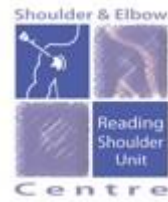




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## STEMMED HEMIARTHROPLASTY FOR TRAUMA / FRACTURE

A stemmed hemi-arthroplasty is designed to improve pain and function in cases where the humeral head is severely fractured, but the socket is normal.. The procedure involves replacing the broken humeral head with an artificial joint and reconstructing the fractured bone around the artificial joint. This is performed as an open surgery. The procedure fixes the fractured humeral head in an effort to improve pain, stability and function.

### INPATIENT GUIDELINES:

Physiotherapy follow up appointment: A follow up appointment should be arranged for 1 week after the procedure.

!!!!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), 6 months and 1 year (X-ray on arrival) (If patient not progressing as expected, arrange review prior to follow-up).

Sling use: Master-sling with abduction/external rotation wedge and body belt must be worn for 4 weeks.

Contraindications/ risks: Active movement is contraindicated for the first 6 weeks to allow for bony union and to reduce the risk of avulsion of the greater and lesser tuberosities. Do not force or stress the stemmed hemiarthroplasty before protocol parameters. Ensure sling compliance.

Discharge summary/ Ward physiotherapist responsibilities:

Ensure patient has a physiotherapy and clinic appointment arranged.

Issue patient with advice on analgesia, contraindications and sling use (6/52)

Teach day 1 – week 6 exercises as per protocol

#### Day 1 – 4 Weeks (Review by Physiotherapist)

- Master-sling with or without abduction/external rotation wedge and body belt are fitted in theatre
- Teach axillary hygiene
- Begin shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness
- Begin gentle pendular exercises
- Ensure physiotherapy and clinic appointment arranged
- Advise patient on analgesia use, contraindications and sling use.

#### 4 weeks

Continue pendular exercises Consider patient for hydrotherapy

Begin passive flexion in the scapular plane and external rotation to neutral

Gradually discard sling

Progress flexion, abduction, external rotation and hand behind back from passive, to active assisted, to active

Begin gentle cuff isometric exercises as pain allows – progressing to closed and open rotator cuff strengthening exercises

Begin deltoid strengthening

#### 6-8 weeks

Begin stretching limited movements

Begin proprioceptive exercises and core stability work as appropriate

Encourage functional movement within pain limits

Consideration should always be given to the individual patients' ability. Physiotherapy will begin 4 weeks post op.

The protocol is based on protecting the joint in the initial phase, then gradually restoring movement and building strength in the later 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 8 weeks
- Swimming breaststroke 8 weeks / freestyle - longer
- Golf 3 months
- Lifting: can resume light lifting at waist level at 8 weeks. Avoid heavy lifting for 6 months.
- Return to work: dependent upon the patient's occupation – to be guided by the consultant

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

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