

Post-Operative Instructions **Shoulder Arthroscopy and Open Os Acromiale Fixation**

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.

**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: Shoulder Arthroscopy and Open Os Acromiale Fixation

Name: _____ Date: _____

Diagnosis: _____ Date of Surgery: _____

Phase I (Weeks 0-4)

- Sling immobilization with supporting abduction pillow to be worn at all times except for showering and rehab under guidance of PT (if instructed to start before 6 weeks postsurgery)
If physician wants therapy to start before 4 weeks post op:
- Range of Motion – True Passive Range of Motion Only to Patient Tolerance
 - Goals: 140° Forward Flexion, 40° External Rotation with elbow at side, 60-80° Abduction without rotation, Limit Internal Rotation to 40° with the shoulder in the 60-80° abducted position
 - Maintain elbow at or anterior to mid-axillary line when patient is supine
- Therapeutic Exercise – No canes or pulleys during this phase
 - Codman Exercises/Pendulums
 - Elbow/Wrist/Hand Range of Motion and Grip Strengthening
 - Isometric Scapular Stabilization
- Heat/Ice before and after PT sessions

Phase II (Weeks 4-8)

- Discontinue sling immobilization at 6 weeks post surgery
- Range of Motion
 - **4-6 weeks:** Gentle passive stretch to reach ROM goals from Phase I
 - **6-8 weeks:** Begin AAROM → AROM as tolerated
- Therapeutic Exercise
 - **4-8 weeks:** Begin gentle AAROM exercises (supine position), gentle joint mobilizations (grades I and II), continue with Phase I exercises

Phase III (Weeks 8-12)

- Range of Motion – Progress to full AROM without discomfort
- Therapeutic Exercise
 - Continue with scapular strengthening
 - Continue and progress with Phase II exercises
 - Begin Internal/External Rotation Isometrics
 - Stretch posterior capsule when arm is warmed-up
- Modalities per PT discretion

Phase IV (Months 3-6)

- Range of Motion – Full without discomfort
- Therapeutic Exercise – Advance strengthening as tolerated starting at 4 months: isometrics → therabands → light weights (1-5 lbs),
 - 8-12 repetitions/2-3 sets for Rotator Cuff, Deltoid and Scapular Stabilizers
 - Return to sports at 6 months if approved
- Modalities per PT discretion
- No strengthening or resistance exercises until 4 months post-op.

Comments:

****IF BICEPS TENODESIS WAS PERFORMED - NO BICEPS STRENGTHENING UNTIL 8 WEEKS POST-OP**

Frequency: _____ **times per week**

Duration: _____ **weeks**

Signature: _____

Date: _____