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# Shoulder resurfacing

## The 'Copeland' shoulder

### Physiotherapy Department



Image from [www.healthbase.com](http://www.healthbase.com)

## **What is shoulder Osteoarthritis?**

Osteoarthritis affects the surfaces (cartilage) of joints and is most prominent in large weight-bearing joints such as the hip and the knee. It is also common in the shoulder. It may be caused from 'wear and tear' for example with repeated activities over many years or with a traumatic cause such as a fall. In the shoulder it affects the cartilage of the ball (humeral head) and the socket (the glenoid).

Osteoarthritis



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Following damage to the cartilage the surfaces can become roughened and inflamed leading to pain and stiffness. This can lead to grating sensation known as crepitus with shoulder movements. It is likely to have an impact on muscle strength and can cause atrophy (weakening) of the muscles around the shoulder.

## **How is Osteoarthritis diagnosed?**

The diagnosis usually involves radiographic imaging with an X-Ray possibly showing osteophytes (bone growths) around the

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### **Further Information**

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email [patient.advice@asph.nhs.uk](mailto:patient.advice@asph.nhs.uk). If you remain concerned, the team can also advise upon how to make a formal complaint.

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joint. These bone growths occur in response to the damage but rather than a healing effect they often have a derisory effect. Another form of arthritis is known as Rheumatoid arthritis (RA). RA is a systemic inflammatory disorder that affects the capsule around synovial joints. It is diagnosed based on blood tests but severe disease will have altered radiological imaging. Severe RA may also require a joint replacement but can often be managed with pharmaceutical intervention.

### **What happens in a 'Copeland' resurfacing?**

A 'Copeland' resurfacing is designed to cap only the ball (humeral head). This is used when the socket (glenoid) is generally intact. It is used over a total shoulder replacement as it requires less bone and cartilage removal. It is also potentially less complicated to replace should a future total shoulder replacement become necessary. The surgical technique involves the location of the centre of the humeral head and then drilling to create a central peg. The metal implant can then be inserted into this hole and secured in place.



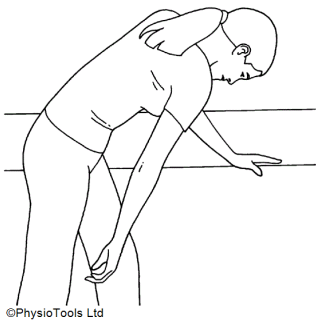
Image from [www.biomet.co.uk](http://www.biomet.co.uk)

### **What happens after the surgery?**

Your surgery will require you to remain in over-night and your length of stay will depend on the effects of the anaesthetic, post-operative pain and any possible post-operative complications. You will be given a sling and exercises to do as it is important to get the shoulder moving to prevent stiffness occurring. The sling is to be worn day and night for four weeks except for exercise time. It is important to remember that following surgery your shoulder will be inflamed as a result of the surgery and therefore painful. You should see a physiotherapist prior to discharge and they can instruct you on appropriate exercises. Unfortunately this cannot always be guaranteed and therefore suitable exercises are provided below:

### **Exercises from day 1 post-operatively**

1.



Stand leaning on a table with one hand.

Let your other arm hang relaxed straight down. Swing your arm forwards and backwards.

Repeat \_\_\_ times.

normal and are often the effects of the anaesthetic and therefore should resolve in a few days following  
c. surgery.

### **What is the future for the shoulder?**

You should refrain from driving and lifting (including light resistance) for 6 weeks following the surgery.

Most patients will make a good recovery but it is important to remember that a prosthetic joint will not feel the same as your original joint. You may therefore not achieve full movement but it is expected that your pain will be greatly improved. A shoulder replacement can wear out with time but this will depend on how active you are.

Recovery can take between 6 and 12 months.

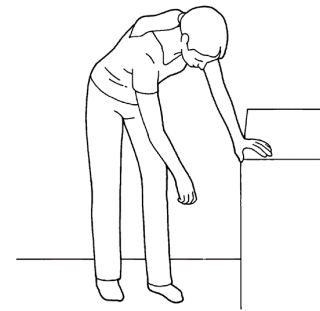
## Possible post-operative complications

Following any operative procedure there are potential risks. We aim to reduce these as much as possible through pre-operative screening and assessment and great care taken operatively.

Possible complications include:

1. Complications of anaesthesia
  - a. Your anaesthetist will be able to advise further
2. Pain
  - a. You will experience pain post-operatively which is normal and is related to the healing process. This should not be confused with ongoing damage.
3. Infection
  - a. This is very rare due to the arthroscopic procedure but can occur at the operation site or in the shoulder.
  - b. If you suspect this to be the case contact your local GP as you may require a course of antibiotics
4. Bleeding
  - a. Potentially excessive bleeding may occur which requires a post-operative blood transfusion but this is extremely rare.
5. Damage to nerves
  - a. There are several nerves that surround the shoulder and as a result there is a risk to these. Damage to the nerves may present with prolonged weakness and altered sensation in the arm. This may be permanent but usually resolves depending on the severity of the damage.
  - b. It is important to note that post-operative pain, weakness and altered sensation are perfectly

2.



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Stand leaning on a table with one hand.

Let your other arm hang relaxed straight down. Swing your arm to your left and then to your right.

Repeat \_\_\_ times.

3.



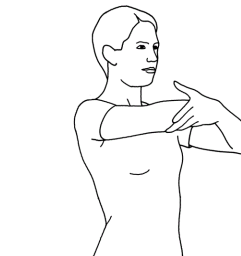
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Stand leaning on a table with one hand.

Let your other arm hang relaxed straight down. Swing your arm as if drawing a circle on the floor. Change direction.

Repeat \_\_\_ times.

4.



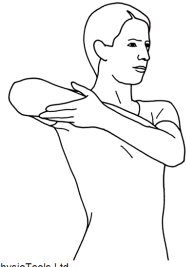
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Stand or sit.

Lift your arm forward assisting the movement with your other hand. Do not lift past 90°

Repeat  times.

5.



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Stand or sit.

Lift your arm to the side, assisting the movement with your other hand.

Repeat  times.

6.



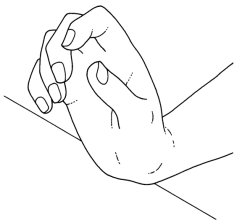
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Stand.

Bend your elbow and then straighten your elbow.

Repeat  times.

7.

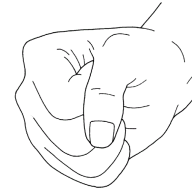


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Bend and extend your wrist

Repeat  times.

8.



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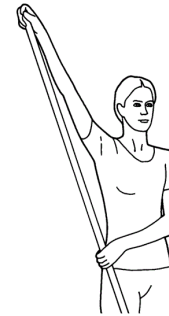
Wrist and fingers straight.

Make a fist.

Repeat  times.

### Exercises from week 4+

9.



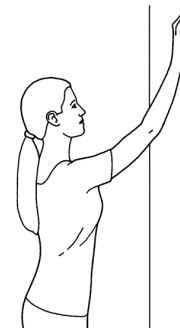
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Stand and grip one end of the stick with the arm to be exercised.

Lift the stick up forwards or sideways by assisting with the other arm.

Repeat \_\_\_ times.

10.



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Stand facing a wall.

'Walk' your fingers up the wall as high as possible. Reverse down in the same way.

Repeat \_\_\_ times.