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Therapist Information and Guidelines Shoulder Hemiarthroplasty

This operative procedure is performed in cases of degeneration of the humeral head due to Osteoarthritis, Rheumatoid Arthritis or previous fracture in which complications have developed (e.g. avascular necrosis). The operation involves replacement of the degenerative articular surface of the humeral head with either a resurfacing implant e.g. Copeland or a stemmed implant.

This is an open procedure using either a Deltopectoral or Anterosuperior approach.

The Deltopectoral approach is through a space between the deltoid and pectoralis major muscle. Postoperatively these muscles do not need protected. The Anterosuperior approach necessitates detachment and splitting of Deltoid. Post operatively this does require protection. The subscapularis muscle is detached and reattached to its insertion on the lesser tuberosity in both approaches to the glenohumeral joint. Post operatively it is important to allow this repair to heal.

Therefore there should be-

NO External Rotation beyond Neutral for 4 Weeks

NO Resisted Internal Rotation for the first 6 Weeks

If a Rotator Cuff Repair has been carried out in addition to this procedure the therapist should adhere to the rehab guidelines for the cuff repair.

Post Op

Day 1- Discharge

Patient wears a polysling or abduction brace, normally for 3 weeks.

Finger, wrist, R/U joint and elbow exercises.

Shoulder girdle exercises.

Teach postural awareness.

Commence passive shoulder ROM exercises in supine as pain allows.

Flexion/Extension in scapular plane.

Abduction with arm in neutral or internal rotation.

External rotation to neutral only.

Scapular stability exercises.

Day 4

Commence gentle pendular exercises at the shoulder.

Commence active assisted movements as pain allows. Begin in supine and progress to sitting when able. (No ER beyond neutral).

Progress to Active ROM exercises as able.

Commence isometric strengthening of all muscle groups, Except Internal Rotation.

3 Weeks

Wean off sling when comfortable.

Encourage active movement in all directions.

External rotation to neutral only.

Gentle assisted stretching to increase range if required.

Progress to isotonic strengthening, gradually increasing resistance and range as able, except internal rotation.

Commence proprioceptive exercises – weight and non weight bearing.

3 Weeks

Wean off sling when comfortable.

Encourage active movement in all directions.

External rotation to neutral only.

Gentle assisted stretching to increase range if required.

Progress to isotonic strengthening, gradually increasing resistance and range as able, except internal rotation.

Commence proprioceptive exercises – weight and non weight bearing.

4 Weeks

Commence active external rotation as comfortable beyond neutral.

6 Weeks

Joint stretches to end of available range – can gently stretch into external rotation but do not force.

Commence isometric strengthening internal rotation.

Progress isotonic strengthening exercises and include anterior deltoid exercises.

Progress functional activities.

Return to Functional Activities

These are approximate and may differ depending upon the individual. They should be seen as the earliest that these activities should commence:

Driving: 4 Weeks

Swimming: Breaststroke 6 Weeks

Freestyle 3 Months

Golf: 3 Months

Lifting: Light lifting 3 Weeks

Heavy lifting 6 Months