

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



**MIDWEST
ORTHOPAEDICS
AT RUSH**

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**DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL:
Arthroscopic Large Rotator Cuff Repair +/- Open Biceps Tenodesis**

- ❖ 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 1st postoperative visit.
- ❖ **COMFORT**

 - **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.

- ❖ **ACTIVITIES**
 - You are immobilized with a sling and abductor pillow, full time, for approximately the first 4 weeks. Your doctor can tell you when you can discontinue use of the sling at your 1st 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 2 weeks 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.
 - **Biceps Tenodesis Incision** – If you underwent a biceps tenodesis, you will have a small incision in your armpit that is sealed with a special adhesive. ***Do not peel away or pick at the incision.*** When allowed to shower, you can cover this area with a band-aid. Do not soak the area.
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❖ 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 Large Rotator Cuff Repair +/- Open Biceps Tenodesis

NOTE: The following instructions are intended for your physical therapist and should be brought to your first physical therapy visit.

If the patient underwent a biceps tenodesis, reinforce the need to avoid any resistive twisting motions of the wrist and forearm. These include opening jars, using a screwdriver, opening doorknobs, wringing out towels, etc. These motions increase the risk of injuring the biceps tenodesis.

- ❖ **Weeks 0-6: period of protection**
 - True PROM ONLY of the shoulder (elevation in scapular plane 140, ER 40 degrees)
 - Sidelying scapular stabilization exercises
 - Sling with pillow at all times except hygiene for 6 weeks
 - Range of Motion: No shoulder ROM allowed; elbow/forearm/wrist/hand motion ONLY
 - Exercises: pendulums and grip strengthening; NO shoulder strengthening, or motion exercises permitted
- ❖ **Weeks 6-10:**
 - Ok to wean out of sling unless in crowd or slippery environment
 - Range of motion: Continue PROM only, including FF, ER, and ABD within a comfortable range; AAROM to begin as tolerated
 - Exercises: continue pendulums; begin scapular exercises including elevation with shrugs, depression, retraction, and protraction; no resistance exercises before 3 months
 - Modalities: per therapist to include e-stem, ultrasound, heat before and ice following therapy
- ❖ **Weeks 10-14:**
 - Range of motion: progress to PROM and progress AAROM slowly
 - **Week 10-11:** perform while supine
 - **Week 11-12:** perform while back is propped up to 45 degrees,
 - **Week 12-14:** advance to upright position
 - Utilize unaffected arm, stick, or cane to move postoperative arm into FF, ER, and Abd
 - Exercises: progress from above, ***no strengthening yet***
 - Modalities: per therapist to include e-stem, ultrasound, heat before and ice following therapy
- ❖ **Weeks 14-18:**
 - Range of Motion: Begin AROM in all planes with slow, graduated progression
 - Therapeutic Exercises: begin isometric exercises with use of pillow or folded towel under arm without moving the shoulder
 - Modalities: per therapist to include e-stem, ultrasound, heat before and ice following therapy
- ❖ **Weeks 18-22:**
 - Range of Motion: progress to full, painless, AROM
 - Therapeutic Exercises: begin gentle resistance exercises, including resisted scapular strengthening, RTC strengthening, deltoid strengthening; these should be done 3 days/week with rest between sessions, ***no full or empty can exercises as these place too much stress on the RTC***
 - Modalities: per therapist to include e-stem, ultrasound, heat before and ice following therapy