

**Jourdan M. Cancienne, M.D.**  
Sports Medicine  
Shoulder, Hip, Knee Arthroscopy  
Shoulder Replacement Surgery



**MIDWEST  
ORTHOPAEDICS  
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## **DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL: Arthroscopic Shoulder Stabilization**

- ❖ Initial recovery after shoulder surgery entails healing, controlling swelling and discomfort and regaining some shoulder motion. The following instructions are intended as a guide to help you achieve these goals until your 1<sup>st</sup> postoperative visit.
- ❖ **COMFORT**

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  - **Ice** – Ice controls swelling and discomfort by slowing down the circulation in your shoulder. Place crushed ice in plastic bag over your shoulder for no more than 20 minutes, 3 times a day.
  - If you elected to receive the **circulating cooling device**, this can be used continuously for the first 3 days, (while the initial post-op dressing is on). After 3 days, the cooling device should be applied 3 times a day for 20-30 minute intervals.
  - **Sling** – A sling has been provided for your comfort and to stabilize your shoulder for proper healing. Continue wearing the sling for a period of approximately six weeks or until Dr. Cancienne directs you to stop
  - **Medication**
    - **Pain Medication-** Take medications as prescribed, but only as often as necessary. Avoid alcohol and driving if you are taking pain medication.
    - Over the counter NSAIDs (Advil, Aleve, Ibuprofen) can be used for additional pain relief if needed.
  - **Driving** – Driving is NOT permitted as long as the sling is necessary.

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- ❖ **ACTIVITIES**
  - You are immobilized with a sling and abductor pillow, full time, for approximately the first 6 weeks. Your doctor can tell you when you can discontinue use of the sling at your 1<sup>st</sup> postoperative visit. The sling may be removed for exercises.
  - **Range-of-Motion Exercises**
    - While your sling is off you should flex and extend your elbow and wrist – (3x a day for 15 repetitions) to avoid elbow stiffness
    - You can also shrug your shoulders.
    - Ball squeezes should be done in the sling (3x a day for 15 squeezes).
    - You may NOT move your shoulder by yourself in certain directions. NO active flexion (lifting arm up) or abduction (lifting arm away from body) until Dr. Cancienne or your therapist gives permission. These exercises must be done by someone else (Passive Range of Motion).

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- Physical therapy will begin approximately 1 week after surgery. Make an appointment with a therapist of your choice for this period of time. You have been given a prescription and instructions for therapy. Please take these with you to your first therapy visit.
- Athletic activities such as throwing, lifting, swimming, bicycling, jogging, running, and stop-and-go sports should be avoided until cleared by Dr. Cancienne.

#### ❖ WOUND CARE

- **Bathing** - Tub bathing, swimming, and soaking of the shoulder **should be avoided** until allowed by your doctor - Usually 2-3 weeks after your surgery. Keep the dressing on, clean and dry for the first 3 days after surgery.
  - You may shower 5 days after surgery with a water proof bandage on. Apply new dressing after showering.
- **Dressings** - Remove the dressing 3 days after surgery. Leave the white strips in place until they fall off.

#### ❖ EATING

- Your first few meals, after surgery, should include light, easily digestible foods and plenty of liquids, since some people experience slight nausea as a temporary reaction to anesthesia

#### ❖ CALL YOUR PHYSICIAN IF:

- Pain in your shoulder persists or worsens in the first few days after surgery.
- Excessive redness or drainage of cloudy or bloody material from the wounds (Clear red tinted fluid and some mild drainage should be expected). Drainage of any kind 5 days after surgery should be reported to the doctor.
- You have a temperature elevation greater than 101°
- You have pain, swelling or redness in your arm or hand.
- You have numbness or weakness in your arm or hand.

#### ❖ RETURN TO THE OFFICE

- Your first return to our office should be within the first 1-2 weeks after your surgery. You can find your appointment for this first post-operative visit in the post op instruction folder.

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## Arthroscopic Shoulder Stabilization

*The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course of a patient that has undergone an Arthroscopic Shoulder Stabilization procedure for instability. It is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring Surgeon.*

### **Progression to the next phase based on Clinical Criteria and/or Time Frames as Appropriate.**

- ❖ 0-4 Weeks: **Maximal Protection Phase**
  - Sling Immobilization
  - Protect anterior/posterior capsule from stretch, but begin **passive ROM only POD 10-14**
  - Supine Forward Elevation in scapular plane to 90°
  - External Rotation with arm at side to 30°.
  - Grip Strength, Elbow/Wrist/Hand ROM
  - **Do NOT perform codmans**
  - Begin Deltoid/Cuff Isometrics
  - May remove sling for shower but maintain arm in sling position.
  - Modalities PRN
- ❖ 4-8 Weeks: **Moderate Protection Phase**
  - Discontinue Sling at 4-6 weeks as tolerated
  - Advance to AAROM and AROM (Limit FF to 140°, ER at side to 40°)
  - Begin with gravity eliminated motion (supine) and progress. Do not force ROM with substitution patterns.
  - Continue Isometric exercises
  - Progress deltoid isometrics
  - ER/IR (submaximal) with arm at side
  - Begin strengthening scapular stabilizers
- ❖ 8-12 Weeks: **Minimal Protection Phase**
  - Advance to full, painless ROM. Gentle stretching at end ROM
  - Initiate ER in 45° Abduction at 10-12 weeks
  - Full AROM all directions below horizontal with light resistance
  - Deltoid/Cuff progress to Isotonics
  - All strengthening exercises below horizontal

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❖ 3-12 Months: ***Strengthening Phase***

- Initiate when pain-free symmetric AROM.
- Progress as tolerated
- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Restore scapulohumeral rhythm.
- Joint mobilization.
- Aggressive scapular stabilization and eccentric strengthening program.
- Initiate isotonic shoulder strengthening exercises including: side lying ER, prone arm raises at 0, 90, 120 degrees, elevation in the plane of the scapula with IR and ER, lat pull down close grip, and prone ER.
- Dynamic stabilization WB and NWB.
- PRE's for all upper quarter musculature (begin to integrate upper extremity patterns). Continue to emphasize eccentrics and glenohumeral stabilization.
- All PRE's are below the horizontal plane for non-throwers.
  - 1) Begin isokinetics.
  - 2) Begin muscle endurance activities (UBE).
    - i. High seat and low resistance
    - ii. Must be able to do active shoulder flexion to 90 degrees without substitution
  - 3) Continue with agility exercises.
  - 4) Advanced functional exercises.
  - 5) Isokinetic test.
  - 6) Functional test assessment.
  - 7) Full return to sporting activities.