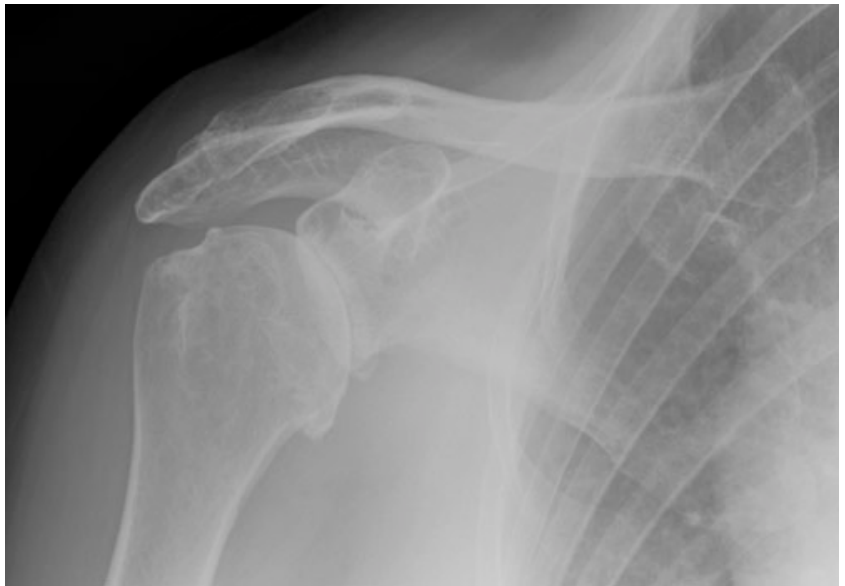


Πρόγραμμα Αποκατάστασης μετά από Αρθροπλαστική Επιφανείας του Ώμου

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Πληροφορίες για την επέμβαση:

Στην επέμβαση αυτή η αρθρική κεφαλή του βραχιονίου οστού έχει επικαλυφθεί, μετά από αφαίρεση όλων των οστεοφύτων και του σκληρυντικού οστού, από ημισφαιρική μεταλλική πρόθεση. Επιπλέον, στην ωμογλήνη έχουν πραγματοποιηθεί τρυπανισμοί ή έχει επικαλυφθεί από μόσχευμα ανάλογα με την ηλικία και τη δραστηριότητα του ασθενή.



Πρωτόκολλο Αποκατάστασης

Κατά τη διάρκεια της νοσηλείας Ημέρες 0-2	<ul style="list-style-type: none"> · Return from theatre with sling and belt insitu. Apply ice to shoulder · Elbow, wrist & hand exercises · Pendular exercises · Teach postural awareness & scapular setting · Book out patient appointment, to be reviewed at 2/52. <p>Attach copy of op note to Physio referral if available. Ensure the patient has the advice booklet before Discharge</p>
2-6 εβδομάδες	<ul style="list-style-type: none"> · Remove sling as comfortable · Isometric exercises (except Internal rotation initially, add in at 4/52 if pain free) · External rotation to neutral only for 6 weeks · Begin active assisted ROM ex's in supine. Progress to sitting as able. Progress to active as tolerated. · Gentle assisted stretching to increase range · Progress to isotonic strengthening · Proprioceptive exercises, weight & non weight bearing · Consider hydrotherapy if not progressing well
6 εβδομάδες	<ul style="list-style-type: none"> · Progress strengthening · Continue to regularly stretch the joint to end of available ROM

Επιστροφή στις λειτουργικές δραστηριότητες

Η χρονική στιγμή αποκατάστασης στις λειτουργικές δραστηριότητες είναι ενδεικτική και εξαρτάται από πολλούς παράγοντες όπως είναι η προεγχειρητική και η γενική κατάσταση του ασθενή αλλά και η πρόοδος της φυσικοθεραπείας.

Επιστροφή στην Εργασία	Εργασία γραφείου: όποτε είναι εφικτό για τον ασθενή, συνήθως 5-7 ημέρες Χειρωνακτική εργασία: συνήθως 6 μήνες
Οδήγηση	Συνήθως μετά από 3-4 εβδομάδες
Άρση βάρους	Αποφύγετε άρση βάρους άνω των 6 κιλών για περίπου 6 μήνες
Κολύμβηση	Ελεύθερο: 6 εβδομάδες Ύπτιο και πρόσθιο: 4 μήνες, αλλά καλύτερα να τα αποφεύγετε.

General Rehabilitation Guidelines

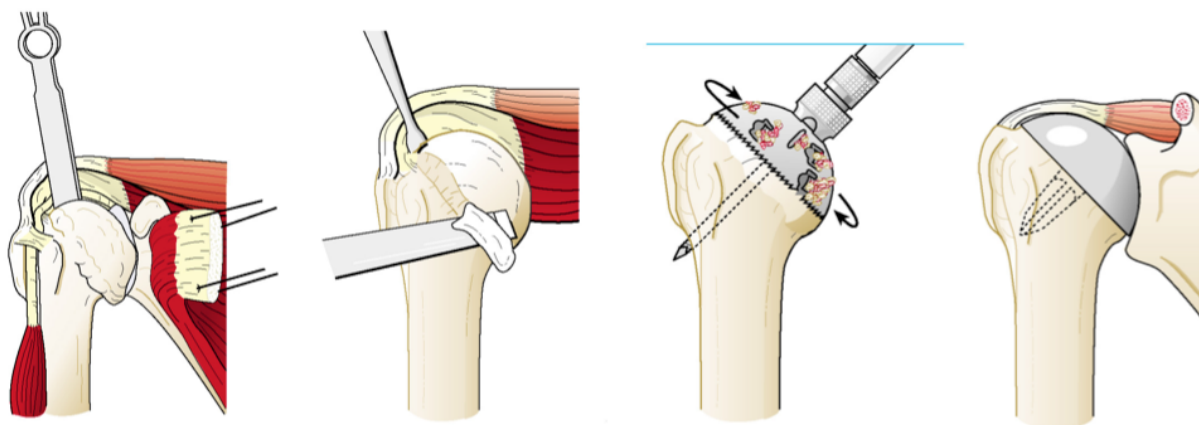
Total Shoulder Arthroplasty or Resurfacing Hemiarthroplasty

Precautions:

- **Basis**
 - Subscapularis tendon is taken down and repaired during case
 - Posterior capsule tension is often "loose" in early phases of recovery due to attenuation from preoperative posterior humeral translation
 - Cement fixation of polyethylene to glenoid bone is tenuous under high loads
- **Precautions**
 - No external rotation past 40° for 8 weeks
 - No active internal rotation for 8 weeks
 - No cross body adduction for 6 weeks
 - No lifting/pushing/pulling > 5lb for first 8 weeks
 - Long Term: no forceful jerking movements (starting outboard motor, push mower or chain saw; no repetitive impact loading (chopping wood)

Inpatient: (0-4 days)

- Start CPM (when available)
 - Set to provide passive forward elevation in scapular plane to 90°
 - Should be used for first 48-72 hours until patient comfortable with self-assisted motion exercises
 - Arm should be removed every 1-2 hours to prevent compressive neuropathy
- **ROM**
 - Instruct in home program, and begin, Codman's exercises
 - Instruct in home program, and begin, self-assisted forward elevation and external rotation
 - Supine forward elevation to 140°
 - External rotation with stick to 25°
 - Instruct in home program and begin cervical, elbow and wrist ROM and grip strengthening



- **Strength**
 - Instruct in home program, and begin, closed chain external rotation isometric exercises
 - Instruct in home program and begin scapular retraction and depression
- **Other**
 - Instruct to don and doff sling or shoulder immobilizer
 - Instruct on proper use of ice or cryocuff
 - 20-30 minutes at a time, several times per day
 - should be done especially after exercises
 - Arrange for outpatient physical follow-up to begin on day of office follow-up
 - Provide with written copy of home exercises to be done 5x/day
- **Therapy goals (prior to discharge from hospital)**
 - 140° self-assisted elevation to allow eventual active overhead reach
 - 25° self-assisted external rotation to allow eventual progression to full function and prevention of secondary impairments
 - initiation of arm being used for functional activities such as eating, combing hair (ADLS requiring minimal force)
 - independence in home exercise program
 - understanding of precautions
- **Wound Instructions**
 - dry gauze to wound q day until dressing totally dry, then cover prn
 - may shower at 7 days but no bath or hot tub for 3 weeks
 - no anti-inflammatory medications x 6 weeks unless on ASA for other reasons

Outpatient Phase 1: (Hospital Discharge to Week 4)

- **ROM**
 - Continue program of self-assisted forward elevation and external rotation
 - No ER beyond 25° slowly progress to 35°
 - IR in scapular plane as tolerated; no IR behind back
 - No IR in abduction, extension or cross body adduction
 - Joint mobilization of glenohumeral joint and scapulothoracic junction grades I/II as dictated by patient's tolerance.
 - Continue cervical, elbow and wrist ROM and grip strengthening
 - Postural control exercises
- **Strength**
 - Continue isometric external rotation
 - Instruct in a home program, and begin, closed chain isometric abduction, forward elevation
 - No adduction, IR or extension
 - Begin scapular retraction and depression but no shrugs
 - Begin and encourage aerobic conditioning such walking or stationary bike
- **Sling**
 - Continue to wear except for between exercise sessions and bathing
- **Other**
 - Incision mobilization and desensitization
 - Modalities for pain, inflammation and edema control (no e-stim)
 - Cryotherapy as needed

Outpatient Phase 2: (Weeks 5 – 8)

- **ROM**
 - Continue program of self-assisted forward elevation and external rotation
 - No ER beyond 40° until Week 7 and then progressive return to full in 10-15° increments per week
 - IR in scapular plane as tolerated
 - No IR behind back
 - No IR in abduction, extension or cross body adduction
 - Grades I/II glenohumeral and scapulothoracic mobilization techniques
 - At Week 7 may begin AROM in forward elevation and external rotation with no resistance
 - May use pulleys for forward elevation and abduction
 - Continue cervical, elbow, wrist ROM and grip strengthening
 - Postural control
- **Strength**
 - Continue isometrics
 - Continue scapular retraction and depression
 - At Week 7, instruct in a home program, and begin, progressive supine two-hand press
 - At Week 7 may begin biceps/triceps strengthening with elbow supported
 - Lower body aerobic conditioning
- **Sling**
 - May discontinue use of sling in daytime but should continue to wear at night through Week 6 to protect subscapularis repair
- **Other**
 - Continue scar massage

Outpatient Phase 3: (Weeks 9 -12)

- **ROM**
 - Continue program of self-assisted forward elevation and external rotation with goal of progressive return to full range
 - May begin ER stretch in progressive degrees of abduction
 - Begin IR stretches in abduction
 - Begin cross body abduction stretch for posterior capsule
 - Begin anterior chest wall stretching
 - Grade III/IV glenohumeral and scapulothoracic mobilization techniques
- **Strength**
 - Instruct in home program and begin isotonic rotator cuff and deltoid strengthening starting with light resistance
 - Start in non-impingement position and progress through increasing degrees of abduction as tolerated
 - Advance periscapular strengthening of posterior shoulder girdle (trapezius, rhomboids, latissimus dorsi, serratus anterior)
 - Advance scapular stabilization with closed chain scapular clocks, table top ball rolls and wall washes, scapular punches and dumps
 - UBE with light resistance especially in reverse direction to promote scapular strengthening
 - Low weight high repetition to build endurance and encourage muscle hypertrophy and cuff remodeling
 - continue biceps and triceps strengthening
 - Continue aerobic conditioning

NOTES: Hydrotherapy program is okay in phases 1 and 2 provided the limits of no active internal rotation and ER limit to 40° are kept. Should not begin prior to week 3 so wound is fully healed

- Hydrotherapy should include core body strengthening and aerobic conditioning

Outpatient Phase 4: Weeks 12 - 16)

- **ROM**
 - Continue maintenance flexibility program until full ROM and emphasize posterior capsular stretching with side-lying IR stretch and cross body abduction stretch
- **Strength**
 - Progressive cuff, deltoid and periscapular strengthening
 - Emphasize strengthening force couples
 - Add proprioceptive exercises to improve joint position in space
 - Continue UBE with progressive resistance
 - Continue aerobic conditioning and core body strengthening
 - Functional progression exercises depending on activities