

# Guidelines for Physiotherapy Rehabilitation



## Proximal Humeral Replacement

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During a Proximal Humeral Replacement up to two thirds of the proximal humerus is removed. This is done via an delta pectoral approach and replaced with a custom made prosthesis incorporating a shoulder hemiarthroplasty. The surgery is performed for bone tumours of the proximal humerus.

## Complications

### Early

- Infection
- Wound healing
- Nerve damage/Neuropraxia
- Dislocation/Fracture

### Late

- Tumour Recurrence
- Aseptic loosening

## Patient education/Expected Outcome

- May take up to 12 months before optimal function has been achieved.
- Aim for functional use

## Restrictions

- No contact sports, high impact activity

## Phase of Rehabilitation

### Phase 10-6 weeks

### Goals

Adequate analgesia

Maximise tissue healing

Patient to wear polysling, which can be worn over clothes

Sling to only be removed for hand and elbow exercises

## Physiotherapy rehabilitation programme

- Circulatory exercises
- Hand and elbow exercises
- Advice regarding functional activities while wearing a polysling
- After 2 weeks the patient will be reviewed in Tumour Units clinic



## Phase 2

### 6 weeks

### Goals

Can start to wean off polysling as comfort allows

Work on optimal function and independence

Do not do exercises that increase pain

No driving before at least 6 weeks. However, this is also dependent on dominant arm, car type and individual insurance policy.

## Physiotherapy rehabilitation programme

- Circulatory exercises
- Hand and elbow exercises
- Postural awareness and neck and shoulder girdle exercises
- Within comfort start introducing shoulder exercises, starting with PROM progressing to AAROM
- Pulley exercises
- Home exercise programme
- Inpatient physiotherapy rehabilitation, as discussed with surgeon. However, if the patient is receiving cytotoxic chemotherapy, this may then have to be postponed. Please see separate physiotherapy inpatient rehabilitation guidelines.
- Inpatient physiotherapy rehabilitation will involve exercises in the hydrotherapy pool and in the physiotherapy department gym

## Strengthening exercises

- When the patient is comfortable and can achieve good AAROM, AROM and strengthening exercises can commence. However, this will vary as it will depend on tissue resection, please check with surgeons' directions.
- AROM exercises
- Progress gently to strengthening exercises
- Theraband exercises
- Prepare physical and psychological ability to return to optimal function.

*This is a guideline only. Each case should be assessed individually and the guideline may be altered where necessary.*

## Bibliography

METS Modular Proximal Tibia Implant system. [www.stanmoreimplants.com](http://www.stanmoreimplants.com)

Martin Malawer and Paul Sugarbaker. Musculoskeletal Cancer Surgery.

Treatment of Sarcoma and Allied Diseases.

## If you require a special edition of this leaflet

This leaflet is available in large print. Arrangements can also be made on request for it to be explained in your preferred language. Please contact the Patient Advice and Liaison Service (PALS) email: [pals@rjah.nhs.uk](mailto:pals@rjah.nhs.uk)

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### Hospital Stop Smoking Service

For advice and information on quitting smoking, or for an informal chat, please contact the Hospital Stop Smoking Sister on:

**01691 404114**

### Further Information

Please contact the tumour unit with any questions or if you are concerned on **01691 404107**.

If there is no one to take your call please leave your name and number on the answer machine.

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