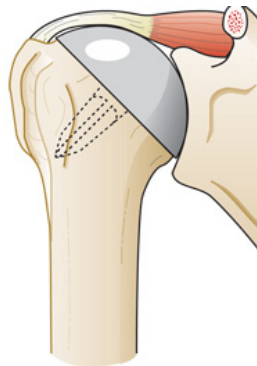




East Cheshire **NHS**  
NHS Trust

ORTHOPAEDIC PHYSIOTHERAPY  
DEPARTMENT

## GLOBAL C.A.P. SHOULDER RESURFACING



**Patient to be seen within 2 weeks of discharge from the Orthopaedic Unit at  
Macclesfield District General Hospital**

### OPERATION

#### **Purpose**

Joint resurfacing is an alternative to total joint replacement surgery. It is a surgical procedure that allows patients to retain much of their natural tissue, by replacing only the diseased part of the joint. A total joint replacement is still possible at a later date if necessary.

### **Case profile**

It is an option for younger, more active patients with arthritis, rheumatoid arthritis or humeral head fractures who might otherwise postpone surgery.

### **Implant**

The Global C.A.P. implant is a single component made of cobalt chrome.

### **Incision**

Deltpectoral incision.

### **Approach**

Detach subscapularis

Division of the coraco-acromial ligament improves the access.

### **Procedure**

The rotator cuff interval is opened between subscapularis and supraspinatus to access the joint. The humeral articular surface is excised preserving the insertion of the attached rotator cuff into the greater tuberosity.

The humeral shaft components are usually inserted without the use of cement after appropriate reaming.

A humeral head component is selected according to the size which provides the correct soft tissue tension and is then impacted onto the reverse morse taper of the humeral shaft.

The subscapularis is re-attached with sutures to the lesser tuberosity and the rotator cuff interval repaired.

### **Main possible complications**

Neurovascular.

Humeral shaft fracture.

Dissociation of implant component.

## **THERAPIST**

### **In patient**

- Exercise programme begins post op:
  - 1) Gentle pendular exercises
  - 2) External rotation exercises with a stick - limited to neutral for 2 weeks to protect subscapularis
  - 3) Elbow wrist and hand exercises
- Must wear polysling when not exercising.
- Instruct re. positioning for pain relief.

### **2 weeks**

- Wean off polysling.
- Commence active assisted exercises and pulleys and progress to active within the limits of pain tolerance.
- Correct any abnormal movement pattern.
- Isometric rotator cuff/deltoid exercises\*
- Proprioceptive re-education.
- Scapula stabiliser programme.

**6 weeks**

- Rotator cuff rehabilitation.
- Strengthening of deltoid throughout the active ROM.
- Emphasise correct movement pattern in activities of daily living.

<b>MILESTONES</b>	
<b>Week 3</b>	50% of Pre-op level of active ROM maintained
<b>Week 6</b>	Passive ROM at least the pre- operative level
<b>Week 12</b>	Active ROM at least the pre- operative level Any acute loss of active movement refer to the next shoulder unit clinic

\* Isometric contraction < 30% maximum voluntary contraction.