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COPELAND SURFACE REPLACEMENT, ANATOMIC ARTHROPLASTY (CSRA)

The Copeland surface replacement arthroplasty is designed to improve pain and function. It is used in younger people with arthritis of the glenohumeral joint, where pain is the predominant feature. The procedure replaces the damaged surface of the ball of the joint. At the end of the procedure the subscapularis is released and reattached to the anatomical neck of the humerus. Resurfacing of the humeral head aims to improve pain, stability and function in the shoulder.

INPATIENT GUIDELINES:

Physiotherapy follow up appointment: Prior to admission an appointment should be arranged to attend for physiotherapy immediately post operation.

!!!!ALWAYS CHECK AN APPOINTMENT HAS BEEN MADE!!!!

If this appointment has not been made an appointment needs to be made as soon as possible.

Clinic follow up appointment: 3 weeks (X-ray on arrival), 3 months (X-ray on arrival) and 1 year (X-ray on arrival) (If patient not progressing as expected, arrange review prior to follow-up).

Sling use: Master sling is worn for 3 weeks. Body belt is removed at day 2 after the nerve block has worn off.

Contraindications/ risks: No forceful external rotation or resisted internal rotation of the shoulder for the first 6 weeks.

Discharge summary/ Ward physiotherapist responsibilities:

- Ensure patient has a physiotherapy and clinic appointment arranged.
- Issue patient with advice on analgesia, contraindications and sling use (3 weeks)
- Teach day 1 to week 3 exercises as per protocol

Day 1

- Master sling with body belt fitted in theatre
- Ice packs applied to shoulder
- Begin shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness
- Ensure physiotherapy and clinic appointment arranged
- Advise patient on analgesia use, contraindications and sling use.

Day 2 – discharge

- Continue to wear Master sling – remove body belt
- Continue to use ice packs
- Teach axillary hygiene
- Continue shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness
- Begin gentle pendulum exercises in forward leaning position
- Begin passive flexion and external rotation to neutral only or/ as far as deemed safe by consultant (Avoid forceful flexion and external rotation)

Week 1 – 3 (Review by Physiotherapist)

(Consider patient for hydrotherapy as soon as the wound has healed)

- Gradually wean off sling
- Continue shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness
- Continue pendular exercises
- Continue external rotation to neutral only or/ as far as deemed safe by consultant
- Progress passive flexion; to active assisted in supine; to active assisted in sitting; to active movement as patient is able
- Begin passive abduction (maintain shoulder in internal rotation)
- Begin gentle cuff isometric exercises as pain allows (avoid internal rotation)
- Encourage use of the arm in ADL's under shoulder height

Week 3 – 6

- Continue shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness
- Continue pendular exercises
- Continue external rotation to neutral only or/ as far as deemed safe by consultant
- Continue to progress passive flexion; to active assisted in supine; to active assisted in sitting; to active movement as patient is able
- Continue passive abduction (maintain shoulder in internal rotation)
- Continue gentle cuff isometric exercises as pain allows (Begin isometric internal rotation; sub maximally and only if pain free)
- Begin gentle stretching exercise to increase range – do not force or stress repair; external rotation to neutral only or/ as far as deemed safe by consultant
- Encourage use of the arm and hand as fully and normally as possible, in comfortable positions.

Week 6+

Progress rotator cuff strengthening to open and closed chain exercises

Begin anterior deltoid strengthening

Begin to regularly stretch the joint to end of range

Begin core stability and proprioceptive exercises as appropriate

Consideration should always be given to the individual patients' ability. Physiotherapy will begin as soon as possible post op.

The protocol is based on protecting the joint in the initial phase, gradually restoring movement in the middle phase and building strength in the middle to last phase.

Progression should be tailored to the individual patient but the times quoted should be the earliest for active movement and strengthening. Contraindications must be followed for the full 6 weeks.

Timings for returning to functional activities are approximate and will differ depending upon the individual. However, they should be seen as the earliest that these activities may commence:

- Driving 3-4 weeks
- Swimming breaststroke 6 weeks / freestyle 3 months
- Golf 3 months
- Lifting: can resume light lifting at waist level at 3 weeks. Avoid heavy lifting for 6 months
- Return to work: dependant upon the patient's occupation
    - With sedentary jobs may return at 6 weeks
    - Manual workers should be guided by the surgeon at 3 month follow-up

To book a consultation or an appointment with Mr Giuseppe Sforza please get in touch
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