

## Shoulder Arthroscopy: Postop Instructions

You will wake up in the operating room with a sling in place and ice on your shoulder. You will then be brought to the recovery room for a few hours while the effects of anesthesia run their course. You will be discharged from the recovery room after a few hours and will need someone to drive you home.

If you had a nerve block placed you will likely have numbness and pain relief for 6 or more hours afterwards. It will be important to begin taking pain medicine prior to this wearing off, as it is always important to “stay ahead of the pain.” You will be prescribed oxycodone or a similar pain medication to help with your pain control for the first several days.

## Activities & Advice for in the Hospital and while at Home

1. Please call with any concerns: 617-726-6648
2. Apply ice to the shoulder as it will be quite helpful. After two days, you can change the dressing to a smaller one to allow the cold to better get to the shoulder. Be sure to leave the little pieces of tape (steri-strips) in place.
3. Remove the sling on the first day after surgery. Move your elbow, wrist, hand and fingers several times a day. Begin the pendulum exercises several times a day. Put the sling back on when you're done with these exercises. It is likely the sling will be used for 2 weeks, unless instructed otherwise by Dr. Price.
4. If you had a purely arthroscopic procedure, it is okay to shower and get the wound wet after two days, but do not soak the wound as you would in a bath tub or hot tub. If you had an open procedure it will be necessary to keep the wound(s) dry for two weeks.
5. It is important to look out for signs of infection following surgery. These can include: fever (temperature > 101.50, chills, nausea, vomiting, diarrhea, redness around your incision, or yellow or green drainage from your incision. Should any of these be present please contact Dr. Price's office immediately.
6. To wash under your operated arm bend over at the waist and let the arm passively swing away from the body. It is safe to wash under the arm in this position.
7. DO NOT lift the arm or move the arm at your shoulder using your muscles. This could damage the repair.
8. After shoulder surgery there is a variable amount of pain and swelling. This will dissipate after several days. Continue to take the pain medicine you were prescribed as needed. Remember it is called pain control, not pain elimination.
9. You will have an office visit with Dr. Price scheduled approximately 10-14 days after your surgery.

## Phase I: Immediate Postop Phase (first 5-7 days after surgery, prior to starting

### Goals:

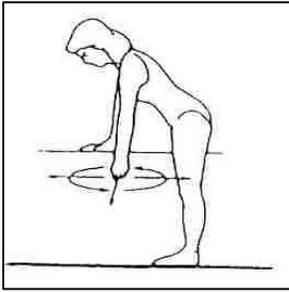
1. Protect the surgical site
2. Ensure wound healing
3. Diminish pain and inflammation
4. Prevent stiffness and regain motion

### Activities:

1. Sling: Use your sling all of the time except for when doing therapy. Remove the sling 4 or 5 times a day to do pendulum exercises. You will need to sleep with your sling and pillow in place. It is often more comfortable to sleep in a recliner or on several pillows.
2. Use of the affected arm: You may use your hand on the affected arm in front of your body but DO NOT raise your arm or elbow away from your body. It is all right for you to flex your arm at the elbow. Continue to move your elbow wrist and hand to help circulation and motion. Also:
  - a. No lifting of objects
  - b. No excessive shoulder extension
  - c. No excessive stretching of sudden movements
  - d. No supporting of body weight by hands
3. Continue to ice on a regular basis. At least 20 minutes at a time, 4-5 times per day.
4. Physical therapy will have either been scheduled or will begin immediately after your first post-op appointment.

### Exercises:

Program: 7 days per week, 4-5 times per day		
Pendulum exercises	1-2 sets	20-30 reps
Supine external rotation	1-2 sets	10-15 reps
Supine passive arm elevation	1-2 sets	5-10 reps
Scapular retraction	1-2 sets	5-10 reps
Shoulder shrug	1-2 sets	10-15 reps



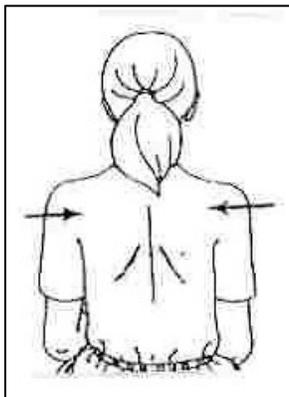
*Pendulum exercises*

Remove your sling, bend over at the waist and let the arm hang down. Using your body to initiate movement, swing the arm gently forward and backward and in a circular motion.



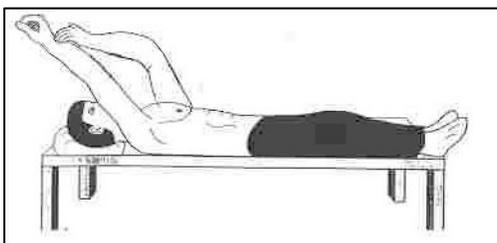
*Supine external rotation*

Lie on your back. Keep the elbow of the operated arm against your side with the elbow bent 90 degrees. Using a cane or a long stick in the opposite hand, push against the hand of the operated arm so that the operated arm rotates outward. Hold for 10 seconds, relax and repeat. The amount of allowed external rotation will be specified after surgery.



*Shoulder blade pinches*

While standing, pinch shoulder blades backward and together.



*Supine passive forward elevation*

Lie on your back. Hold the affected arm at the elbow with the opposite hand. Assisting with the opposite arm, lift the operated arm upward, as if to bring the arm overhead. Slowly lower the arm back to the bed.

## Phase II: Intermediate phase (1-6 weeks postop)

At this point you should begin your formal physical therapy, the instructions that follow are to aid your therapist in maximizing the results of your surgery while still protecting the repair. Bring these instructions to your therapy appointment.

Your therapist will instruct you on how to perform the exercises below and give you a home exercise program. It is important that you stay within the limits demonstrated and that you perform your exercises daily. You should strive to do your home exercise program at least 3-4 times per day, every day. The success of your repair depends on your rehab.

***PT should not hurt. Do not force painful motions.***

### **Goals:**

1. Restore non-painful range of motion (ROM)
2. Retard muscular atrophy
3. Decrease pain/inflammation
4. Improve postural awareness
5. Minimize stress to healing structures
6. Independent with activities of daily living (ADLs)
7. Prevent muscular inhibition
8. Wean from sling

### **Activities:**

1. Sling: You should now gradually wean out of using your sling. After two weeks postop, you do not need your sling. It is a good idea, however, to continue to use your sling when you are away from your house to "send a signal" that others should not hit your shoulder.
2. Continue to ice on a regular basis. At least 20 minutes at a time, 4-5 times per day.
3. Unless instructed otherwise it should be okay to drive at this point.
4. You can use of your arm for daily living: bathing, dressing, driving, typing, eating and drinking.

### **Range of Motion:**

- PROM (non-forceful flexion and abduction)
- Active assisted range of motion (AAROM)
- AROM
- Pendulums
- Pulleys
- Cane exercises
- Self stretches

### **Strengthening:**

- Isometrics: scapular musculature, deltoid, and rotator cuff as appropriate
- Isotonic: theraband internal and external rotation in 0 degrees abduction

Once patient has pain free full ROM and no tenderness, may progress to the following:

#### *Strengthening exercises:*

- Initiate isotonic program with dumbbells
- Strengthen shoulder musculature-isometric, isotonic, Proprioceptive Neuromuscular Facilitation (PNF)
- Strengthen scapulothoracic musculature-isometric, isotonic, PNF
- Initiate upper extremity endurance exercises

#### *Manual treatment:*

- Joint mobilization to improve/restore arthrokinematics if indicated
- Joint mobilization for pain modulation

## Phase III: Strengthening Phase (6 weeks and beyond)

### Criteria for progression to this phase:

1. Full painless ROM
2. No pain or tenderness on examination

### Goals:

1. Improve strength, power, and endurance
2. Improve neuromuscular control
3. Prepare athlete to begin to throw, and perform similar overhead activities or other sport specific activities

### Exercises:

- Continue dumbbell strengthening (rotator cuff and deltoid)
- Progress theraband exercises to 90/90 position for internal rotation and external rotation (slow/fast sets)
- Theraband exercises for scapulothoracic musculature and biceps
- Plyometrics for rotator cuff
- PNF diagonal patterns
- Isokinetics
- Continue endurance exercises (UBE)
- Diagonal patterns