

Post-Operative Instructions

Shoulder Manipulation Under Anesthesia and Arthroscopic Release

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 - Adhesive Capsulitis: Shoulder Manipulation Under Anesthesia (MUA) and Arthroscopic Release

Adhesive capsulitis involves a limitation of range of motion secondary to glenohumeral capsular tightening and scarring. When this process is addressed with manipulation under anesthesia or arthroscopic or open resection of adhesions, the following physical therapy program is utilized.

Stage 1 (Day 1-4 weeks): aggressive gravity pendulum exercises (5 minutes--4x/day). Begin gripping exercises with ball or putty. Cervical spine AROM. Cryocuff use encouraged.

Can wall climb forward and lateral up to 180 degrees 4x/day as tolerated. Can passively or actively externally rotate up to 40 degrees at side and 90 abduction, progressing up to the ROM of the other side. Passive horizontal flexion as tolerated passed straight in front of body. If these motions are achieved: PRE and 1-2 pounds strengthening can be initiated. Shoulder shrugs and ROM retraining, no passive stretching beyond above limits; postural retraining.

Can initiate deltoid strengthening, elastic tubing or Theraband or free weights, wall pulleys.

Can initiate peri-scapular, deltoid, biceps, triceps strengthening with elastic tubing, free weights, wall pulleys. Emphasize posture, scapular stabilization (protraction, retraction, and elevation), and external/internal muscular endurance.

Advance to home program or self directed gym program, teaching PNF patterns, upright rows, shoulder strengthening and endurance.

Stage 2 (4-8 weeks): Advance to home program or self directed gym program, teaching PNF patterns, upright rows, shoulder strengthening and endurance. You may monitor this 1-2 x/month and make adjustments. Patient should avoid overhead activities and vibration. Patient may gradually progress up to lifting, pushing, pulling up to 50% of "normal" load.

Stage 3 (8 weeks and beyond): Patient gradually progress to lifting, pushing, pulling up to 100% over the course of the next 4 weeks. Patient may progress to overhead activities by 4 months post-operative. Start functional rehabilitation for throwing or other functional rehabilitation programs or work conditioning, as necessary.