

Rehabilitation after your shoulder surgery

General Information

1. You should rest your arm in the sling as per the specific protocol chosen by your surgeon. This will be based on the operative findings in your shoulder.
2. You may change the dressings as tolerated and generally allow the wound to get wet in the shower. Pad it dry and apply new clean dressings from the chemist.
3. You have been given a script for some pain killers. If the pain is severe or if you are concerned about your shoulder, you should contact your doctor on 4688 5486.
4. Please attend your physiotherapist in 1-2 days. Take your protocol sheet with you as a referral. Your physiotherapist will start gentle passive movement unless specialized surgery has been performed which will prevent this. You will be notified about this. If there are any doubts about the protocol, please ask your physiotherapist to contact your doctor on 4688 5486.
5. You should make an appointment to see your doctor in 10 days for inspection of the wound and discussion of the surgery.
6. Special instructions _____

POST-OPERATIVE PROTOCOL:

ARTHROSCOPIC ANTERIOR ACROMIOPLASTY WITHOUT CUFF REPAIR.

0-1 week post surgery

- Patient initially immobilized with arm in sling at side but this may be discarded when comfort allows. No need for sling after 5-7 days.
- Sling should be removed every day for active and passive mobilisation of shoulder e.g. elevation, external and internal rotations. No abduction at this stage.
- Dependent pendulum exercises (Codman's) encouraged.
- Active elbow flexion/extension strengthening exercises.
- May squeeze a soft ball.

1-4 weeks post surgery

- Continue with active mobilisation but not resistance exercises.
- Commence stretching program, beginning with simple terminal stretches in elevations, external and internal rotation. Increasing as tolerated to include posterior and inferior cuff stretching.
- No restriction on activities of daily living, however strenuous repetitive overhead activities are avoided.

4-8 weeks post surgery

- Begin resistance strengthening program using Theraband (yellow/green/black).
- Continue full range of motion and stretching maneuvers.
- Gradual resumption of full activities as tolerated.

ROTATOR CUFF REPAIR WITH MINIMAL TENSION ON CUFF.

0-6 weeks

- Patient is immobilised in a sling with arm by side.
- ONLY button-up shirts allowed under the sling for the first 2 weeks.
- Insert the affected arm first slowly (no pull-ons).
- Sling may be removed 3-5 times per day for exercises only, otherwise sling NOT to be removed for 6 weeks day or night.
- Commence gentle passive elevation using the opposite hand to support the limb, beginning with the patient supine, then progressing to the erect position.
- Aim for 180° by week 4.
- Gentle passive external rotation aiming for 80% of range by week 4 and 100% by week 6.
- Pendulum exercises (Codman's).
- NO abduction or extension exercises, passive or active.
- Active elbow flexion and extension strengthening exercises, (unless biceps surgery is performed which would be notified).
- May squeeze a soft ball.

6-10 weeks post surgery

- Patient may remove sling for increasing periods through the day as tolerated, and eventually discard it.
- Continue range of motion program for elevation, external and internal rotation, beginning with gravity eliminated and progressing to work against gravity.
- NO abduction exercises of any form.

10-16 weeks post surgery

- Work towards full active range of elevation, external and internal rotation.
- Continue terminal stretching and introduce the full cuff stretching program including posterior and inferior stretches gradually.
- Begin resistance strengthening using Theraband (yellow/green/black).
- Avoid repetitive overhead use of the arm.
- Gentle active abduction but no resistance work in this arc.
- Full abduction is not important at this stage.

16-20 weeks post surgery

- Progress to advanced stretching and strengthening programs gradually as tolerated by the patient.
- Gradually increase overhead use of the arm.
- Plan to return to work based on the type of job.

26 weeks post surgery

- Return to work, manual.
- Patient to continue stretching and strengthening program for the next 6 months on their own.

Any problems with this protocol should be directed to your doctor.

(ref. Dr D. Bokor, Sydney)