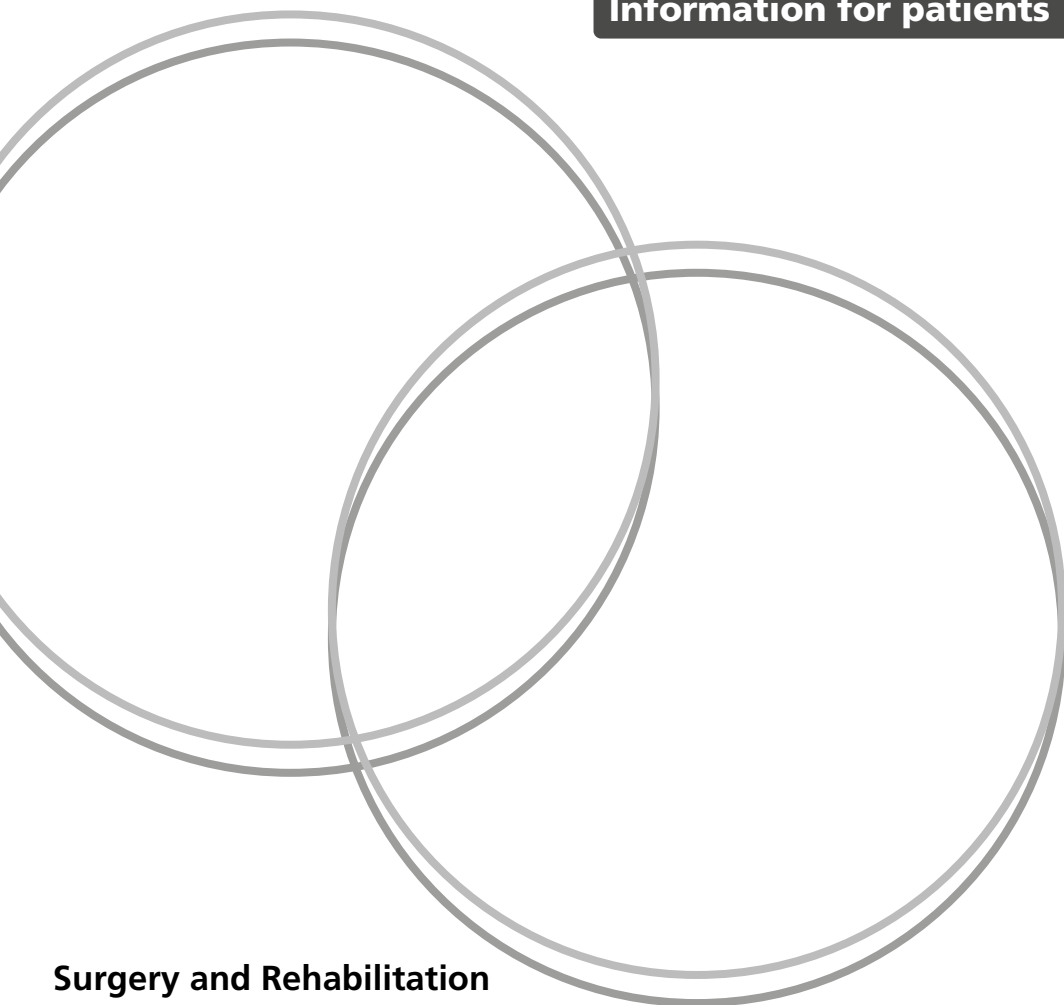


Shoulder replacement

Information for patients



Surgery and Rehabilitation

This booklet has been given to you and 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 in association with information from your surgeon and physiotherapist.

Your recovery may vary to others and need specific instruction, so you must 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.

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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). See picture below.

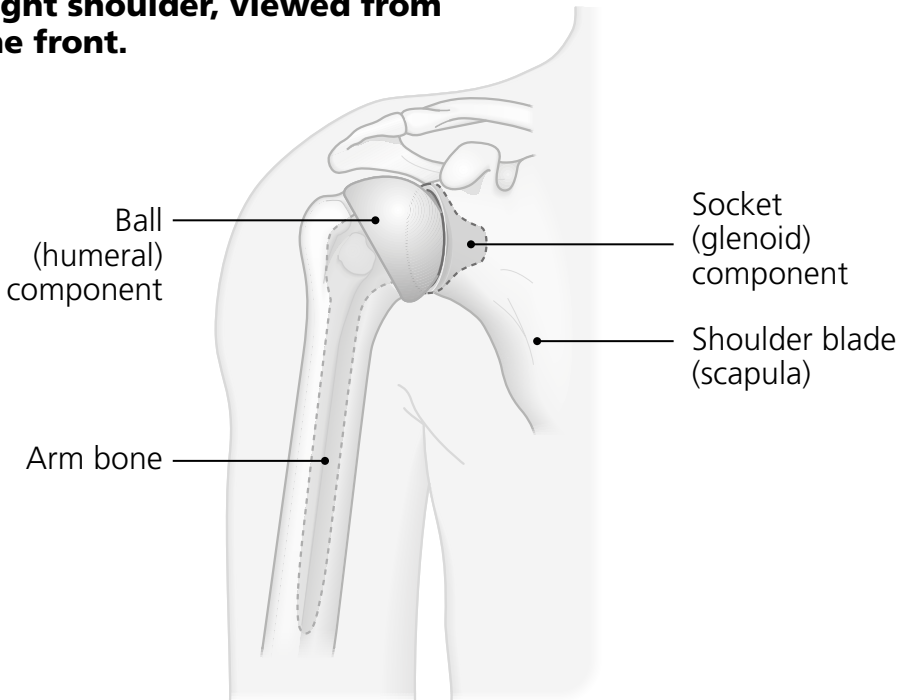
About shoulder replacement surgery

The operation replaces the damaged joint surfaces of the shoulder joint, with a metal ball and a plastic cup for the socket.

If the ball and socket are replaced it is called a Total Shoulder replacement. This is usually done when you have arthritis in both parts of your shoulder.

A hemi – arthroplasty is when just the ball is replaced. It is usually needed if you have had a serious injury or fracture to your shoulder, or the muscles around your shoulder are in a very poor condition.

Right shoulder, viewed from the front.



Why have a shoulder replacement?

Pain from 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 shoulder. With arthritis, the joint becomes painful and difficult to move. Sometimes the deep layer of muscles and tendons (the 'rotator cuff') which control shoulder movement can also be affected.

The main reason for having a shoulder replacement is to reduce the pain in your shoulder from arthritis, either osteo-arthritis or rheumatoid arthritis. You may also gain more movement in your shoulder. This depends on how stiff the joint is before the operation and if the muscles (rotator cuff) around your shoulder are affected. If the muscles are badly damaged, only the 'ball' part of the joint will be replaced.

The surgery is usually carried out under a general anaesthetic.

You will also be given a 'nerve block'. This involves injecting local anaesthetic under the skin 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 from your shoulder, and is used for additional pain relief during and after the surgery.

During surgery, the doctors will be able to see if there is significant damage to the muscles. This will allow them to give you a realistic idea of how much movement to expect afterwards.

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/patient-guide/leaflets

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**

These are usually only superficial wound problems that occur in the topmost layer of 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 persistent pain in or around your shoulder**

1-5 in every 100 people will have some on-going stiffness or pain after this operation or may develop a frozen shoulder (stiff shoulder).

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

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

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

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

- **Risks from the anaesthetic**

The chance of any complications from the general anaesthetic or nerve 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 less than 1 in every 100 (less than 1%).

- **Further surgery**

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

- **Loosening of the components**

Loosening of the components of joint replacements is a rare complication. If it does happen it is not likely to occur for several years after surgery.

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 to be aware of. The effects are 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. Sometimes this causes 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 will need to 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 nerve 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).

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 nerve blocks are normally very effective and last into the next day. Your arm will then start to feel normal.

Take painkillers regularly, starting them before going to bed on the day of the operation. Continue taking them for at least 2 to 3 days, even if you are comfortable, as the pain can sometimes return suddenly. Painkilling tablets can take up to an hour to work.

On pages 10-11 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 two or three different types of painkillers to take home. These different medications work in combination to treat pain effectively, and should be taken as advised by the medical team.

After two or three 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 or 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 to 15 minutes and repeat this several times a day. Until your wound has healed, cover the dressing with a large plastic bag or cling film, to prevent it from getting wet.

What painkillers will I be given?

This depends on your operation and any side effects that you may be more likely to develop. The ward staff will advise you on appropriate and safe pain relief for you following your surgery.

In the first few days after surgery, take your pain relief medicines regularly, even if you are not in pain. All painkillers work best if taken earlier so that they stop you feeling pain rather than treating pain once you can already feel it.

Please remember that 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 to 48 hours after surgery.

Paracetamol

This is an effective painkiller for mild and moderate pain and should be taken regularly. It helps to reduce other types of painkillers you may need, and also has very few side effects and drug interactions. It is usually the last one to stop taking.

Never take other medicines containing paracetamol at the same time as the paracetamol tablets you have been advised to take.

Codeine (codeine phosphate)

Codeine is a good painkiller and can be taken at the same time as paracetamol or you may choose to only take this as a 'top up' or 'rescue' painkiller if paracetamol is not sufficient to control your pain.

Codeine can cause side effects such as sleepiness, mild nausea, or dizziness. These may wear off as your body gets used to codeine.

Codeine can also cause constipation. It helps to eat plenty of fruit, vegetables and fibre, and drink plenty of fluids. You may need to take some laxatives; take these prescribed.

Naproxen or Ibuprofen

These medicines work by reducing swelling and pain. They should be taken with/after food or a drink of milk to reduce the chance of an upset stomach. You should not take them if you have had a stomach ulcer in the past. If you have severe asthma, you may have been advised to avoid these painkillers, as they may affect your breathing.

Morphine or Oxycodone

Morphine and oxycodone are strong pain killers used to treat severe pain. They are available in tablet and liquid form. You may be prescribed this type of pain relief if the other pain killers are not enough to control your pain. They can make you feel drowsy, nauseated, or constipated. If these side effects are troublesome, you may prefer to stop taking these tablets, or reduce the dose. These painkillers are usually stopped first after your operation.

If you need any advice about your medicines, you can contact the Patient Medicines Helpline on **01865 228906** or **medicines.information@ouh.nhs.uk**

Please remember:

- Take your painkillers regularly for the first few days after your operation, as the surgical 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, is it normal and should get better 12 to 48 hours after surgery.

Do I need to wear a sling?

Your arm will be held in position in a sling. This is important to wear whilst the block is still effective. The sling helps to protect your shoulder in the early phases of healing and to make your arm more comfortable. You can take it on and off as you wish as you do not need to have your arm strapped to your body. If you can manage without the sling you may make a quicker recovery as you will use your arm more. Use it as you need for comfort. You will gradually wear the sling less over the next 4 weeks.

A nurse or physiotherapist will show you how to put the sling on and take it off before you leave the hospital.





You may find it more comfortable to wear the sling when you're sleeping (with or without the body belt), 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 improves comfort.

You may find your armpit becomes itchy or hot and sweaty when you are wearing the sling for long periods of time. Try using a pad or cloth to absorb the moisture. While sitting you can take the sling off and rest your arm on a pillow.

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.

Do I need to do exercises?

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

These 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 23

You will need to do 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?

Your wound will have a dressing on it.

Keep the wound dry until it is healed (normally 10 to 14 days). You can shower or wash, but protect the wound with cling film or a plastic bag. It may be easier to 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 the wound, as this can also delay healing and irritate the wound.

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 will have an outpatient Shoulder Clinic appointment 3 to 4 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 have been seen.

Are there things I should avoid doing?

For the first 6 weeks

Avoid moving your arm out to the side and twisting it backwards, such as when putting on a shirt or coat. Put your operated arm in the sleeve first.

Try not to reach up and behind you (for example, when reaching for the seatbelt in a car). This is normally too painful or difficult to do.

Over the next 3 months, as you gradually regain your movement and strength, take care not to force these movements.

Avoid leaning all your body weight on your operated arm with your hand behind you (for example, when getting up 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.

The occupational therapist will show you ways of avoiding these movements and can give you aids if necessary. There is also information under the 'Guide to daily activities' section on pages 20-21.

Movement to avoid for first 6 weeks.



Other than taking care with the movements mentioned, do not be frightened to start moving your arm as much as you can. Gradually the movements will become less painful.

How I am 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 side, 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 examples listed later in this leaflet. (see pages 20 to 21).

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. The occupational therapists 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 movements 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 level for light tasks.

You will see 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. 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 will not work properly, the pain in the shoulder joint should still 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. Do continue exercising until your maximum potential has been reached.

When can I return to work?

You may be off work for 6 to 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 to 8 weeks after your operation before you can drive. Returning to driving will be more difficult if your left arm has had surgery, because this is usually the side of the gear stick and handbrake.

Check you can work all the controls and that you can carry out an emergency stop before setting off. Start with short journeys. The seat belt may be uncomfortable to start with but 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 depend 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 6 weeks, freestyle after 12 weeks.
- gardening: after 6 to 8 weeks light tasks, for example weeding. Avoid heavier tasks, such as digging or lifting for 6 months.
- bowls – after 3 to 6 months
- golf, tennis, badminton or squash – after 4 to 6 months.

Guide to daily activities in the first 4 to 6 weeks

Some difficulties with activities of daily living 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 continue to 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 lists show 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, although initially you may prefer to wash 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 can 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.

Household tasks/cooking

Do light tasks as soon as you feel able to (e.g. lifting the kettle with small amount of water, 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 (for example, 5 to 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.

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 to 4 weeks you can increase the length of time exercising.

All exercises shown in this booklet 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 the operated arm.

Phase 1 exercises

(from day of surgery to 10 to 14 days)

Neck exercises

Sitting or standing.



- Turn your head to one side as far as you can comfortably go. Repeat 5 times.
- Then 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.

Elbow exercise

Standing or lying down (not sitting) with your arms by your sides



- With your palm facing **forwards** bend your elbow as far as you can, and then straighten your elbow as far as you can. Repeat 5 times.
- With your palm facing **backwards** bend your elbow as far as you can, and then straighten your elbow as far as you can. Repeat 5 times.

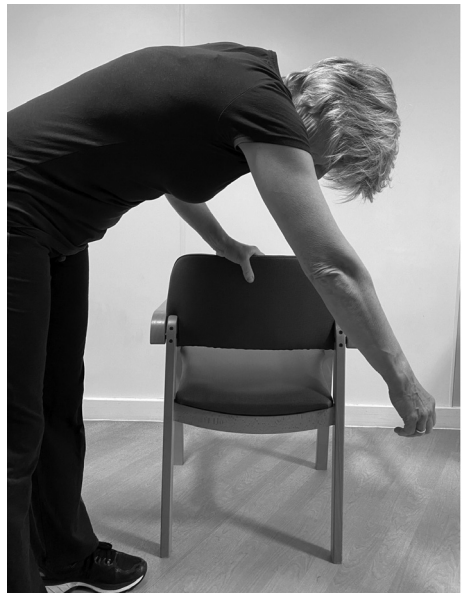
Shoulder exercises

Pendular

Standing with support if required

Lean forwards.

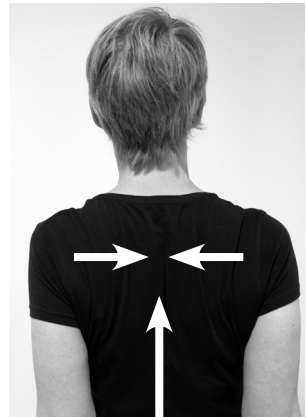
- Let your arm hang freely.
- Start with small movements.
- Swing your arm:
 - i) forwards and backwards
 - ii) side to side
 - iii) in circles
- Repeat each movement 5 times.



Shoulder blade exercises

Sitting or standing.

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



- Stand or sit with your shoulders and arms relaxed.
- Squeeze your shoulder blades back and together, then relax.
- Keep your arms relaxed
- Repeat 10 times.



Work top 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 with both hands.
- Return to the start position by sliding back
- Repeat 5 times.



Outward hand rotations

Sit in a chair with your arms by your side and your elbows bent up or lying on your back with a folded towel or pillow under your elbow.

- If you are sitting your elbows should not be resting on the arm rests, but be relaxed at your sides.
- If you are lying on your back have a folded towel under your elbow.
- Hold a stick and, keeping your operated elbow near, but relaxed at your side, move the stick sideways gently moving the hand on your operated side outward
- Only move your hands as far as feels comfortable. Do not over stretch. Gradually increase how far you move.
- Repeat 5 times.



Active assisted arm lifts

Lying on your back on the bed or the floor.

- Clasp your hands together in front of your lower body.
- Lift your operated arm **with your other arm**, only as far as you can without overstretching or discomfort.
- Keep your operated arm as relaxed as possible.
- When you first do this exercise you can start with your elbows bent.
- Repeat 10 times.





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 **un-operated** arm, to help you 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.

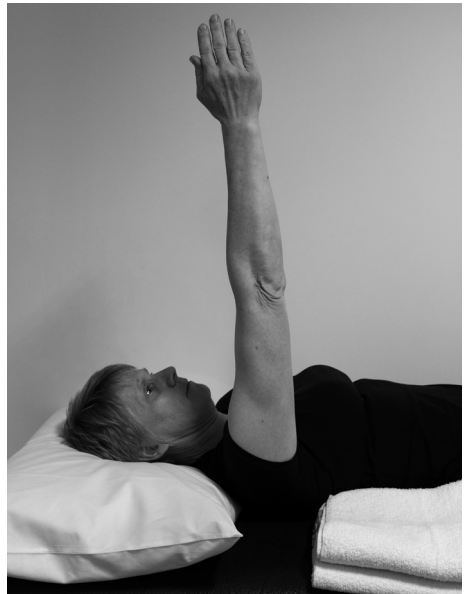
Phase 2 exercises

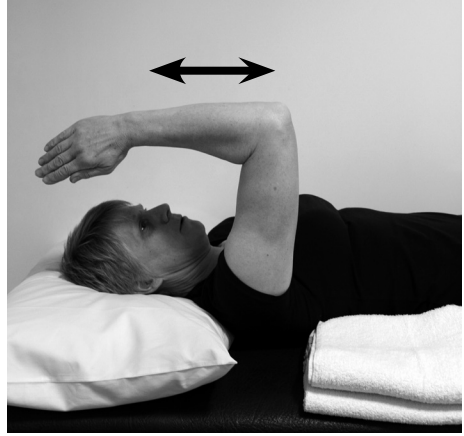
(from 10 to 14 days to 6 weeks)

Arm lifts and holds

Lying on your back with a rolled up or folded towel under your elbow of 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 10 times.
- Once this is easy, progress to wall slides (see page 37) in standing.

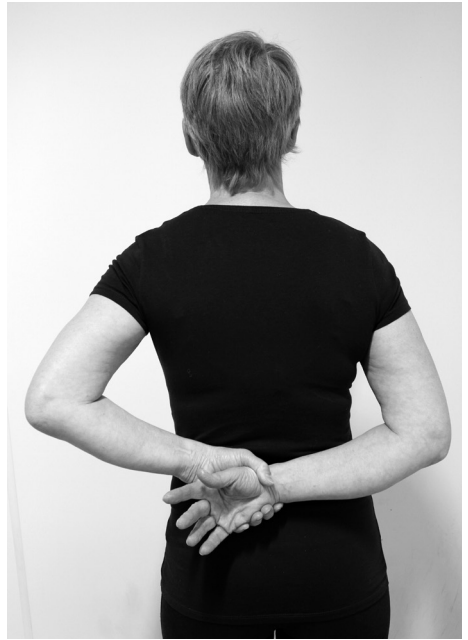




Arm sways

Lying on your back with a towel under the elbow of 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 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.



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

Back of shoulder stretch

Sitting or standing.

- Take the hand of your operated arm across your body, towards your opposite shoulder.
- Use your other arm to gently help.
- Repeat 5 times.



Hand press outs

Stand sideways to the wall, 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
- Gradually increase to 3 lots of 10 repetitions.

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

Elbow push outs

Stand sideways with your operated arm against a wall.

- Keep your operated arm close to your side, with your elbow bent.
- Push your **elbow and the back of your hand** into the wall.
- Hold for 10 seconds.
- Repeat 5 times.
- Gradually increase to 3 lots of 10 repetitions.



Elbow press backs

Stand with your back against a wall.

- Keep your arm close to your side, with the elbow bent.
- Push your **elbow** back into the wall.
- Hold for 10 seconds.
- Repeat 5 times.
- Gradually increase to 3 lots of 10 repetitions.

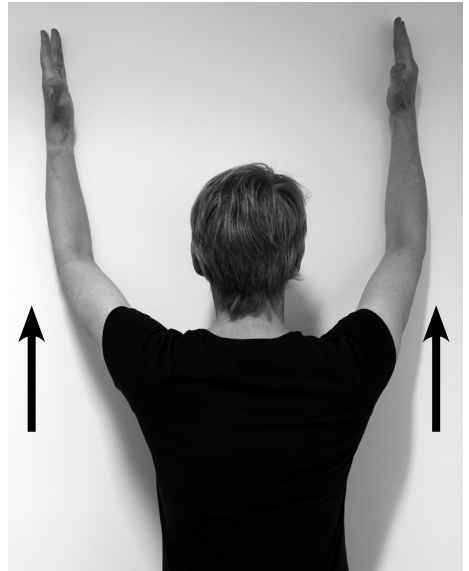




Fist push forwards

Stand facing a wall.

- Keep your operated arm close to your side.
- Bend your elbow to 90°.
- Push your fist into the wall (use a towel if this is uncomfortable for your hand).
- Hold for 10 seconds.
- Repeat 5 times.
- Gradually increase to 3 lots of 10 repetitions.



Wall slides

Standing facing a wall.

- Place the edge of your little fingers on the wall, with your thumbs pointing backwards.
- You can use a paper towel between your hand and the wall to make the exercise easier.
- Slide your hands up the wall as far as is comfortable.
- To start with, you can use your other hand to give support at your elbow.
- Try to make movement smooth.
- Gradually stretch higher up the wall.
- Repeat 5 times and gradually increase to 15 to 20 times.

Start this exercise 3 weeks after your operation

Band pull outs

Standing (or sitting)

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



Start this exercise 4 weeks after your operation



Resisted inward hand press

Sitting or standing

- Bend your elbow.
- 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. Pushing inwards with your operated arm.
- Hold for 10 seconds.
- Repeat 5 times.
- Aim to gradually increase to 3 lots of 10 repetitions

Band pull-ins

Standing.

- Attach the Theraband to a door handle or 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.



Clasped hand lifts

Standing.

- Clasp your hands in front of you.
- Lift both arms up in the air, with your elbows slightly bent.
- Unclasp your hands and then bring your arms down sideways in a circular movement.
- Progress this by:
 - a) reversing the movement ; start by taking your hands out to the side and lift the hands up above your head and then down.
 - b) keeping your arms straight when you lift and lower them.
- Repeat 5 times.





Elbows back

Lying on your back.

- Try to put both hands behind your neck
- Have your elbows pointing up to the ceiling.
- Progress to allow your elbows to gently move further apart.
- Repeat 3 to 4 times.

Phase 3

There is great variation in what people can achieve during their rehabilitation, so 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.

Improvement may continue for up to a year to two years.

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 8.30 am 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 or out of hours' service (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

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Authors: Outpatient Physiotherapy Department, Nuffield Orthopaedic Centre.
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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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