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Musculoskeletal  
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# Your Total Shoulder Replacement



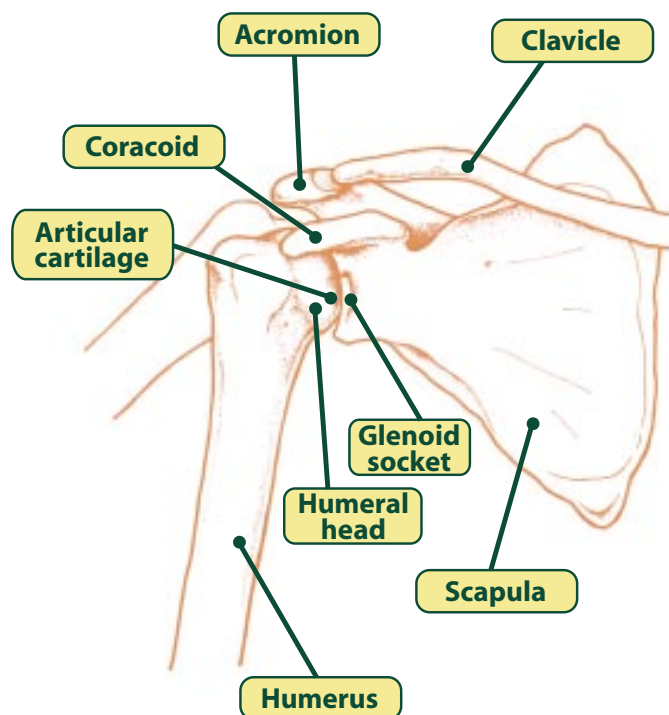
# Your Total Shoulder Replacement

If your orthopedic surgeon has recommended shoulder replacement as a treatment alternative, this guide will help you better understand the mechanics of your shoulder joint.

The primary goal of shoulder replacement surgery is to relieve pain. Secondary goals are to restore movement and improve your shoulder function. However, shoulder replacement will not return you to the full function you enjoyed before the onset of your shoulder problem. Your ability to perform certain activities, such as heavy lifting, repetitive overhead work, or strenuous athletic activities, will not be restored with the implantation of your artificial shoulder.

## The Normal Shoulder Joint

A normal shoulder joint is the most mobile joint in the human body. Unlike the hip joint, which is similar to a ball and socket, the shoulder is more like a cup and saucer. The head of the humerus (arm bone) is like the cup. The glenoid socket is represented by the saucer. As you might imagine, the shoulder would be extremely unstable were it not for the muscles and ligaments which surround the shoulder joint. Stability is maintained by the rotator cuff muscles and ligaments which provide an envelope around the shoulder joint.

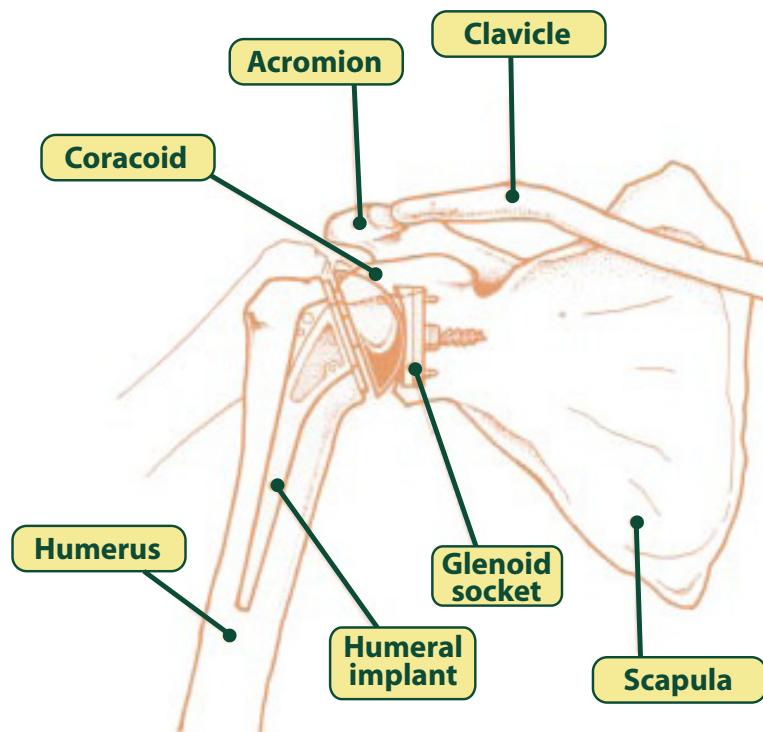


# Your Replacement Shoulder Prosthesis

There are two types of shoulder replacement implants, they include;

- 1) Hemiarthroplasty – In this case, only half the joint, the humeral head, is replaced by a metal prosthesis.
- 2) Total shoulder replacement. In this instance, the humeral head is replaced by a metal prosthesis and the glenoid surface is replaced by either a plastic or a combination metal-and-plastic prosthesis.

Your surgeon will decide which procedure is best-suited for you, depending on the nature of your shoulder problem, the anatomy of your shoulder, and the condition of the stabilizing muscles in your shoulder.



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## Possible Complications

Like any surgery, shoulder replacement carries with it some risks. Potential complications are infrequent, but numerous. Please consult your doctor regarding these. A possible program of medication, rest, special exercise, and joint protection. You are free to choose such an alternative; however, if the prescribed measures don't help, and your lifestyle is severely compromised by pain or loss of motion, shoulder replacement is an option to consider. If you are concerned with any of the risks associated with the surgery, please talk with your doctor.

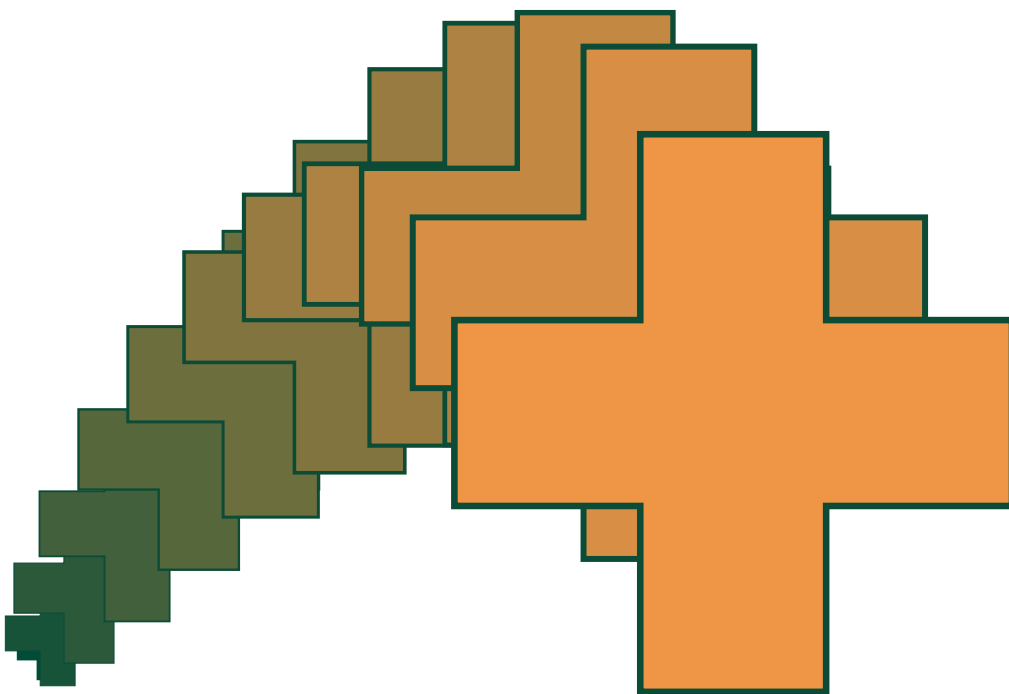
## A Positive Approach

Preparing mentally for surgery is important for your recovery. Because of medical advancements, total joint replacement surgery is possible to relieve your pain and discomfort and improve your activity level. The pain and activity limitations after surgery will be different and short term. An important part of the recovery process is using your new joint by walking and doing the exercises that your doctor orders.

Depending on your condition, your recovery and exercise plan will be tailored to meet your needs. Each patient recovers differently. If your surgery is a “revision” expect to progress at a slower pace than after your first surgery.

Your stay in the hospital will be short and your recovery will be continued after discharge in your home or an extended care facility/rehab center. It is important for you to make a commitment to follow your doctor’s instructions and work on your exercise plan after surgery in order to benefit most from the joint replacement. If you need physical or emotional support coping with surgery and recovery, please talk to the staff.

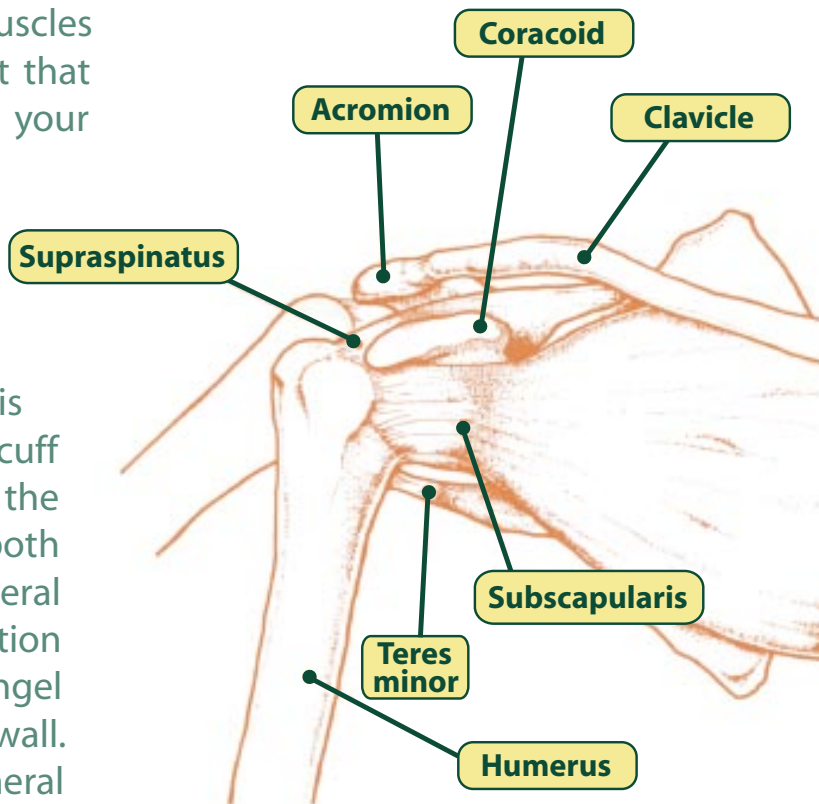
The improved lifestyle after recovery is worth the risks and stress of surgery.



The rotator cuff consists of the following muscles: subscapularis, supraspinatus, infraspinatus (not shown below) and teres minor. The roof of the shoulder joint is provided by the coracoacromial ligament (not shown below) and the acromion which, together with the rotator cuff muscles prevent the humeral head from slipping out of place.

Also, it's the muscles surrounding the joint that enable you to move your shoulder freely.

Motion of the shoulder is primarily provided by the deltoid, pectoralis major and rotator cuff muscles which form the envelope occurring both at the glenohumeral joint and at the junction of the scapula (angel wing) with the chest wall. At the glenohumeral joint a smooth gliding surface called the articular cartilage allows this motion to occur.



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## Why Shoulder Problems Develop

When a problem occurs in the shoulder it can sometimes lead to more severe complications.

For example, when you experience pain in your shoulder, you often instinctively avoid any activity which worsens your discomfort. Inactivity then leads to stiffness and motion loss.

# Causes for Shoulder Problems

- 1) Chronic wear and tear on the joint, resulting in arthritis  
*(which causes inflammation, soreness, and wearing out of the articular cartilage)*
- 2) Rheumatoid arthritis  
*(which causes destruction of the articular cartilage)*
- 3) Post-traumatic arthritis  
*(which can occur after a dislocation or a fracture, again destroying the articular cartilage)*
- 4) Avascular necrosis of the humeral head  
*(resulting from a decreased blood supply to the bone)*
- 5) Bone tumors that cause destruction of the shoulder joint
- 6) Fractures of the upper humerus which call for reattachment of the bone fragments and muscles
- 7) Chronic tears of the rotator cuff muscles  
*(resulting in the articular cartilage becoming worn and also leading to degeneration and deterioration of the bone)*



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## How Shoulder Replacement Works

Shoulder replacement surgery is designed to replace the worn out joint surface with artificial surfaces to provide smoother motion with less pain. The three goals of surgery are to 1) decrease pain, 2) restore motion, and 3) improve function.

# Exercises

## Abduction:

Hold weights at your sides. Slowly bring arms up, rolling arms outward as you go up. Lower slowly. Repeat.



## External/Internal Rotation – Lying:

Flex elbow to right angle & hold close to body. Grasp wrist of injured arm with good hand. 1) Move injured arm away from body against resistance of good hand. 2) Bring injured arm inward against resistance of good hand. Hold each for count of 5.



## External/Internal Rotation – Standing:

Flex elbow to right angle & hold close to body. 1) Push hand outward against door jamb. 2) Pull hand inward against door jamb. Hold each for a count of 5. Relax. Repeat.



## Extension:

Hook theraband loop over door knob. Pull back until elbow is straight. Hold for count of 2. Release, slowly. Repeat.



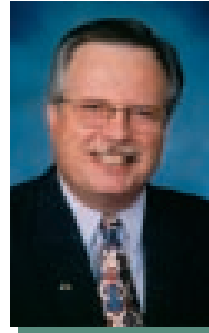
## Supraspinatus:

Start by holding weight in front of thighs. Keep arms rolled inward. Bring arms up & out from there to shoulder height. Move in a plane 45 degree angle in front of your sides. Lower, slowly. Repeat.





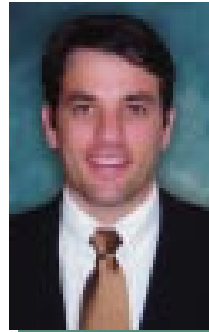
**John A. Cowin, MD**  
Board Certified  
Orthopaedic Surgeon



**H. Andrew Hunt, Jr., MD**  
Board Certified  
Orthopaedic Surgeon



**Carl O. Ollivierre,  
MD, FACS**  
Board Certified  
Orthopaedic Surgeon  
Fellowship Trained in  
Sports Medicine



**David J. Cowin, MD**  
Board Eligible  
Orthopaedic Surgeon



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600 North Boulevard West • Leesburg, FL 34748

352-728-3000

1400 US Hwy 441 N, Suite 531 • The Villages, FL 32159

352-753-4366

[www.bonesandmuscles.com](http://www.bonesandmuscles.com)

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