

Post-Surgical Rehabilitation of Moderate Cuff Repair, Small Cuff Repair, Sub- acromial Decompression with Tenodesis, Sub-acromial Decompression with Tenotomy, Total Shoulder Replacement, Reverse Shoulder Replacement both Elective and Trauma and SLAP Repair

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The purpose of this patient information is designed to offer advice and information about initial rehabilitation.

This booklet gives you advice on how to manage your condition and appropriate exercises that will aid your recovery until you see a physiotherapist during your outpatient appointment. It is a guide only and the therapy you receive may vary depending on individual circumstances.

Physiotherapy aims to regain/improve movement, strength and function in your limbs after surgery.

You have a vital role to play in your own recovery and it is important that you follow the advice we give you.

Precautions/advice

- No abduction with external rotation
- No active bending of the elbow for 3 weeks (SLAP repair)
- No straightening of the elbow without support for 6 weeks (SLAP repair)
- No overhead arm movement for 4 weeks (Total Shoulder Replacement)
- No putting arm behind back or pushing up from the arm of a chair for 6 weeks (Reverse Shoulder Replacement)
- You will not be able to drive for at least 6 weeks.

Polysling

On returning to the ward following your operation, your arm will be in a polysling. This will support the weight of your arm and help ease any discomfort.

Your consultant will specify how long you need to wear the polysling and when it can be discarded.

In bed, placing pillows under your whole arm so that your hand is just above shoulder level may help reduce swelling and discomfort and help you get to sleep.

During the day you may remove your polysling to carry out certain activities such as washing your face, washing under armpit, eating, drinking and writing. You will be able to do some exercises with the polysling on but for others the polysling will need to be removed.

You will be given the Polysling Management leaflet as a guide to putting the polysling on and off or you can refer to the video by scanning the QR code below:



Putting your Polysling on:

1. Have your arms resting across your body.
2. Sitting on a bed or chair, rest your arm on a pillow for support.
3. Put the polysling on your arm making sure your elbow is as far back as it will go.
4. Velcro the strap across your forearm.
5. Make sure the strap from the elbow is placed across your back and over your shoulder and not pulling on your neck.
6. Clip the buckle or Velcro together at the front of the polysling at the wrist.

Taking your Polysling off:

1. Sitting on a bed or chair with your arm resting on a pillow for support.
2. Unclip the buckle or Velcro at the wrist and remove the shoulder strap.
3. Undo the Velcro strap that lies across your forearm.
4. Slowly slide the polysling down, pushing it into the pillow so that you can remove it from your arm.

Pain Control

- If you have a nerve block your arm will feel numb for a few hours immediately after surgery.
- It is important for your pain to be well controlled at all times such as when lying or sitting, moving in bed, getting in and out of bed and especially when walking.
- If your pain relief is making you feel sick or unwell, please let the ward nurses know or if you are at home notify your GP.
- If your arm is preventing you moving about or doing an activity, you need to ask the nursing staff for pain relief. If you are back home, ask your GP for a pain review.

Ice

Ice may offer temporary relief of pain by reducing swelling and inflammation that can be a source of pain.

You can apply ice for 12 to 15 minutes every 2 hours to the area of your surgery, making sure it is wrapped up in a damp tea towel.

When using ice make sure you look after your skin. If it remains red and sore after removing the ice, seek medical advice.

Wound Care

The nursing staff will provide information on how to look after your wound.

It is important to keep the dressing in place and wound dry until it is well healed.

Should the dressing start to come away once you are home, please contact your GP or practice nurse so that the wound can be redressed to reduce the risk of infection.

Smoking Cessation

Evidence suggests that smoking can slow down fracture healing times. In extreme cases it can prevent the fracture healing. Giving up smoking during your rehabilitation will most likely aid the fracture healing process.

Driving and work

Please discuss driving with your physiotherapist or consultant. You must not drive whilst you are wearing your sling. It will depend on your occupation as to when you can return to work. Your physiotherapist or consultant should be able to advise you on this.

Sport and leisure activities

A return to leisure activities depends on the particular sport you are interested in as well as your shoulder movement and strength. You should discuss this with your physiotherapist.

Post-operative physiotherapy

Outpatient rehabilitation will usually start 1 to 3 weeks after surgery. This should be discussed before you are discharged. Physiotherapy is crucial if you are going to return to your full potential. You will need to do gentle exercises regularly at home until you see your physiotherapist.

How long does it take to fully recover from the surgery?

Once you have discarded your sling, you will be able to gradually increase the use of your arm as directed by your physiotherapist. Your shoulder will take approximately 4 to 6 months to significantly improve and should continue to improve for 12 to 18 months.

Occupational Therapy

Occupational therapy helps you live your best life at home, at work – and everywhere else. It is about being able to do the things you want and have to do. That could mean helping you overcome challenges learning at school, going to work, playing sport or simply doing the dishes. Everything is focused on your wellbeing and your ability to participate in activities.

Post operation exercises

You play a very important role in your own recovery, so it is important that you do all the exercises and follow the advice we give you. If at any time during your rehabilitation you have difficulty following our advice or exercises, please contact the team.

You should start your exercises when you return from your operation and do them as prescribed: 10 repetitions, 3 times a day for the first 2 weeks or until you are reviewed by the physiotherapist in an outpatient setting.

The exercises should be completed in a smooth and controlled manner. Stop the exercise if you feel unable to do it safely. You should stop exercising if you have increased pain not eased by rest/pain relief or ice treatment and seek medical advice.

Shoulder Shrugs



Instructions

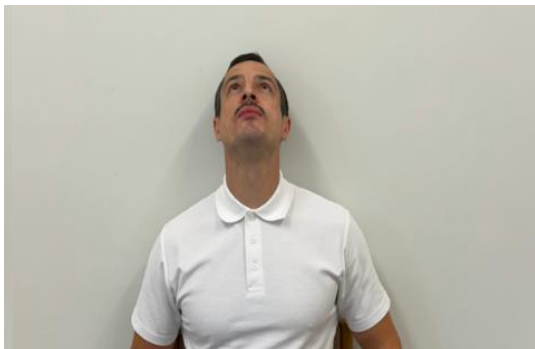
Shrug your shoulders upwards, towards the ceiling.

Repeat 5 to 10 times, 3 times a day.

(Repetitions can be increased if you find them easy or decreased if you find them more difficult)

Neck range of movement

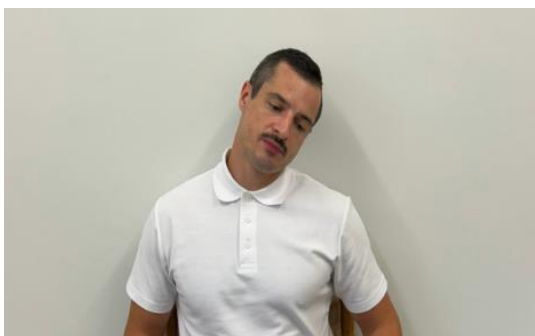
Instructions



Tilt your head backwards in a slow and controlled manner.

Repeat 5 to 10 times, 3 times a day.

(Repetitions can be increased if you find them easy or decreased if you find them more difficult)



Tilt your head as if you were taking your left ear towards your left shoulder.

Repeat 5 to 10 times, 3 times a day.

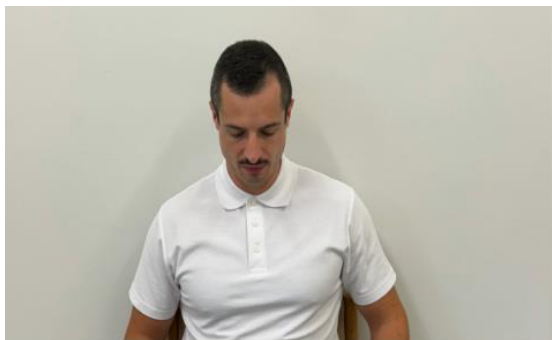
(Repetitions can be increased if you find them easy or decreased if you find them more difficult)



Rotate your neck slowly by looking over your one shoulder then the other.

Repeat 5 to 10 times, 3 times a day.

(Repetitions can be increased if you find them easy or decreased if you find them more difficult)



Tuck your chin in and then roll your head forwards.

Repeat 5 to 10 times, 3 times a day.

(Repetitions can be increased if you find them easy or decreased if you find them more difficult)

Supported Elbow Flexion Extension



Instructions

Maintain your elbow range of movement.

By gently straightening and bending your elbow try to achieve full range of movement.

Repeat 5 to 10 times, 3 times a day.

(Repetitions can be increased if you find them easy or decreased if you find them more difficult)

Wrist range of movement



Instructions

Maintain hand and wrist movement by gently bending your wrist up and down.

Repeat 5 to 10 times, 3 times a day.

(Repetitions can be increased if you find them easy or decreased if you find them more difficult)



Maintain hand and wrist movement by gently bending your wrist side by side.

Repeat 5 to 10 times, 3 times a day.

(Repetitions can be increased if you find them easy or decreased if you find them more difficult)



Maintain hand and wrist movement by gently rotating your wrist.

Repeat 5 to 10 times, 3 times a day.

(Repetitions can be increased if you find them easy or decreased if you find them more difficult)

Ball Squeeze



Instructions

Squeeze a small ball in your hand. Use this to strengthen your thumb and fingers. You can also use putty, a small towel, or other small squeeze items.

Repeat 5 to 10 times, 3 times a day.

(Repetitions can be increased if you find them easy or decreased if you find them more difficult)

Pendulum



Instructions

Lean forward. Swing the arm in a circle in a pendula motion as though your hand is a weight on the end of a piece of string.

Repeat 5 to 10 times, 3 times a day.

(Repetitions can be increased if you find them easy, or decreased if you find them more difficult)



Lean forward. Swing the arm backwards and forwards. All in a pendula motion as though your hand is a weight on the end of a piece of string.

Repeat 5 to 10 times, 3 times a day.

(Repetitions can be increased if you find them easy, or decreased if you find them more difficult)



Lean forward. Swing the arm to the left and right in a pendula motion as though your hand is a weight on the end of a piece of string.

Repeat 5 to 10 times, 3 times a day.

(Repetitions can be increased if you find them easy, or decreased if you find them more difficult)

Contact details

Therapy department, Grantham Hospital, Manthorpe Road, Grantham, Lincolnshire
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Therapy department, Pilgrim Hospital Boston, Sibsey Road, Boston, Lincolnshire
PE21 9QS. **Telephone: 01205 445494**

Therapy department, Lincoln County Hospital, Greetwell Road, Lincoln, Lincolnshire
LN2 5QY. **Telephone: 01522 573945**

Therapy department, County Hospital Louth, High Holme Road, Louth, Lincolnshire
LN11 0EU. **Telephone: 01507 631234**

Therapy department, Skegness Hospital, Dorothy Avenue, Skegness, Lincolnshire
PE25 2BS. **Telephone: 01754 613516**

You can contact your consultant via the hospital switchboard if required.

United Lincolnshire Teaching Hospitals NHS Trust endeavours to ensure that the information given here is accurate and impartial.

If you require this information in another language or alternative format, please email the Patient Information team at ulth.patient.information@nhs.net