

## Anatomic Shoulder Replacement - Recovery Guide

### Discharge

You may be discharged on the day of surgery, or spend a night in hospital.

### Sling

The sling is to be worn for 6 weeks unless advised otherwise.

You may come out of the sling when sitting comfortably in a chair, using a computer, eating, and performing exercises.

### Bandage / Dressings / Sutures

You will be discharged from hospital with a dressing covering your shoulder wound. Leave the dressing in place until your 2-3 week review and we will remove it. The dressings are water resistant. Showering is fine but please keep your dressings relatively dry until your post op appointment.

### Swelling / Icing

Post-operative swelling of the shoulder is normal and should gradually decrease over the course of a few weeks. Regular icing is effective for managing both pain and swelling. Continue icing your shoulder for as long as swelling persists, which may last a few weeks. Apply ice to your shoulder 3-5 times a day for 20 minutes at a time.

If the swelling worsens, or if you notice redness around the wound or experience a fever, please contact our office immediately or see your local doctor. For after-hours concerns, you can also reach out to the hospital emergency department.

### Pain Relief / Medications (*allergies permitting*)

Your anaesthetist will have prescribed a range of painkillers for you to go home with. You should take them as prescribed. In general you should take paracetamol regularly, followed by anti-inflammatories if prescribed and then strong painkillers (such as Palexia/Tapentadol) for top-up pain relief. Cease these medications as soon as the pain allows.

Dr Robinson recommends taking Vitamin C 1000-1500 mg daily from 2 days prior to surgery until at least 3 weeks post surgery.

### Post-Operative Appointments

- 2-3 weeks: Your first post op clinic review.  
A nurse will remove your dressing and review your wound.
- 3 months: Review to see how you are progressing
- 12 months: Review with an X-Ray of your shoulder

### Return to Work / Driving

A reasonable goal for returning to office work is within 2-4 weeks. For more physically demanding jobs, the target is typically 3-4 months. Driving can usually be resumed around 6 weeks, once the sling is no longer required.

It is important to note that you will not be covered by your car insurance if you are involved in a motor vehicle accident before 6 weeks.

### Return to Activities guide

Running: 8-10 weeks

Swimming; aquatic therapy 4-6 weeks, breaststroke 8 weeks, freestyle 5-6 months

Tennis: 5-6 months

Golf: 5-6 months

Gym based activities may commence at 4 months with modification.

### Physical Therapy Guide

Physical therapy can be commenced the day after surgery. Let your activity be guided by your pain, **do not continue any exercises that are painful**. Please note these exercises are a guide only, and you may be directed to a more specific program by your physiotherapist.

*Begin these exercises the day after surgery, performing them 5-10 times per session, aiming for 3-5 sessions per day with your sling removed. Only perform exercises within your comfort zone, progressing to more advanced exercises once confident.*

### Neck range of motion exercises (preview here)

- Stand or sit comfortably in a chair.
- Move your head to look up and down, left to right, tilt your ear toward your left shoulder, then toward your right shoulder



### Shoulder blade exercises ([preview here](#))

- Gently squeeze your shoulder blades together, hold for 5-10 seconds, then relax.
- Lift your shoulders towards your ears in a shrugging motion.
- Rotate your shoulders in circular movements, both forward and backward.



### Shoulder hang ([preview here](#))

- Use a chair or table for balance, leaning forward so your operative arm can hang toward the ground.
- Hold for 10-20 seconds, then resume standing tall.



### Shoulder pendulum exercise ([preview here](#))

- Bend forward at a 90° angle from the waist, using your non operative hand on a table or chair for support.
- Gently rock your body in a circular motion, allowing your arm to move naturally.
- Move your arm clockwise in circles 10 times, then counterclockwise 10 times. Keep your arm relaxed throughout the exercise.
- The circular motion should be about 23-30 cm wide, with the movement coming from your shoulder joint.
- Initiate the movement from your hips and knees



### Active assisted shoulder flexion ([preview here](#))

- Laying, sitting or standing, hold the hand of your operative arm in front of your chest
- With the support of the uninjured arm, raise both hands slowly towards the ceiling
- Then gently return hands to central position
- Once confident with the exercise, lower your hands behind your head for an extra stretch

#### Stage 1:



Once comfortable, progress to stage 2:



Once comfortable, progress to stage 3:



*Once you are comfortable with the previous exercises, continue with them, plus add the following exercises as tolerated. Aim to repeat each exercise 5 to 10 times per session, aiming for 3 sessions daily.*

### Walk up exercise ([preview here](#))

- Face a wall and use your fingers to "walk" up a wall or door frame as high as you can.
- Hold the position for 10 to 20 seconds. Gently walk your fingers back down the wall.



### Active assisted external rotation ([preview here](#))

- While holding a broomstick with both hands, keep your injured arm at your side with the elbow bent at 90 degrees.
- Rotate your shoulder outward using the injured limb until you reach your limit.
- Then, use your uninjured arm to gently assist in moving through a further range of motion.



### Active external rotation ([preview here](#))

- Stand or sit comfortably with your elbows by your side and forearm resting at a 90 degree angle
- Keeping our elbows as close to your side as possible, gently move your hands away from each other as far as you comfortably can
- Return your hands together



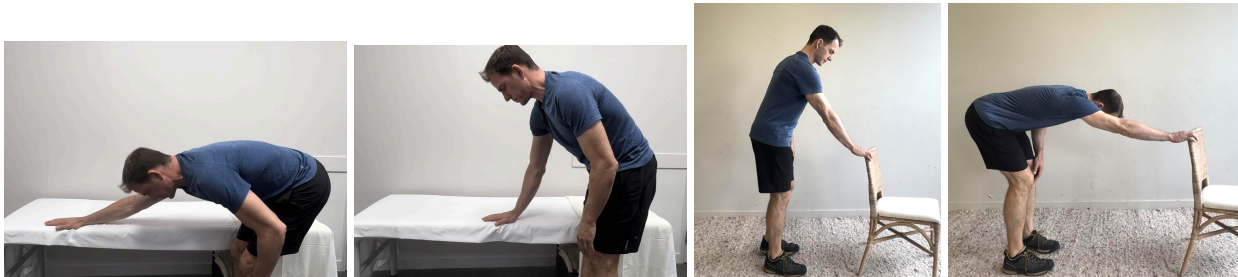
### Active assisted abduction (with a stick) ([preview here](#))

- Using a pole or a broomstick, hold the pole in the uninjured arm.
- Place the affected hand on top of the pole and completely relax that arm.
- With your unaffected arm, gently push the pole and your arm upward to a height that provides a stretch without causing pain to your shoulder.



### Modified table slide ([preview here](#))

- Place the hand of your operative arm on a chair or table for support.
- Slowly move your feet back away from the table or chair until your arm is outstretched.
- Then slowly move your feet back towards the table or chair.



### Shoulder extension with scapular retraction ([preview here](#))

- Stand with your feet shoulder width apart.
- While keeping your arms straight, move your hands back away from your body
- Focus on squeezing the shoulder blades together, and be careful not to shrug your shoulders.
- Relax the arms back to midline position.



### Shoulder pulley exercises ([preview here](#))

Attach the pulley to the top of the door, or as directed by the pulley's instructions.

- Hold the pulley handles in both hands, with your thumbs up.
- Pull down with your unaffected arm to bring your affected arm forward and up.
- Hold the position for 5-10 seconds, then allow the affected arm to relax back to your side.



### Shoulder forward flexion ([preview here](#))

- Raise your arm towards the ceiling, keeping your elbow straight and leading with your thumb. Hold the position for 10 seconds.
- Avoid shrugging or lifting your shoulder blade. Performing this exercise in front of a mirror can help ensure proper form.



### Shoulder abduction ([preview here](#))

- Lift your arm out to the side with your elbow straight
- Elevate your arm as high as tolerated, then slowly lower your arm back by your side
- Avoid shrugging your shoulders or tilting your trunk.

