

Post-Operative Instructions Shoulder Arthroscopy and Anterior Labral Repair

Day of Surgery

- A. Diet as tolerated.
- B. Icing is important for the first 5-7 days post-op. While the post-op dressing is in place, icing should be done continuously. Once the dressing is removed on the first or second day, ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite. Alternatively, Cryocuff or Game-ready ice cuff can be used as per instructions.

You will be contacted by East Coast Orthotics regarding an ice compression unit to be used after surgery. This helps with pain and swelling but typically is not covered by insurance. The cost is \$200-300 for a 2-week rental. Alternatively, ice gel packs with a shoulder or knee sleeve can be provided by the hospital for a minimal charge.

- C. Pain medication as needed every 6 hours (refer to pain medication sheet)

First and Second Post-Operative Day

- A. Continue Icing.
- B. Pain medications as needed

Third Post-Operative Day

- A. You may remove surgical bandage and shower this evening. Apply regular bandages to these wounds prior to showering and when showering is complete apply fresh regular bandages. You will need to follow this routine for 2 weeks after surgery.

Physical Therapy

- A. Physical Therapy should begin at 4 weeks. Please call your preferred facility to make an appointment.
- B. Pendulum exercise should begin on the third post-operative day.

**Note: Your shoulder will be very swollen. It may take a week or longer for this to go away. It is also common to notice burning around the shoulder as the swelling resolves. If excessive bleeding occurs, please notify Dr. Jazrawi.*

Call our office @ 646-501-7223 option 4, option 2 to confirm your first postoperative visit, which is usually about 1-2 weeks after surgery. If you are experiencing any problems, please call our office or contact us via the internet at www.newyorkortho.com.

Rehabilitation Protocol: Arthroscopic Anterior Shoulder Stabilization (Bankart Repair)

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-6)

- Sling immobilization at all times except for showering
- Therapeutic Exercise
 - Elbow/Wrist/Hand Range of Motion
 - Grip Strengthening

Phase II (Weeks 7-12)

- Discontinue sling immobilization
- Range of Motion – Slowly increase Forward Flexion, Internal/External Rotation as tolerated
- Therapeutic Exercise
 - Continue with Elbow/Wrist/Hand Range of Motion and Grip Strengthening
 - Begin Prone Extensions and Scapular Stabilizing Exercises (traps/rhomboids/levator scapula)
 - Gentle joint mobilization
- Modalities per PT discretion

Phase III (Months 3-6)

- Range of Motion – Progress to full AROM without discomfort
- Therapeutic Exercise – Advance theraband exercises to light weights (1-5 lbs)
 - 8-12 repetitions/2-3 sets for Rotator Cuff, Deltoid and Scapular Stabilizers
 - Continue and progress with Phase II exercises
 - Begin UE ergometer
- Modalities per PT discretion

Phase IV (Months 6+)

- Range of Motion – Full without discomfort
- Therapeutic Exercise – Advance exercises in Phase III (strengthening 3x per week)
 - Sport/Work specific rehabilitation
 - Return to throwing at 4.5 months
 - Return to sports at 8 months if approved
- Modalities per PT discretion

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____