke
Lifting	4-6 months + liaise with care team
Work	Sedentary 3-6 weeks/ Manual 3 months + liaise with surgeon re appropriateness

References: Kennedy, J.S., Garrigues, G.E., Pozzi, F., Zens, M.J., Gaunt, B., Phillips, B., Bakshi, A. & Tate, A.R. (2020). The American Society of Shoulder and Elbow Therapists' consensus statement on rehabilitation for anatomic total shoulder arthroplasty. *Journal of shoulder and elbow surgery*, 29(10), 2149-2162. <https://doi.org/10.1016/j.jse.2020.05.019>

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