

<u>Post-Operative Instructions</u> <u>Shoulder Arthroscopy and Circumferential Labral Repair</u>

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.



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Rehabilitation Protocol: Arthroscopic Circumferential Labral Repair

Name:	Date:
Diagnosis:	Date of Surgery:
Phase I (Weeks 0-6)	
 Sling immobilization at all times (in flexion, a rehab under guidance of PT Range of Motion - None for Weeks 0-3 Weeks 3-6: Begin passive ROM - Rest 45° of Internal Rotation Therapeutic Exercise Elbow/Wrist/Hand Range of Motion Grip Strengthening Starting Week 3: Begin passive ROM Heat/Ice before and after PT sessions Phase II (Weeks 6-12) Sling immobilization for comfort only Range of Motion - Begin AAROM/AROM Goals: 135° of Forward Flexion, 120° 	abduction and 0° of rotation) except for showering and crict motion to 90° of Forward Flexion, 90° of Abduction, and activities: Codman's, Anterior Capsule Mobilization of Abduction, Full External Rotation
 Begin active-assisted exercises – Delto Starting Week 8: Begin resistive exe 	rcises for Rotator Cuff/Scapular Stabilizers/Biceps and ises below the horizontal plane during this phase – utilize
 Modalities per PT discretion Phase III (Weeks 12-16) Range of Motion – Progress to full AROM with Therapeutic Exercise – Advance Phase II exer Emphasize Glenohumeral Stabilizatio Begin UE ergometer/endurance activ Modalities per PT discretion Phase IV (Months 4-6) Range of Motion – Full without discomfort Therapeutic Exercise – Continue with strengt 	cises n, External Rotation and Latissimus eccentrics ities
 Sport/Work specific rehabilitation – H Continue with endurance activities Return to sports at 6 months if approv Modalities per PT discretion 	Plyometric and Throwing/Racquet Program
Frequency: times per week	Duration: weeks
Signature:	Date: