

Post-Operative Instructions **Shoulder Arthroscopy and Posterior 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 Posterior Shoulder Stabilization

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-6)

- Sling immobilization at all times (**in flexion, abduction and 0° of rotation**) except for showering and rehab under guidance of PT
- Range of Motion – **None for Weeks 0-3**
 - **Weeks 3-6:** Begin passive ROM - Restrict motion to 90° of Forward Flexion, 90° of Abduction, and 45° of Internal Rotation
- Therapeutic Exercise
 - Elbow/Wrist/Hand Range of Motion
 - Grip Strengthening
 - **Starting Week 3:** Begin passive ROM activities: Codman’s, Anterior Capsule Mobilization
- 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° of Abduction, Full External Rotation
- Therapeutic Exercise
 - Continue with Phase I exercises
 - Begin active-assisted exercises – Deltoid/Rotator Cuff Isometrics
 - **Starting Week 8:** Begin resistive exercises for Rotator Cuff/Scapular Stabilizers/Biceps and Triceps (keep all strengthening exercises below the horizontal plane during this phase – utilize exercise arcs that protect the posterior capsule from stress)
- Modalities per PT discretion

Phase III (Weeks 12-16)

- Range of Motion – Progress to full AROM without discomfort
- Therapeutic Exercise – Advance Phase II exercises
 - Emphasize Glenohumeral Stabilization, External Rotation and Latissimus eccentrics
 - Begin UE ergometer/endurance activities
- Modalities per PT discretion

Phase IV (Months 4-6)

- Range of Motion – Full without discomfort
- Therapeutic Exercise – Continue with strengthening
 - Sport/Work specific rehabilitation – Plyometric and Throwing/Racquet Program
 - Continue with endurance activities
 - Return to sports at 6 months if approved
- Modalities per PT discretion

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____