

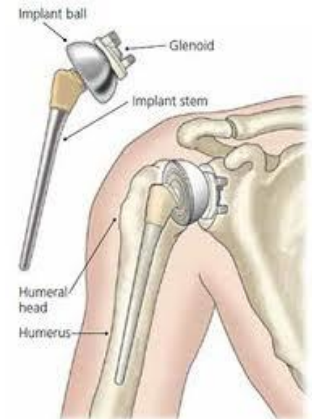
# PATIENT EDUCATION: 2-6 weeks post-operatively

## TOTAL SHOULDER ARTHROPLASTY/HEMIARTHROPLASTY

### General Information

Total Shoulder Arthroplasty (TSA) or hemiarthroplasty are commonly used as treatment options for osteoarthritis, rheumatoid arthritis and fractures of the shoulder joint among other shoulder pathologies.

In shoulder replacement surgery, the damaged parts of the shoulder are removed and replaced with artificial components, called a prosthesis. The treatment options are either replacement of just the head of the humerus bone or ball (hemiarthroplasty), or replacement of both the ball and the socket or glenoid (TSA).



### Shoulder Precautions

- While lying on your back use a small pillow or towel behind elbow to avoid shoulder hyperextension
- Sling is worn up to 4 weeks post-op and only removed for exercise or bathing as directed
  - After 4 weeks the sling is used for sleeping and gradually worn less over next 2 weeks
- Avoid shoulder active range of motion (AROM) until 4 weeks
- No lifting of objects or supporting body weight with operative extremity
- No internal rotation or placing arm behind back
- No excessive stretching or sudden movements (particularly external rotation)
- No driving for 3 weeks

#### Late Phase: Week 2-4

- Continue to progress passive range of motion (PROM) as tolerated
- Begin assisted shoulder flexion, external rotation and internal rotation in scapular plane
- Progress exercise for elbow, wrist and hand to strengthen as appropriate
- Continue scapular strengthening
- Frequent use of ice

#### Phase II Early: Strengthening: Not to begin before 4-6 weeks

- Continue with PROM and assisted shoulder range of motion
- Begin active shoulder flexion, internal rotation and external rotation in pain free range
- Begin shoulder isometric strengthening
- Progress elbow, wrist and hand strengthening with light resistance as appropriate
- Continue use of ice for pain management

#### Goals

- Independent with activities of daily living (ADLs) with modifications
- Restore full PROM
- Gradually restore active motion
- Control pain and inflammation
- Promote healing of soft tissues by not overstressing shoulder
- Re-establish dynamic shoulder stability

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