

<u>Post-Operative Instructions</u> <u>Shoulder Arthroscopy and Decompression</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 within the first 10 days after surgery. Please call your preferred facility to make an appointment.

*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 Subacromial Decompression/ Distal Clavicle Excision

| Name: | Date: |
|------------|------------------|
| Diagnosis: | Date of Surgery: |

Phase I (Weeks 0-4)

- Sling immobilization for comfort Weeks 0-2 Discontinue sling use at 7-10 days
 - Range of Motion –PROM \rightarrow AAROM \rightarrow AROM as tolerated
 - Goals: 140° of Forward Flexion, 40° of External Rotation at side, Internal Rotation behind back with gentle posterior capsular stretching
 - No abduction-external or internal rotation (90/90) until 4-8 weeks post-op
- Therapeutic Exercise
 - Codman's/Pulleys/Cane
 - Elbow/Wrist/Hand Range of Motion
 - o Grip Strengthening
 - No resistive exercises
- Heat/Ice before and after PT sessions

Phase II (Weeks 4-8)

- Range of Motion Increase Forward Flexion, Internal/External Rotation to full motion as tolerated
 - Goals: 160° of Forward Flexion, 60° of External Rotation at side, Internal Rotation behind back and at 90° of abduction with gentle posterior capsular stretching
- Therapeutic Exercise
 - Begin light isometrics with arm at the side for rotator cuff and deltoid
 - Advance to therabands as tolerated
 - Passive stretching at end range of motion to maintain shoulder flexibility
- Modalities per PT discretion

Phase III (Weeks 8-12)

- Range of Motion Progress to full AROM without discomfort
- Therapeutic Exercise Advance strengthening as tolerated
 - Isometrics \rightarrow therabands \rightarrow weights
 - o Begin eccentrically resisted motions, closed chain exercises and plyometrics
 - o 8-12 repetitions/2-3 sets for Rotator Cuff, Deltoid and Scapular Stabilizers
- Modalities per PT discretion

| Frequency: times per week | Duration: weeks |
|---------------------------|-----------------|
| Signature: | Date: |