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## DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL: Arthroscopic Posterior 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 1st postoperative visit.
- COMFORT

  - **Cold Therapy**
    - 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.
    - If you elected to receive the **gel wrap**, this may be applied for 20 minutes on, 20 minutes off as needed. You may apply this over the post-op dressing. Once the dressing is removed, be sure to place a barrier (shirt, towel, cloth, etc.) between your skin and the gel wrap.
    - If you elected to use **regular ice**, this may be applied for 20 minutes on, 20 minutes off as needed. You may apply this over the post-op dressing. Once the dressing is removed, be sure to place a barrier (shirt, towel, cloth, etc.) between your skin and the gel wrap.
  - **Medication**
    - **Pain Medication**- Take medications as prescribed, but only as often as necessary. Avoid alcohol and driving if you are taking pain medication.
      - You have been provided a narcotic prescription postoperatively. Use this medication sparingly for moderate to severe pain.
      - **You are allowed two (2) refills of your narcotic prescription if necessary.**
      - When refilling pain medication, weaning down to a lower potency or non-narcotic prescription is recommended as soon as possible.
      - Extra strength Tylenol may be used for mild pain.
      - Over the counter anti-inflammatories (Ibuprofen, Aleve, Motrin, etc.) shoulder be **avoided** for the first 4 weeks following surgery.
    - **Anti-coagulation medication:** A medication to prevent post-operative blood clots has been prescribed (Aspirin, Lovenox, etc.) This is the only medication that MUST be taken as prescribed until directed to stop by Dr. Forsythe.

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- **Nausea Medication –** Zofran (Odansetron) has been prescribed for nausea. You may take this as needed per the prescription instructions.
- **Constipation Medication -** Colace has been prescribed for constipation. Both your pain medication and the anesthesia can cause constipation. Take this as 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 6 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** – Your sling may be removed for gentle elbow and wrist 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 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. Forsythe or your therapist gives permission. These exercises must be done by someone else (Passive Range of Motion).
  - Physical therapy will begin approximately 1-2 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. Forsythe.

❖ 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 3 days after surgery with WATERPROOF band-aids on. Apply new band-aids after showering.

  .
- **Dressings -** Remove the dressing 3 days after surgery. You may apply band-aids to the small incisions around your shoulder

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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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# REHABILITATION PROGRAM:
# Arthroscopic Posterior Shoulder Stabilization

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

The physical therapy rehabilitation program following shoulder posterior subluxation/dislocation surgical repair will vary in length depending on factors such as:

- Degree of shoulder instability/laxity
- Acute vs. chronic condition
- Length of time immobilized
- Strength/range-of-motion status
- Performance/activity demands

## INITIAL 3 WEEKS POST SURGERY

1. The patient is immobilized in a sling with abductor pillow during the initial 6 weeks post surgery.
2. Sling may be removed for gentle passive range-of-motion exercises for shoulder flexion, abduction, horizontal abduction and external rotation. Perform 2 times per day with emphasis on protecting the posterior joint capsule.
3. Ball squeezes
4. No active shoulder elevation or rotation during the first month.

## 3 – 5 WEEKS POST SURGERY

1. Patient must continue to wear sling with abductor pillow.
2. Use of modalities as needed (heat, ice, electrotherapy).
3. Continue gentle passive range-of-motion exercises. Add range-of-motion exercises for shoulder internal rotation, as needed.
4. Add active-assistive range-of-motion exercises (i.e., wand exercises).
5. Add gentle joint mobilization, as needed.
6. Shoulder shrug exercises.
7. Isometric internal and external rotation with arm at side and elbow flexed at 90° may be added according to the patient's tolerance.

   **Note:** The shoulder position may be adjusted to allow a pain free muscle contraction to occur.

   Isometric shoulder flexion and extension may be added as needed.

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8. As strength improves, active external rotation may be added. Use surgical or rubber tubing for resistance. If there is pain with active movements, continue with isometric strengthening.
9. Active horizontal abduction – lying prone. Restrict movement from 45° of horizontal adduction to full horizontal abduction to avoid excessive stress to the posterior capsule.

## 6 – 8 WEEKS POST SURGERY

1. Discontinue shoulder sling and abductor pillow.
2. Continue passive and active-assistive range-of-motion exercises. May add wall climbs for shoulder flexion and abduction
3. Continue mobilization, as needed.
4. As strength improves, progress to free weights for external rotation in prone lying position with arm abduction to 90° or side-lying with arm at side.
    - **Prone:** Perform combined movements of horizontal abduction followed by external rotation to protect the posterior capsule.
    - **Side-lying:** Limit the degrees of internal rotation to protect the posterior capsule.
5. Add supraspinatus exercises if movement is pain free and adequate range-of-motion is available (0°-90°). Shoulder is positioned in the scapular plane approximately 20°-30° forward of the coronal plane.
6. Add active internal rotation using free weights. Movement is performed supine with the arm at the side and the elbow flexed at 90°.
7. Active shoulder flexion through available range-of-motion.
8. Active shoulder abduction to 90°.

## 2 – 3 MONTHS POST SURGERY

1. Continue range-of-motion and mobilization, as needed. Patient should have full passive and active range-of-motion.
2. Add shoulder stretch (i.e., anterior cuff/capsule or posterior cuff/capsule), as needed.
3. Add push-ups (after 3 months). Movement should be pain free with emphasis on protecting the posterior joint capsule. Shoulders are positioned in 80° to 90° of abduction. ***Caution is applied during the ascent phase of the push-up to avoid excessive stress to the posterior capsule. Do not raise the body beyond the scapular plane.*** Begin with wall push-ups. As strength improves, progress to floor push-ups (modified - hands and knees or military - hands and feet), as tolerated by the patient.

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4. Continue isotonic strengthening with emphasis on the rotator cuff and posterior deltoid.
5. Active internal rotation using surgical or rubber tubing may be added. Range of movement may be limited to avoid excessive stress to the posterior joint capsule.
6. Proprioceptive neuromuscular facilitation (PNF) upper extremity patterns may be added. Emphasis is on the flexion/abduction/external rotation diagonal.

    - **Starting Position:** Caution is applied to protect the posterior capsule from excessive stress. Adjustments are made by starting one-quarter of the way in the diagonal.
    - **Range-of-Movement:** Movement will be limited to the latter three-quarter range in the diagonal to full flexion/abduction/external rotation.

7. Horizontal abduction may be performed through an increased range (starting position at 90° of horizontal adduction, as tolerated).

**4 MONTHS POST SURGERY**

1. Continue to progress weights, as tolerated (i.e., rotator cuff, horizontal abduction/adduction, flexion, abduction, etc.). Emphasis may be placed on the eccentric phase of contraction in strengthening the rotator cuff.
2. Active horizontal adduction may be added.
3. Add arm ergometer for endurance exercises.
4. Isokinetic strengthening and endurance exercises (high speeds – 200+ degrees/second) for shoulder internal/external rotation (arm at side) and horizontal abduction may be added. Prerequisite strength requirements of the rotator cuff are 5-10 pounds for external rotation and 15-20 pounds for internal rotation. The shoulder should be pain free and have no significant amount of swelling.

**5 MONTHS POST SURGERY**

1. Isokinetic Test. Perform isokinetic strength and endurance test for the following suggested movement patterns: internal/external rotation (arm at side), horizontal abduction, and abduction/adduction.
2. Continue to progress isotonic and isokinetic exercises.
3. Continue to emphasize the eccentric phase in strengthening the rotator cuff.
4. Isokinetic exercises for shoulder flexion/extension and abduction/adduction may be added.

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5. Add military press. Press the weight directly over or behind the head with low wts.
6. Continue arm ergometer.
7. Add total body conditioning with emphasis on strength and endurance. Include flexibility exercises, as needed.

**6 MONTHS POST SURGERY**

1. Isokinetic Test. The second isokinetic test for shoulder internal/external rotation, horizontal abduction/adduction, and abduction/adduction is administered. For internal/external rotation, the shoulder may be tested in the functional position (80° to 90° of abduction). Test results for internal/external rotation and horizontal abduction should demonstrate at least 80% strength and endurance (as compared to the uninvolved side) before proceeding with exercises specific to the activity setting.
2. Continue total body conditioning program with emphasis on the shoulder (rotator cuff, posterior deltoid).
3. Skill Mastery. Begin practicing skills specific to the activity (work, recreational activity, sports, etc.). *For example, throwing athletes (i.e., pitchers) may proceed to throwing program.*
4. Progressive Shoulder Throwing Program. Advance through the sequence, as needed.
    - Guidelines: It is important to use heat prior to stretching (i.e., hot pack, whirlpool, hot shower, etc.). Heat increases circulation and activates some of the natural lubricants of the body. Perform stretching exercises after applying the heat modality and then proceed with the throwing program. Use ice after throwing to reduce cellular damage and decrease the inflammatory response to microtrauma. Proceed with tossing the ball (no wind-up) on alternate days, not more than 20 feet for 10-15 minutes.

**6-1/2 MONTHS POST SURGERY**

1. Easy tossing 30-40 feet, no wind-up, on alternate days, for 10-15 minutes.

**7 MONTHS POST SURGERY**

1. Add other endurance activities (i.e., jogging, biking) to the total body conditioning program
2. Continue stretching and strengthening exercises to the wrist, elbow, and shoulder.
3. Chin-up exercises.

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4. Swimming may be added as part of the exercise program (the butterfly stroke is not recommended).
5. Lob the ball (playing catch with an easy wind-up) on alternate days, throwing the ball not more than 30 feet. Lobbing should be limited to 2-3 times per week and 10-15 minutes per session.

**8 MONTHS POST SURGERY**

1. Increase the throwing distance to 40 feet while still lobbing the ball (easy wind-up). Alternate days for the throwing and strengthening program. Increase the throwing time to 15-20 minutes per session.

**8-1/2 MONTHS POST SURGERY**

1. Increase the throwing distance to 60 feet while still lobbing the ball with an occasional straight throw at no more than one-half speed. Increase the throwing time to 20-25 minutes per session.

**9 MONTHS POST SURGERY – STEP 1**

1. Perform long, easy throws from the mid-outfield (150-200 feet) getting the ball barely back to home plate on 5-6 bounces. This is to be performed for 20-25 minutes per session on two consecutive days. Then rest the arm for one day. Repeat four times over a 12 day period then progress to the next step if able to complete it without pain or discomfort, i.e.:

- THROW Two Days
- REST One Day
- THROW Two Days
- REST One Day
- THROW Two Days
- REST One Day
- THROW Two Days
- REST One Day

**9-1/2 MONTHS POST SURGERY – STEP 2**

1. Long, easy throws from the deepest portion of the outfield, with the ball barely getting back to home plate on numerous bounces. This is to be performed for 25-30 minutes per session on two consecutive days. Then rest the arm for one day. Repeat the routine over a 12-day period and progress to the next step, if there is no pain or discomfort.

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## 10 MONTHS POST SURGERY – STEP 3

1. Stronger throws from the mid-outfield, getting the ball back to home plate on 1-2 bounces. This should be performed approximately 30-35 minutes per session on two consecutive days. Rest the arm for one day. Repeat the same routine four times over a 12-day period. If there is no pain or discomfort, progress to the next step.

## 10-1/2 MONTHS POST SURGERY – STEP 4

1. Short, crisp throws with a relatively straight trajectory from the short outfield on one bounce back to home plate. These throws are to be performed not more than 30 minutes on two consecutive days. Rest one day. Repeat this step over the next two weeks.

## 11 MONTHS POST SURGERY – STEP 5

1. Return to throwing from your normal position (i.e., mound). The throw should be at one-half to three-quarter speed with emphasis on technique and accuracy. Throw for two consecutive days then rest the arm for one day. A throwing session should not be more than 25 minutes. Repeat this step over the next two weeks, and then advance if there is no pain or discomfort.

## 11-1/2 MONTHS POST SURGERY – STEP 6

1. Throw from your normal position at three-quarter to seven-eighths speed. This should be done following the same sequence, throwing for two consecutive days and resting for one day over a 12-day period. Session should not be more than 30 minutes.

## 12 MONTHS POST SURGERY – STEP 7

1. Continue to throw from your normal position at three-quarter to full-speed. This should be done over the next two weeks following the same pattern. Slowly increase the time throwing from your normal position.

## 12-1/2 TO 14 MONTHS POST-SURGERY – STEP 8

1. Simulate game-day situation. Warm up with appropriate number of pitches and throw for an average amount of innings taking usual rest breaks between innings. Repeat simulation a couple of times with 3-4 days rest. Return to normal pitching regimen or routine based on input from the team physician, physical therapist, athletic trainer, coach, and most important of all, the athlete.