

**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 Small 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 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 4 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

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- **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 Small 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.*

- ❖ 0-1 Weeks: ***Sling at all times with the exception of above exercises***
- ❖ 1-4 Weeks: ***Sling Immobilization, begin PT***
  - Active ROM Elbow, Wrist and Hand
  - True Passive (ONLY) ROM Shoulder. NO ACTIVE MOTION.
  - Pendulums
  - Supine Elevation in Scapular plane = 140 degrees
  - External Rotation to tolerance with arm at side. (emphasize ER, minimum goal 40°)
  - Scapular Stabilization exercises (sidelying)
  - Deltoid isometrics in neutral (submaximal) as ROM improves
  - No Pulley/Canes until 5 weeks post-op (these are active motions)
- ❖ 4-8 Weeks: ***Discontinue abduction pillow at 4 weeks post-op***
  - **Discontinue sling use at 5 weeks post-op**
  - Begin Active Assist ROM and advance to Active as Tolerated
  - Elevation in scapular plane and external rotation as tolerated
  - No Internal rotation or behind back until 6wks.
  - Begin Cuff Isometrics at 5 wks with arm at the side
- ❖ 8-12 Weeks: ***Active Assist to Active ROM Shoulder As Tolerated***
  - Elevation in scapular plane and external rotation to tolerance
  - Begin internal rotation as tolerated
  - Light stretching at end ranges
  - Cuff Isometrics with the arm at the side
  - Upper Body Ergometer
- ❖ 3-12 Months: ***Advance to full ROM as tolerated with passive stretching at end ranges***
  - Advance strengthening as tolerated: isometrics with bands and light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers
  - Only do strengthening 3x/week to avoid rotator cuff tendonitis
  - Begin eccentrically resisted motions, pylometrics (ex. Weighted ball toss), proprioception (es. body blade)
  - Begin sports related rehab at 4 ½ months, including advanced conditioning
  - Return to throwing at 6 months
  - Throw from pitcher's mound at 9 months
  - Collision sports at 9 months
  - MMI is usually at 12 months post-op