POST-OPERATIVE PROTOCOL

Shoulder Hemiarthroplasty for Fracture

A half shoulder replacement for a broken upper arm bone

Dr Aditya Malik
FRCS (Tr&Orth) Edinburgh
drdityamalik.com

This sheet takes you through your recovery, phase by phase, after a hemiarthroplasty for a fracture at the top of the arm bone. The main aim of the operation is a comfortable shoulder. For the first six weeks the repairs around your new joint are healing, so the early weeks are about protecting them while keeping everything else moving.

SLING	EXERCISES	STRENGTHENING	FINAL RESULT
Up to 6 weeks	3 times a day	From 12 weeks	1 to 2 years

Your operation

The shoulder is a ball-and-socket joint. In a hemiarthroplasty, the broken ball at the top of the arm bone (the humerus) is replaced with a metal ball on a stem that fits inside the bone. The socket is not changed, which is why it is called a half replacement.

The rotator cuff tendons, which move and steady the shoulder, are attached to smaller pieces of bone that often break away in this kind of fracture. During the operation these pieces are fixed back around the new ball, and the tendon at the front of the shoulder is repaired. Bone and tendon take about six weeks to heal, and until they have, some movements could pull them apart. That is why the first six weeks come with limits.

Your sling

- Wear the sling for up to 6 weeks, day and night, including in bed. Dr Malik will tell you when you can stop, depending on how the fracture is healing.
- Take it off to wash, and to do your exercises. To wash under your arm, lean forwards and let the arm hang down gently.
- You can also take it off for light tasks at waist height, such as eating, drinking, writing and washing your face, keeping the elbow close to your side.
- Using your hand for light tasks like these helps: people who use the hand early tend to have less pain and better movement later.

For the first 6 weeks, avoid

- Turning the arm outwards too far: with your elbow bent at your side, your hand should not go further out than pointing straight ahead.
- Reaching behind your back, for example to tuck in a shirt or wash your back.
- Reaching up behind your head, for example to brush the back of your hair.

- Using force to turn the arm inwards, for example pulling a heavy door towards you.
- Taking your weight on the arm, for example pushing up from a chair or bed, or pulling on the banister on the stairs. After 6 weeks you can start, building up gradually as the arm allows.

Easing pain and swelling

- Take your painkillers regularly, as prescribed, rather than waiting for the pain to build up. The exercises are much easier when the pain is under control.
- An ice pack wrapped in a thin towel, for up to 20 minutes at a time, several times a day, eases pain and swelling. Keep the dressing dry.
- Many people sleep better propped up on pillows, with a pillow supporting the operated arm.

Getting back to everyday life

- Driving: ask your doctor before you drive again. When you can depends on your progress, and on feeling confident that you can control the car safely.
- Heavy lifting: if your work involves heavy lifting, avoid it for 6 months.
- Swimming: not for 4 to 6 months. Ask at your follow-up visit before you start.

What to expect

Recovery from this operation is slow but steady. Most of the improvement comes in the first year, and the shoulder can keep improving for up to two years, so it is worth keeping up your exercises.

The aim is a stable, comfortable shoulder that lets you manage light to moderate everyday activities, at waist height, at shoulder height and above your head. Reaching above your head may still be harder than it was before your injury.

CONTACT THE CLINIC URGENTLY IF

- You have a fever, or feel unwell.
- The wound becomes red, hot or more swollen, or starts to leak.
- The pain suddenly gets much worse, or your painkillers are not controlling it.
- Your hand goes numb, or your fingers turn cold, pale or blue.
- You have pain or swelling in your calf.
- You have a fall, or the shoulder suddenly feels different.

Clinic: +91 99197 03477. If you are short of breath or have chest pain, go to the nearest emergency department straight away.

BEFORE YOU BEGIN

- Start Phase 1 on the day after your operation, unless you are told otherwise.
- Move slowly and smoothly. Some discomfort is normal, but stop if a movement causes sharp pain, and never force it.
- Keep within the limits for your phase. Check in a mirror that your shoulder does not hitch up towards your ear as you move.
- The timings are a guide. Your recovery depends on the fracture, your bone and your general health, and Dr Malik may adjust them for you.
- This sheet does not replace individual advice. If it differs from what you were told in clinic, follow the advice you were given there.

WEEKS 0–6

Phase 1: Protecting the repair

The repairs are at their most fragile. Move the shoulder only with help, keeping the arm in front of you, below shoulder height, and not turned outwards past pointing straight ahead. As the weeks go by, use the arm more for light tasks at waist height, such as preparing food or folding clothes.

01 Neck, elbow, wrist and hand

Keeping the joints around the shoulder moving while the arm is in the sling.

1. Neck: sitting up tall, turn your head slowly to look over each shoulder in turn, then tilt each ear towards its shoulder.
2. Elbow: with the sling off and your upper arm resting at your side, bend and straighten the elbow as far as it goes.
3. Wrist and hand: circle your wrist both ways, then make a fist and spread your fingers wide.

REPETITIONS	HOW OFTEN
10 of each	3 times a day

02 Shoulder blade exercises

Keeping the shoulder blade moving freely, and helping your posture.

1. Sit or stand up tall, with the operated arm resting in the sling or on a pillow.
2. Shrug your shoulders up towards your ears, then let them drop and relax.
3. Draw your shoulders gently forwards, then squeeze your shoulder blades back and down. Hold for 5 seconds, and relax.

REPETITIONS	HOW OFTEN
10 of each	3 times a day

03 Table slides

Moving the shoulder, with the table taking the weight of the arm.

1. Sit at a table with your operated arm resting on it, the hand on a small towel.
2. Lean your body forwards so that your hand slides forwards along the table. The arm moves because you lean, not because you lift it.
3. Slide forwards, and a little out to the side, only as far as is comfortable, keeping the arm in front of you and below shoulder height.
4. Sit back to slide the hand back. As it gets easier, slide the hand in small circles too.

REPETITIONS	HOW OFTEN
10	3 times a day

04 Gentle muscle tightening

Waking up the shoulder muscles without moving the joint.

1. Stand side-on to a wall, the operated arm nearest to it, with the elbow bent to a right angle and tucked into your side. The arm does not move in this exercise.
2. Outwards: press the back of your wrist gently against the wall.
3. Sideways: press the outside of your elbow gently against the wall.
4. Forwards: turn to face the wall, and press your fist gently against it.
5. Use only about a third of your full strength, and never push into pain. Do not press inwards until 6 weeks.

HOLD	REPETITIONS	HOW OFTEN
5 seconds	10 each way	3 times a day

MOVING ON At a clinic visit roughly six weeks after your operation, an X-ray checks the new joint and the healing bone. Move on when Dr Malik is happy with the X-ray and with how you are moving the arm.

WEEKS 6–12

Phase 2: Using the arm again

Most of the limits are now lifted: you can stop wearing the sling when Dr Malik agrees, and begin to take weight through the arm, building up gradually as it allows. Add these exercises, progressing steadily and respecting pain. By 8 to 12 weeks, aim to move the arm as freely and as far as your shoulder allows: how far varies from person to person. Turning the arm outwards comes back more slowly, starting at about 30°. Keep up the muscle tightening (exercise 04), now pressing inwards too.

05 Lying arm raises

Raising the arm lying down, where it takes less effort and the shoulder is well supported.

1. Lie on your back with a pillow under your head.
2. Hold the wrist of your operated arm with your other hand, and bend the operated elbow.
3. With your other hand helping, raise the arm until your upper arm points at the ceiling, then lower it slowly.
4. As it gets easier, keep the elbow straight, and let your other hand do less of the work.

REPETITIONS	HOW OFTEN	NEXT STEP
10	3 times a day	Elbow straight, less help

06 Turning the arm outwards

Gently regaining the outward turn of the arm, a little at a time.

1. Lie on your back with your operated elbow bent to a right angle and tucked into your side. A folded towel under the elbow helps.
2. Hold a stick, such as a rolled umbrella, in both hands.
3. Use your other arm to push the operated hand slowly outwards, keeping the elbow tucked in.
4. At first, go no further than about 30°: a third of the way from pointing straight ahead to pointing out to the side. Over the following weeks, go gradually further as comfort allows.

REPETITIONS	HOW OFTEN	START AT
10	3 times a day	About 30°, then further

07 Raising the arm

Lifting the arm on its own, forwards and out to the side.

1. When the lying arm raises (exercise 05) are easy, take the arm on above your head as comfort allows.
2. When that is smooth, do the same sitting up, and then standing: raise the arm forwards as high as is comfortable, and lower it slowly.
3. Then raise it out to the side in the same way, with your thumb pointing up.
4. Use a mirror: your shoulder should not hitch up towards your ear. If it does, go back to lying down for a while.

REPETITIONS	HOW OFTEN
10 of each	3 times a day

08 Reaching behind your back

Regaining the movement you need to reach behind you, for example to tuck in a shirt.

1. Stand holding a towel behind your back, the operated hand at the lower end.
2. Use your other hand to draw the towel upwards, gently sliding the operated hand up your back.
3. Hold the stretch for 10 seconds, then relax. Never force it.

REPETITIONS	HOW OFTEN	HOLD
10	3 times a day	10 seconds

> **MOVING ON** Strengthening against resistance starts after about 12 weeks, once an X-ray shows that the fracture has healed.

FROM 12 WEEKS

Phase 3: Getting stronger

Once Dr Malik has confirmed that the fracture has healed, your physiotherapist will add strengthening, usually starting with a light resistance band, and build it up to suit your daily life, work and leisure. Increase your use of the arm gradually, and ease off if it becomes tired or sore.

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