As you regain shoulder motion, you may start using weights or large rubber bands during physical therapy to help build strength. Your surgeon will determine the condition of your shoulder before prescribing strengthening exercises. Many patients are prescribed additional exercises that need to be performed three to four times a day for brief 10–15 minute sessions. You may be able to perform these exercises in your home without the assistance of a physical therapist.

**Recovery**

Patients who have had total shoulder replacement typically require many weeks before returning to any type of lifting or repetitive movement activities. Driving can normally be resumed four weeks after surgery, but only if your doctor approves and you are not taking any pain medication. Talk to your doctor before participating in an activity that may place excess stress or movement on your shoulder.

Every person’s recovery time will vary, but most people should be able to drive in two to six weeks, garden in two months, and golf in three months. Your surgeon will tell you when you can return to these activities and will also tell you which activities to avoid.

Exercise is necessary for proper healing. Most doctors will recommend gentle arm therapy 24–48 hours after surgery. Therapy will begin in the hospital and continue after discharge for approximately six to eight weeks.

A regular exercise program at home to promote strengthening and mobility usually continues for up to 12 months after surgery. Your surgeon should set a follow-up schedule for the first year after surgery to evaluate your progress. Complications can occur with implants, so it is important to see your surgeon if you notice any unusual changes regarding your new joint.

**Summary**

We realize that the decision to have surgery is sometimes difficult. Hundreds of thousands of others have made this choice, allowing them to return to more active lifestyles. It is important that you make the best decision for yourself. This brochure is not intended to replace the experience and counsel of your orthopedic surgeon. If you have any further questions, please speak with your orthopedic surgeon.
The Shoulder
The shoulder joint consists of the head of the humerus (upper arm bone) and the scapula (shoulder blade). The head of the humerus moves against the scapula in a tiny depression called the glenoid, much like a golf ball on a tee. The glenoid’s smaller size allows the wide range of motion in a healthy shoulder. The surfaces of the humerus and glenoid are covered with a lubricating tissue called cartilage, which provides the shoulder joint frictionless, pain-free movement.

Osteoarthritis, the most common form of arthritis, is a wear and tear condition that affects joint cartilage, typically developing after years of constant motion and pressure in the joints. As the cartilage continues to wear away, the joint becomes increasingly painful and difficult to move. Unfortunately, cartilage does not have the ability to repair or replace itself like other tissues in the body, which means damage is permanent. If conservative treatment options fail to provide relief, your surgeon may recommend total shoulder replacement. Indications for total shoulder replacement surgery include osteoarthritis, rheumatoid arthritis, avascular necrosis (lack of blood supply that leads to bone death), bone fracture, and trauma not treatable by other methods.

Total Shoulder Replacement
Shoulder replacement surgery, also called arthroplasty, uses implants to resurface the bones in the joint, re-creating the smooth gliding surfaces that were once intact. The word replacement makes one think that surgeons remove the entire shoulder. In truth, surgeons only resurface the damaged bone and cartilage at the ends of the bones in the joint.

During surgery, the joint is exposed by an incision made on the front of the shoulder. The damaged tissue is removed to allow for the replacement implants, which are made from a biocompatible (body friendly) metal alloy and polyethylene (plastic).

Surgery is performed while you are under anesthesia, which your physician will explain to you before your surgery. The length of surgery may be approximately 1½–2 hours. Care before surgery and time spent in the recovery room can add an additional two to three hours before you return to your hospital room.

The Comprehensive® Shoulder System
The Comprehensive® Shoulder System from Biomet is an evolutionary design based on the successful clinical heritage of the Bio-Modular® Shoulder System, Biomet’s flagship shoulder for the past twenty years. It features unique engineering, industry-leading biomaterials, and versatile offerings that enable surgeons to provide for patient-specific selection when choosing an implant.

Complications
While uncommon, complications can occur during and after surgery. Complications include, but are not limited to, infection, implant breakage, nerve damage, and fracture. Any of these complications may require additional surgery. Although implant surgery is extremely successful in most cases, some patients still experience pain and stiffness. No implant will last forever, and the patient’s post-surgical activities can affect the longevity of the implant. Be sure to discuss these and other risks with your surgeon. To minimize the potential for complications, your surgeon may recommend a visit with your primary care physician prior to surgery to complete tests. You may also need to have your dental work up to date and may be shown how to prepare your home to assist in your recovery.

After Surgery
After surgery, you will probably be hospitalized for one to three days. The day after surgery, the bandages will be removed, and you will begin conservative physical therapy to restore motion and promote blood flow to your joint. You may wear a sling for up to six weeks after surgery to protect the soft tissues in your shoulder while they are healing. During this time, a physical therapist will teach you a variety of stretching exercises that will help restore motion to your shoulder.