A Patient's Guide to Advice and Exercises Following Shoulder Surgery

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A Patient’s Guide to Advice and Exercises Following Shoulder Surgery

This booklet will cover both total shoulder replacements and rotator cuff repairs and discuss related exercises and activities.

About the shoulder unit

You will be admitted under the care of a Consultant in the shoulder service. The regular members of the team consist of the Registrar, Senior House Officer, Nursing staff, Physiotherapist and Occupational therapist. All members work closely together.

Length of stay in hospital

This will vary depending on the specific procedure (including the type of prosthesis used) and the reasons for doing the surgery. The length of stay could vary from four days to three weeks.
Total Shoulder Replacements

What is a shoulder replacement?

Your shoulder is a ball and socket joint which is held together by ligaments and muscles. A shoulder replacement replaces the ball and socket with an artificial joint. This is called a prosthesis and there are different types. Your surgeon will select the best type for you which will depend on the quality of your bone and the strength of the muscles around your shoulder joint.

A shoulder replacement is performed mainly for relief of pain in the shoulder. It is not generally done to increase movement, however, as the pain improves you may find you can use your arm more.

Rotator Cuff Repairs

What is the rotator cuff?

The rotator cuff is a deep group of muscles around the shoulder which help to support and control movements of the shoulder joint. Sometimes these muscles can get worn and begin to tear. This leads to pain and difficulty in moving the arm.

Rotator cuff repairs

The muscle tendon can be repaired by surgery. Following the repair, the arm needs to be supported to allow healing and to keep the repair intact. The main aim of surgery is to reduce your pain. It is not generally done to increase movement, however, as the pain improves you may find you can move more.
Rehabilitation After Surgery

Wound Care

When you wake up from the operation you will find a tube coming from the wound which drains blood from the shoulder. It is removed 24-48 hours after the operation. Initially after the operation you will have a bulky dressing over the wound. This will be taken off at 24-48 hours and a smaller one put on in its place. On discharge a district/practice nurse will be arranged to check your wound and to remove clips/stitches if applicable. The wound should be kept dry for the first ten days. After this you may wash normally. Redness or inflammation of the wound must be reported to your GP.

Supports

Following the surgery your arm will be supported in a sling. The type of sling will vary depending on the procedure performed. This could be a:

1) Polysling or
2) Abduction pillow ('blow up' pillow)
The reasons for the use of supports post surgery are for comfort and protection. It is important whilst you are in the sling to maintain a good, upright posture and keep your neck mobile.

The supports are likely to be necessary for the first six weeks, day and night, although the length of time may vary. Your team will advise you accordingly.

Exercise Programme

Advice and Warnings Regarding Exercises

1) After surgery your physiotherapist will advise you on which exercises to follow.

2) Only do the exercises that your Therapist has shown you.

3) Stop exercises that make your symptoms worse.

4) Relax and breathe comfortably during all exercises.

5) While doing the exercises relax the operated arm as much as possible. If you are tense, this can sometimes make the exercises more painful. Forearm supported on a table, hand relaxed over the edge.
Extend the wrist and clench your fist - relax and let your hand drop.

Repeat ...... times.

Forearm on a table, palm turned down.

Alternately turn palm up and down keeping elbow still.

Repeat ...... times.

Stand. Grasp the wrist of the arm you want to exercise.

Bend your elbow and assist the movement with your other hand. Straighten your elbow.

Repeat ...... times.
Sit or stand.

Lift your shoulders - relax.

Repeat ...... times.

Lying on your back with elbows straight.

Using one arm to lift the other arm up keeping it as close to the ear as possible.

Only lift up to shoulder level, or as your Physiotherapist indicates.

Repeat ...... times.

Lying on your back with elbows against your body and at a right angle. Hold a stick in your hands.

Move the stick sideways thus pushing the arm to be exercised outwards.

Only go as far as your physiotherapist has indicated.

Repeat ...... times.
Standing with your arm close to your side and your elbow at a right angle.

Push the palm of your hand against the other hand. Hold approx. ....... secs.

Push outside of your hands against the other hand and hold approx. ....... secs.

Repeat ....... times.

Pull your shoulder back and down, keeping your chin tucked in. Try to keep your shoulders level.

Hold approx ....... secs

Repeat ....... times.

Physio Comments:
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Coping with Activities of Daily Living in a Sling/Abductor Wedge

You will be one handed for a period of time and need to think how you will do certain tasks when you return home. The following gives some tips on how to manage. Any equipment suggested can be purchased through the companies detailed at the end of this booklet.

Washing and Dressing

You will require loose clothing that preferably buttons down the front. Avoid clothing with small buttons, hooks and zips. Ladies may find a bra uncomfortable and may prefer to wear a strapless or front fastening bra. Consider slip-on, easy fitting shoes.

You will usually be allowed to wear your sling/abduction pillow over clothes but will need to check this with the team. Always dress your operated arm first and undress it last. If you are in a sling/abduction pillow you will probably need help with washing and dressing yourself. (See dressing procedure in an abduction pillow at the end of the booklet.) Your occupational therapist will go through this with you when you are in hospital.

For safety it is best to avoid stepping into and standing in a bath whilst your arm is in a sling unless you are certain of your own balance. If you do, a non-slip mat would be advisable. Your occupational therapist can advise you about bathing.
**Sleeping**

Avoid lying on your operated arm initially. Lying on your back may be the most comfortable position. Occasionally a pillow placed behind the operated arm may be advised to prevent the arm from falling backwards. Your therapist will advise you.

**Domestic Tasks**

Use ready prepared meals or items that need little preparation e.g. pre-chopped vegetables. There is equipment available which can help with food preparation, for example easy grip jar openers, pizza cutters. Some of this is available in large supermarkets or from the suppliers which are listed at the back of this booklet. Your occupational therapist will advise you if required.

You may manage light domestic tasks one handed but you should avoid heavy household duties.

**What happens after permission is given to resume light activities at approximately six weeks?**

You need to start being more aware of how to use your shoulder. Adopt good practice as suggested below to prevent future problems.

**Standing/sitting**

Always maintain a good posture and avoid hunched or drooped shoulders. When getting up from a chair do not lean on your operated arm until your therapist advises you to do so. Adjust the height of work surfaces to elbow height if possible.
Lifting/carrying

Since your muscles will not have been used for a while, they will not be as strong as they were before the operation. It is advisable not to lift heavy objects until you are guided by your therapist or until it feels comfortable to do so. Most patients at six weeks will be allowed to lift light objects below shoulder level. The same applies with pushing/pulling objects.

Reaching

Even after you come out of your sling at six weeks, reaching activities may be difficult and painful to do. Therefore it is advisable not to attempt to use your arm above shoulder level. Gradually, as your strength improves this will be allowed.

Returning to work

You should discuss when you can return to work with your doctor or therapist. Jobs involving heavy labouring/lifting should be avoided until your shoulder is sufficiently strong enough to manage these activities. A light job may be resumed as soon as you feel able after the operation.

Driving

You should not attempt to drive until you are out of your sling, your pain has subsided and you feel confident in your own ability. If your ability to drive has been affected you are required by law to contact the DVLA. Please contact the DVLA for further advice.
Returning to sport

The Doctor/Therapist will be able to guide you on specific sports. It is unlikely you will be able to use the arm above shoulder height for sports until three months from the date of surgery.

An Abduction Pillow Dressing Procedure

Throughout the whole time the arm must not be allowed to go lower than the position it is in when in the abduction pillow. The helper should take full control of the arm - the patient needs to keep the arm as relaxed as possible and allow the helper to 'do the work'. The pillow must stay on at all times, day and night.

Dressing/Washing

Before starting, ensure you sit on the bed and place a pillow under the abduction pillow. If washing, have a bowl of water and toiletries near by before undressing.

Undressing

1) Undo waist strap from the front of the abduction pillow.

2) Undo neck strap from the quick buckle release and take the unaffected arm out of the strap.

3) Once the neck strap is removed, the top garment eg. shirt, is removed by taking the sleeve off the unaffected arm first.
4) When sleeve is removed, put back waist and neck strap onto the abduction pillow.

5) Undo the upper arm strap on the operated arm followed by the two straps around the forearm.

Washing

6) Gently ease off the sleeve of the operated arm. Keep the operated arm resting on the abduction pillow during washing.

7) The patient can assist by using their unaffected arm to help with strip washing. Keep the operated arm as still as possible.

Dressing

8) To dress the top half, the helper should dress the operated arm first, gently threading the sleeve onto the arm and taking the garment as far up to the shoulder as possible.

9) Now fasten the three straps on the lower and upper arm.

10) Undo waist and neck strap. The garment can then be tucked around the abduction pillow.

11) The patient may be able to put their unaffected arm into the 2nd sleeve of the garment.

12) Now put the neck strap from the back across the shoulder to the front and fasten through the quick buckle release.

13) Finally refasten the waist strap back onto the front of the abduction pillow.
Contact Names/Numbers for Equipment

**Disabled Living Foundation**
Equipment Exhibition Centre
380 - 384 Harrow Road
London
W9 2HU
Tel: 0207289611
(9am -5pm Mon-Fri)
National helpline:
0845 130 9177
email: info@dlf.org.uk
www.dlf.org.uk

**Chester Care**
Homecraft Ability One
Shelley Close,
Lowmoor Business Park
Kirkby-in-Ashfields
Notts. NG17 7ET
Tel: 01623 722337
Fax: 01623 755585

**Ways and Means**
Nottingham Rehab
Tel: 0845 120 4522

**Care and Mobility ltd.**
Head Office,
Matrix House,
Brook Road,
Raleigh.
Essex.
SS6 7XL
Tel: 01268 771191
Fax: 01268 771192

**Keep Able**
Tel: 08705 202122
www.keepable.co.uk
email: sales@keepable.co.uk

**Promedics Ltd**
Moorgate Street
Blackburn,
Lancashire BB2 4PB
www.promedics.co.uk
Please note that this is an advisory leaflet only. Your experiences may differ from those described.

If you have any comments regarding this leaflet please contact: Clinical Governance Department on 020 8909 5339.

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