Oxford University Hospitals
NHS Foundation Trust

Reverse Total Shoulder Replacement

Information for patients

Surgery and Rehabilitation

This booklet contains information to help you gain the maximum benefit from your shoulder replacement. It is not a substitute for professional medical care and should be used alongside information from your surgeon and physiotherapist.

Everybody's recovery is different and you will need specific instructions. You should be guided by your surgical team at all times.

This information should help you prepare for the surgery. It also includes advice and exercises to help with your recovery, as well as guidance on what to expect during this time.

Contents

The shoulder joint

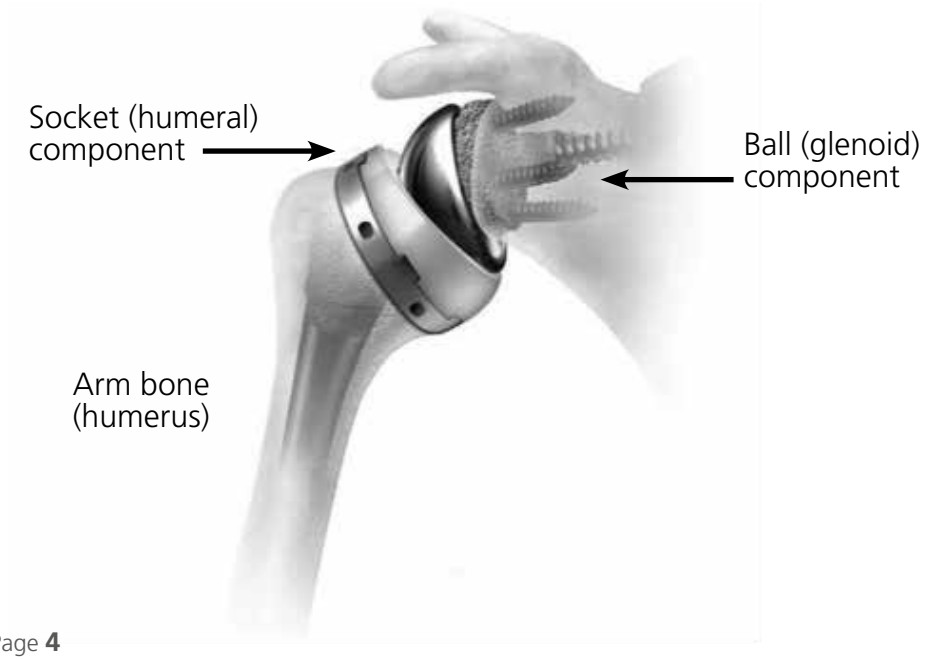
The shoulder is a ball and socket joint. Shoulder movement occurs where the ball at the top of your arm bone (humerus) fits into the socket (glenoid), which is part of the shoulder blade (scapula).

Why have a shoulder replacement?

Arthritis (either osteo-arthritis or rheumatoid arthritis) is the most common reason for replacing the shoulder joint. It may also be necessary following a fracture or damage to the tendons that surround the shoulder ('the rotator cuff').

About reverse shoulder replacement surgery

The operation replaces the damaged joint surfaces. It is called a 'reverse' shoulder replacement because the surgery reverses the normal ball and socket arrangement. A new 'ball' replaces the socket and a 'socket' replaces the ball at the top of the humerus. This reversal has been found to improve the function of the shoulder muscles, allowing the arm to move.



The main reason for having a shoulder replacement is to reduce the pain in your shoulder. A secondary benefit is that you may also gain more movement in your shoulder. This depends on how stiff the joint is before surgery and how damaged the muscles are around your shoulder.

This surgery is usually carried out under a general anaesthetic, which means you would be asleep throughout the operation.

You will also be given a 'nerve block'. This involves injecting local anaesthetic under the skin and around the nerves on the side of your neck (using ultrasound images for guidance). This is normally done whilst you are sedated (half-asleep), just before you are put to sleep for the operation.

The anaesthetic blocks the signals from the nerves that sense pain in your shoulder, and is used for additional pain relief during and after the surgery.

For further information about anaesthetic and pain relief, please ask to see our leaflet 'Anaesthesia explained' or visit our online patient information leaflet library at **www.ouh.nhs.uk/information**

What are the risks and complications of the operation?

All operations involve risks. The risks you should be aware of before and after this operation include:

- **Infection**

  This is usually only superficial wound infection that occurs in the topmost layer of the skin. Occasionally a deep infection may develop after the operation. Although this can be serious it is rare, affecting fewer than 1 in 100 people.

- **Stiffness and/or pain in the shoulder**

  1-20 in every 100 people will have some on going stiffness or pain in their shoulder after this operation.

- **Damage to the nerves and blood vessels around the shoulder**

  This is rare, affecting fewer than 1 in 100 people.

- **Deep vein thrombosis (DVT) or pulmonary embolism (PE)**

  This is also rare after upper limb shoulder surgery, affecting fewer than 1 in 100 people.

- **Risks from the anaesthetic**

  The chance of any complications from the general anaesthetic or block is low for most people. Your anaesthetist will discuss your specific risks with you.

- **Dislocation of the shoulder joint**

  This is rare. Estimated at between 1-5 in 100 people.

- **Further surgery**

  5-10 in every 100 people may need further surgery after 10 years.

- **Loosening of the metal implants**

  This is not likely to happen for several years after surgery. Estimates vary as to how often this happens, but it is generally considered a rare complication.

Please discuss these risks with the doctors, if you would like further information.

Information about the nerve block

As with most anaesthetic procedures, there are a few common side effects of a nerve block to be aware of. These side effects are usually temporary and not a cause for concern. They will get better when the local anaesthetic wears off in 12-48 hours.

Your arm will be very numb. You may not be able to move it and your fingers may feel tingly, like you have 'pins and needles'. You must take care of your arm whilst it is numb, as you could injure it without being able to feel it. You should keep your arm in the sling until the block has fully worn off. Keep your arm away from extreme heat or cold.

The local anaesthetic can also spread to nearby nerves. This may cause other areas to be numb, such as your cheek, neck and ear. For similar reasons this may cause you to have a blocked nose and a droopy eyelid on the side of the operation. Your eye and cheek may be a little red, and you may have a hoarse voice or feel slightly breathless.

If any of these side effects last more than 48 hours you should get advice from the hospital ward you were discharged from.

Are there any risks from a nerve block?

There is an extremely small risk that some of the side effects mentioned may become long-lasting, but by giving you the block before your anaesthetic, with careful monitoring, we can reduce these risks even further.

There are some more significant complications, such as long-lasting or permanent nerve damage in the arm/shoulder, or a delay in waking immediately after surgery (due to spread of local anaesthetic towards the spinal cord).

Thankfully these complications are very rare, occurring in less than 1 in 5,000 procedures. We would only recommend that you have the block if the benefit of the reduction in your pain immediately after the operation outweighed these risks.

Will it be painful?

When you wake up after your operation the nerve block will make your arm feel numb and weak for 12-48 hours. It is likely to significantly reduce or completely remove your pain, helping you get past the worst of the pain from the operation. The blocks are normally very effective and last into the next day. Your arm will then start to return to feeling normal.

It is best to take painkillers regularly, starting them after your operation. Continue taking them regularly, even if you are comfortable, as the pain can sometimes return suddenly. Remember that painkilling tablets can take up to an hour to work.

On page 10 you will find information about the painkillers you should take, including how and when to take them.

Pain relief after the surgery

As with most operations, it is normal to have some pain after shoulder surgery.

You should be given 2 or 3 different types of painkillers to take home. These different medications work in combination to treat pain effectively, so it is best to take them if you have been advised to.

After 2 or 3 days you should try to cut down the number of painkillers you are taking, to see if you still need them.

You will be given a prescription for more painkillers when you are discharged from hospital. Further supplies of paracetamol or ibuprofen can be purchased in a supermarket. Please see your GP for other painkillers that require a prescription.

Bruising around the shoulder/upper arm and swelling in the arm is common after this surgery, but will gradually disappear over a few weeks. You may find it helpful to use an ice pack (or a packet of frozen peas) over the area. Place a damp tea towel between your skin and the ice pack, to protect your skin. Leave the ice pack on for 10-15 minutes and repeat several times a day. Until your wound has healed, cover the dressing with a large plastic bag or cling film, to prevent it getting wet.

What painkillers will I be given?

This depends on your operation and any side effects you may be more likely to develop. The medical staff will give you advice on the appropriate pain relief for you following your surgery.

Paracetamol

This is an effective painkiller, particularly when taken regularly. It has a reputation for being weak, but you should not forget to take it as it helps reduce the amount of other painkillers you need. It has very few side effects and is usually the last one you will stop taking.

Codeine (codeine phosphate)

Take this painkiller at the same time as paracetamol for maximal effect. It can cause sleepiness, mild nausea and constipation. You may wish to increase the amount of fruit and fibre in your diet or take a laxative whilst you are taking codeine. Please ask for advice about this.

Naproxen/ibuprofen

These medications are very effective painkillers. They should be taken after food to prevent symptoms such as indigestion or stomach irritation. You should not take them if you have had a stomach ulcer in the past. This medicine should be taken after food to prevent symptoms such as indigestion or stomach irritation. If you have severe asthma you may have been advised to avoid taking these painkillers, as they can affect your breathing. If you don't have asthma they rarely cause breathing problems.

Morphine (Sevredol) or oxycodone (Oxynorm)

These opiate tablets are the strongest you may be provided with and work best for 'breakthrough' pain i.e. to be taken when required if the combination of the other regular painkillers has not worked. They can make you drowsy, nauseated or constipated. If you find these side effects troublesome you may want to stop taking these tablets, or reduce the dose. These are the painkillers which are usually stopped first after your operation.

Please remember:

- Take your painkillers regularly for the first few days after your operation, as pain can sometimes return unexpectedly.
- Your nerve block is likely to make your arm numb and difficult to move for the night after surgery. Although this can be a strange experience it is normal and should get better 12-48 hours after surgery.

Do I need to wear a sling?

Your arm will be held in position in a sling. This is to protect your shoulder during the early phases of healing and to make your arm more comfortable.

A nurse or physiotherapist will show you how to put the sling on and take it off. Use the body belt part of the sling for 2 weeks.

The sling should be used when you are outside. It can be removed when you are inside, but only when you are sitting, and your elbow must be supported with a pillow.

We do not advise that you walk around without the sling. You can stand to do your exercises without the sling.

You'll need to use the sling for **6 weeks** after surgery. **You must not let your elbow drop behind you, as this is might cause the shoulder replacement to dislocate (slip out of joint)**.

We would recommend that you wear the sling at night (with or without the body strap), particularly if you tend to lie on your side. Alternatively, if you are not a restless sleeper, you could use pillows in front of you to rest your arm on.

If you are lying on your back to sleep, you may find placing a pillow or towel under your upper arm is comfortable.

You may find your armpit becomes itchy, hot and sweaty whilst you are wearing the sling for long periods of time. Try using a pad or cloth to absorb the moisture.

Dressing, showering, taking a bath and cooking may be difficult to start with. If you live alone it will be useful to have someone to help you for the first few days.

You will gradually wear the sling less over the next 4-8 weeks.

Do I need to do exercises?

Yes! You will be shown exercises by the physiotherapist. You may start exercises to move your shoulder on the first day after surgery. You will then need to continue with exercises when you go home. You will also have outpatient physiotherapy appointments organised to start after you leave hospital.

The exercises will help to stop your shoulder getting stiff and will strengthen your muscles. They will change as you make progress and can be adapted specifically for your shoulder and your lifestyle.

Some of the early exercises are shown from page 21.

You will need to do these regular daily exercises at home for several months. They will help you to gain maximum benefit from your operation.

How do I look after the wound and stitches?

Keep the wound dry until it is healed (normally 10-14 days). Use a flannel to wash, but avoid lifting your arm too far out to the side or getting the dressing wet, as it may come off too soon and delay healing or increase the chance of infection. Avoid using spray deodorant, talcum powder, lotions or perfumes near or on any wounds until they are well healed, as this can also delay healing and irritate the wounds.

Your stitches should be ready to be removed after 10 days. You will need to make an appointment to have this done by the nurse at your GP's surgery.

Follow-up appointment

You are likely to have an outpatient Shoulder Clinic appointment approximately 3 weeks after you are discharged from hospital, to check on your progress. Please discuss any queries or worries you may have with the specialist or senior physiotherapist at this appointment. If you need any further appointments, we will make them after you've been seen.

Are there things I should avoid doing?

For the first 6 weeks

Avoid putting your arm behind your back and pushing inwards, such as when tucking in your shirt, trying to do a bra up behind your body or when using the toilet. Avoid pushing up from a chair. The occupational therapist will show you ways of avoiding these movements and can give you aids and appliances, if necessary.

Don't lift anything heavier than a cup of coffee for the first 6 weeks.

For the first 8 weeks

Avoid moving your arm out to the side and twisting it behind you, such as when reaching for the car seatbelt or putting on a shirt or coat. Put your operated arm in the sleeve first.

For the first 12 weeks

Avoid pushing down on your operated arm (for example, getting out of a chair). You may need to raise your chair to help you get up, if it is very low down. Talk to your occupational therapist before going home, if you think this is likely.

How am I likely to progress?

Your progression can be divided into four phases:

PHASE 1

Whilst you are in hospital

You may start to move your shoulder with the help of the physiotherapist, but to begin with you will be very one-handed. If the surgery was on your dominant hand (hand you use to write with) your daily activities will be affected and you will need some help.

Activities that are likely to be affected include dressing, bathing, hair care and shopping and preparing meals. The occupational therapist will discuss ways of doing these activities, to help you to be as independent as possible during this time. Some common difficulties and examples of solutions are listed later in this leaflet (see page 19).

Before you are discharged from hospital, the staff will help you plan for how you will manage when you leave. Please discuss any worries you may have with them, as they may be able to organise or suggest ways of getting help once you are discharged from hospital.

PHASE 2

After you have been discharged and for up to 6 weeks

The pain in your shoulder will gradually begin to reduce and you will become more confident with movement and exercises. Wean yourself out of the sling slowly over this time, using it only when you feel tired or your shoulder is painful. Do not be frightened to try to use your arm at waist height for light tasks.

You will be seeing a physiotherapist and doing regular exercises at home to get your shoulder joint moving and to start to strengthen the muscles. If you feel unsure about what you can or cannot do, please speak to your physiotherapist. Lifting your arm in front of you may still be difficult at this stage, which is likely to affect activities such as shopping and preparing meals.

PHASE 3

Between 6 and 12 weeks

The pain should continue to lessen. The exercises at this stage are designed to improve the movement in your shoulder and strengthen the muscles. You will start lifting your arm up in the air or away from your body when you are sitting or standing. Overall, you will be able to use your arm more for daily tasks.

PHASE 4

After 12 weeks

You can start doing more vigorous stretches to help you get ready for the activities you want to return to doing. If your muscles are weak because your shoulder pain stopped you being able to use them before your surgery, you should find you regain the strength with regular exercise.

If the muscles are badly damaged, you may find it difficult to regain shoulder movement but, even if the muscles do not work properly, the pain in your shoulder joint should be much less than before your surgery.

Most improvement will happen in the first 6 months, but strength and movement can continue to improve for up to 2 years after the operation.

When can I return to work?

You may be off work for 6-8 weeks, depending on the type of job you have. If your job involves lifting, overhead activities or manual work, you should not do these tasks for 3 to 6 months. Please discuss any questions with your physiotherapist or surgeon.

When can I drive?

It is likely to be about 6-8 weeks before you can drive. If you have a manual car it is more likely to be 8-12 weeks. Returning to driving will be more difficult if your left arm has had surgery, because this is usually the side of the gear stick/handbrake.

Check you can manage all the controls and that you can safely carry out an emergency stop, before setting off. Start with short journeys. The seatbelt may be uncomfortable to start with, but it will not damage your shoulder.

You should also check your insurance policy, to make sure you are covered. You may need to tell your insurance company about your operation.

When can I take part in leisure activities?

Your ability to start these activities will be dependent on the pain, range of movement and strength you have in your shoulder after the operation. Please discuss activities you may be interested in with your physiotherapist or surgeon.

Start with short sessions, involving little effort, and gradually increase the intensity of your activities.

General examples:

- gentle swimming – after 12 weeks
- gardening (light tasks, e.g. weeding) – after 8-12 weeks (do not do heavier tasks, such as digging)
- bowls – after 3-6 months
- golf, tennis, badminton or squash – after 4-6 months.

Guide to daily activities in the first 4-6 weeks

Some difficulties are quite common, particularly in the early stages when you are wearing the sling and when you first start to take the sling off. The occupational therapist can help you with finding ways for you to still be as independent as possible. Specialist equipment can also be borrowed from the Occupational Therapy department.

Everyone is different, so your individual needs will be assessed. We appreciate that you may have had many of these problems before your surgery. Please discuss any difficulties you may be having with the occupational therapist.

The following list, shows some common difficulties, with solutions that may help.

- **Getting on and off seats**

  Raising the height can help (e.g. an extra cushion, raised toilet seat, chair or bed blocks).

- **Getting in and out of the bath**

  Using bath boards may help, though initially you may prefer to continue washing at the sink with a flannel/sponge.

- **Hair care and washing**

  Long-handled combs, brushes and sponges can help to stop you twisting your arm out to the side.

- **Dressing**

  Wear loose clothing, which is either front fastening or that you can slip over your head. For ease, also remember to dress your operated arm first and undress it last. Dressing sticks, long-handled shoe horns, elastic shoe laces, sock aids and a 'helping hand' grabber may help.

- **Eating**

  A non-slip mat and other simple aids can help when one-handed. Use your operated arm for cutting up food and holding a cup, as soon as you feel able to.

- **Household tasks/cooking**

  Do light tasks as soon as you feel able to (e.g. light dusting, ironing, cooking). Various gadgets can help you with other tasks.

Exercises and general advice

Use painkillers and/or ice packs to reduce pain before you exercise.

It is normal to feel aching, discomfort or stretching sensations when doing these exercises.

Do short, frequent sessions (e.g. 5-10 minutes, 4 times a day) rather than one long session.

If you experience intense and lasting pain (for more than 30 minutes), reduce the exercises by doing them less forcefully, or less often. If this does not help, discuss the problem with your physiotherapist.

Certain exercises may be changed or added for your specific shoulder recovery.

Gradually increase the number of repetitions that you do. Aim for the repetitions your physiotherapist advises; the numbers stated in this leaflet are rough guidelines.

After 3-4 weeks you can increase the length of time exercising.

All exercises shown are for the right arm.

You may be shown by a physiotherapist how to do the exercises on your non-operated arm, before you leave hospital and whilst you have the nerve block. When the block has worn off you will then need to do the exercises on your operated arm.

Phase 1 exercises

(from day of surgery to 3 weeks)

Do **all** the exercises in this section, unless the physiotherapist specifically advises you not to.

Neck exercise

Sitting or standing.

- Turn your head to one side as far as you can comfortably go. Repeat 5 times.
- Turn your head to the other side. Repeat 5 times.
- Tilt your head towards one shoulder. Repeat 5 times.
- Tilt your head to the other shoulder. Repeat 5 times.

Shoulder blade exercise

Sitting or standing.

- Shrug your shoulders up and forwards. Then roll them down and back.
- Repeat 10 times.

Elbow exercise

Standing or lying down

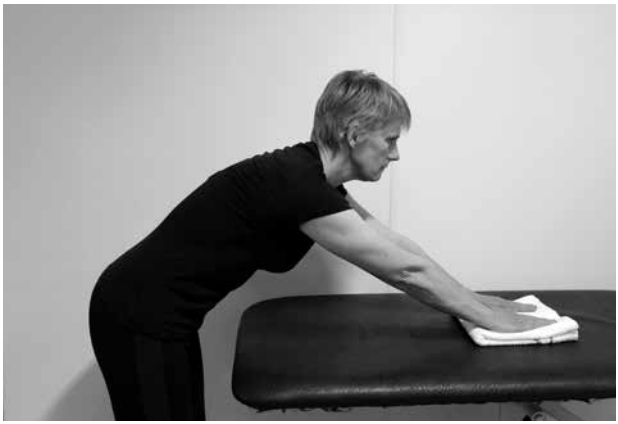
- Straighten your elbow, so that your palm is facing forwards.
- Then bend your elbow, so your palm is facing backwards.
- Repeat 5 times.

Shoulder exercises
These are important to do.

Active assisted arm lifts

Lying on your back on the bed or the floor.

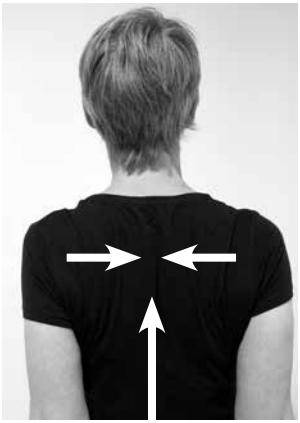
- Clasp your hands together infront of your lower body.
- Lift your operated arm **with your other arm**. Keep your operated arm as relaxed as possible.
- Do not lift further than the vertical position.
- When you first do this exercise you can start with your operated elbow bent.
- Repeat 5 times.



Worktop slides

Sitting or standing.

- Place a small towel on a table or work top.
- Rest your hands on the towel.
- Gently push the towel forwards as far as feels comfortable.
- Return to the start position by sliding back.
- Repeat 5 times.



Shoulder blade squeezes

- Stand or sit with your shoulders and arms relaxed.
- Squeeze your shoulder blades back and together, then relax.
- Keep your arms relaxed.
- Repeat 5 times.

Phase 2 exercises
(from 3 to 6 weeks)

Hand press outs

Stand with the back of your hand of your operated arm against the wall.

- Keep your elbow bent and close to your side.
- Push your **hand** into the wall.
- Hold for 10 seconds.
- Repeat 5 times.

Please note: This is different to elbow press outs (shown next), as it is **only the hand** that is pushed against the wall, **not** the elbow.

Elbow press outs

Stand with your operated arm next to a wall.

- Keep your operated arm close to your side, with the elbow bent.
- Push your **elbow and the back of your hand** into the wall.
- Hold for 10 seconds.
- Repeat 5 times.

Elbow press backs

Stand with your back against a wall.

- Keep your arm close to your side, with your elbow bent.
- Push your **elbow** back into the wall.
- Hold for 10 seconds.
- Repeat 5 times.

Phase 3 exercises
(from 6 to 12 weeks)

Active assisted arm lifts

This is the same exercise as for week 0-3 (page 23), but you can start to lift beyond the vertical position over your head.

Lying on your back on the bed or the floor.

- Lift your operated arm with your other arm. Keep your operated arm as relaxed as possible. Try to gradually lift it over your head.
- When you first do this exercise you can start with your elbows bent.
- Repeat 5 times.

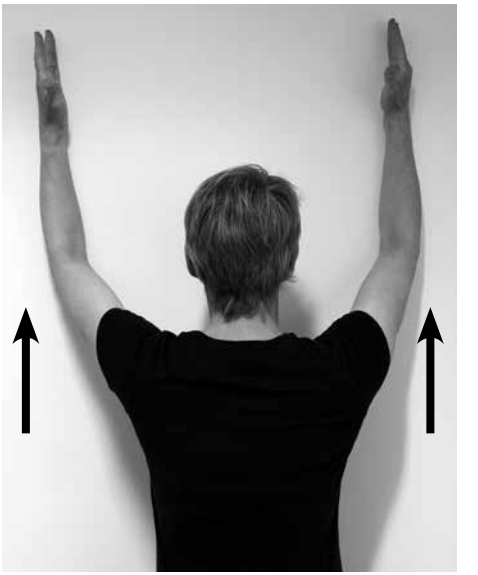
When advised by your physiotherapist, progress on to this exercise.

Arm overhead raises

This is the same exercise as the previous one, but without support from the other hand.

- Gradually increase how far you move your arm behind you.
- Try lifting your arm from the bed unassisted.
- Repeat 10 times.
- Aim to do 3 sets.

When you are able to do this without help from your other arm, hold a small weight in your hand and continue.



Wall slides

Stand facing a wall.

- Place your little fingers on the wall, with your thumbs pointing backwards.
- Slide your arms up the wall as far as is comfortable and then slide back down.
- Repeat 5-10 times.

Arm lifts and holds

Lying on your back with a rolled up or folded towel under your operated arm.

- Bend your operated arm at the elbow, so your fingers point to the ceiling.
- Help your operated arm up with your other arm, until it is straight.
- Once vertical, try to keep it raised without the support of your other arm.
- Hold it there for 5 seconds and bring it back down. You may need to use your other arm for support at the start.
- When you first do this exercise you can start with your elbow bent, then progress to having your arm straight.
- Repeat 5 times.

Arm sways

Lying on your back with a towel under your operated arm.

- Use your other arm to lift your operated arm upwards, so that your elbow is pointing at the ceiling.
- Let go of your operated arm and try to make small swaying movements with your arm, backward and forwards.
- To start with, keep your elbow bent, then progress to having your arm straight.
- Repeat 10 times.
- Aim to do 3 sets.

Fist push forwards

Stand facing the wall.

- Keep your operated arm close to your side and bend your elbow.
- Push your fist into the wall (use a towel if this is uncomfortable on your hand).
- Hold for 10 seconds.
- Repeat 5 times.

Resisted inward hand press

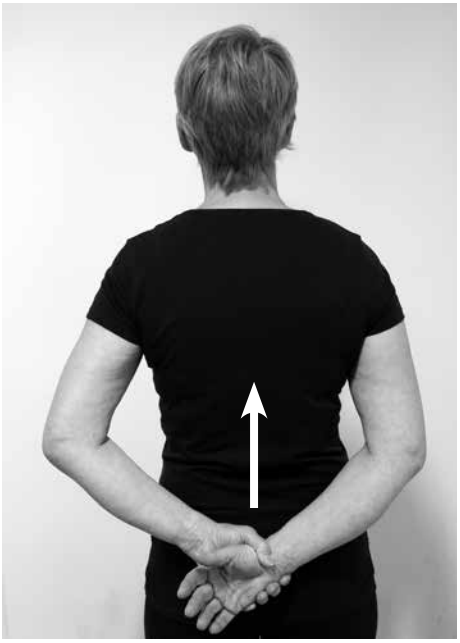
Sit or stand with your elbow bent.

- Keep your operated arm close to your side.
- Push the palm of your other hand onto the wrist of your operated arm.
- Try to stop your operated arm being pushed outwards.
- Hold for 10 seconds.
- Repeat 5 times.

Outward hand rotations

Sit in a chair with your arms by your side and your elbows bent up.

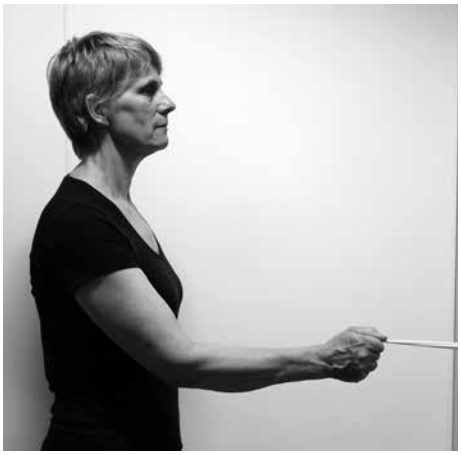
- Your elbows should not be resting on the arm rests, but be relaxed at your sides.
- Hold a stick and, keeping your operated elbow near your side, move the stick sideways, gently moving the hand on your operated side outwards.
- Only move your hands out as far as feels comfortable. Gradually increase how far you move.
- Repeat 5 times.

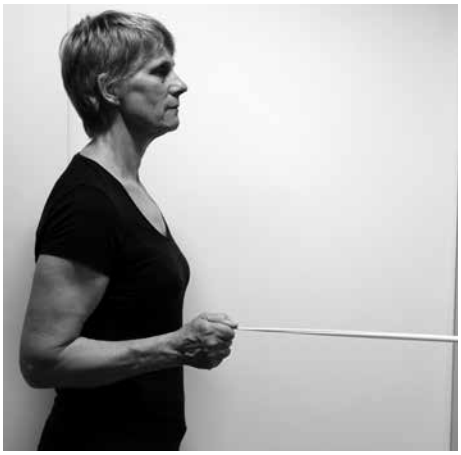


Hand behind back slide ups

Stand with your arms by your side.

- Put your hands behind your back.
- Grasp the wrist of your operated arm with your other hand.
- Gently slide your hands up and down your back.
- Repeat 5 times.
- Do not force the movement.





Band pull backs

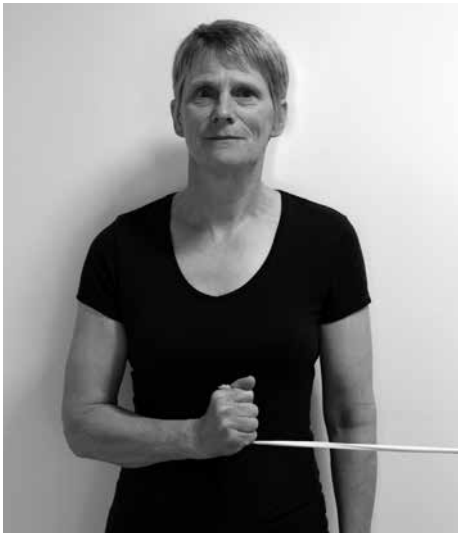
Standing.

- Attach a Theraband securely to a closed door handle or stair banister.
- Bend your elbow and hold onto the end of the band.
- Pull the band backwards, keeping your elbow bent.
- Only pull as far as you can before your elbow goes behind you.
- Slowly release.
- Repeat 5 times.
- Aim to increase to 3 lots of 10 repetitions.

Band pull outs

Standing.

- Attach the Theraband to a door handle or banister on the other side of your operated arm.
- Bend your elbow and relax your arm at your side.
- Hold the end of the band in front of your stomach.
- Pull your hand outwards until it is in line with your arm.
- Control the movement when you return your hand to in front of your body.
- Do **not** try to pull out too far.
- Repeat 5 times.
- Aim to increase to 3 lots of 10 repetitions.



Band pull ins

Standing.

- Attach the Theraband to a door handle/banister on the side of your operated arm.
- Keep your operated arm close to your body and your elbow bent.
- Hold the end of the Theraband and pull your hand towards your stomach.
- Control the return movement.
- Repeat 5 times.
- Aim to gradually increase to 3 lots of 10 repetitions.

Band reach forwards

Standing.

- Attach the Theraband to a door handle/banister behind you.
- Bend your elbow and keep your arm close to your body.
- Holding the Theraband, reach forward with your arm.
- Control the return movement.
- Repeat 5 times.
- Aim to increase to 3 lots of 10 repetitions.

Pulley

Set up a pulley system, with the pulley or ring high above and behind you.

- Sit or stand under the pulley system.
- Holding the ends, pull down with your **unoperated** arm, to help lift your operated arm upwards.
- Slowly lower it back down.
- Repeat 10 times.

Note: You can buy door pulleys on the internet or in the League of Friends shop at the Nuffield Orthopaedic Centre.

Chair push ups

Stand in front of a chair.

- Place your hands on the arms of the chair.
- Gently move your weight forwards from your feet to your hands.
- Hold for 5-10 seconds.
- Return to the starting position.
- Repeat 5 times.

Phase 4 exercises

There is great variation in what people can achieve during their rehabilitation; therefore it is not possible to give all the potential exercises. Your physiotherapist will design an ongoing exercise programme for you, which is specific to your shoulder and your needs.

Keep the exercises going until you feel there is no more improvement.

This may continue for a year to 18 months.

How to contact us

If you are unsure who to contact or if you have an appointment query, please telephone your Consultant's secretary between 8.30am and 5.00pm, Monday to Friday. They will contact the correct person, depending on the nature of your enquiry.

If your wound changes in appearance, weeps fluid or pus, or you feel unwell with a high temperature, contact your GP, out of hours' service or NHS 111 (dial 111 free from a landline or mobile).

If you have a query about exercises or movements, please contact the Physiotherapy department where you are having treatment.

Physiotherapy Reception

(Nuffield Orthopaedic Centre)
Windmill Road
Headington
Oxford OX3 7LD

Tel: **01865 738 074**
(9.00am to 4.30pm, Monday to Friday)

Physiotherapy Reception

(Horton General Hospital and Brackley Department)
Oxford Road
Banbury OX16 9AL

Tel: **01295 229 432**
(8.00am to 4.00pm, Monday to Friday)

Physiotherapy Reception

(John Radcliffe Trauma Service)
John Radcliffe Hospital
Headley Way
Oxford OX3 9DU

Tel: **01865 221 540**
(9.00am to 4.30pm, Monday to Friday)

Web links

www.ouh.nhs.uk/physiotherapy/information/physiotherapy-leaflets.aspx

www.ouh.nhs.uk/shoulderandelbow/information/patient-information.aspx

If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

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