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CAPITAL PERFORMANCE SURGERY

REHABILITATION PROTOCOL

Arthroscopic shoulder stabilization (Labral repair/AAGR +/- Remplissage)

Instructions for Physiotherapist:

EQUAL ICING AND REST/WORK RATIO IS IMPORTANT. SIGNIFICANT PAIN SHOULD NOT OCCUR WITH ANY ACTIVITY DURING REHAB WORK OR LAST LONGER AFTER REHAB. IF THIS OCCURS, MODIFICATION OR RE-EVALUATION NEEDS TO BE UNDERTAKEN.

Dressings and sutures:

- The dressings on your shoulder should be left in place and kept dry when showering for 3 days.
- After 3 days you can remove your dressings and shower normally but do NOT scrub the incisions.
- Apply Band-Aids over the incisions to keep them clean once the initial dressing has been removed.
- Sutures will be removed at your first post-op visit (approx. 2 weeks post-op).
- Do NOT soak the shoulder (i.e. hot tub / bath, etc) until 2-4 weeks after your sutures are removed and the incisions are well healed.

Pain and swelling:

- Local anesthetic has been placed into your shoulder – this will wear off in 6-8 hours after surgery.
- You have been provided with a prescription for pain medications that when used together will provide the most effective pain relief after your surgery.
- Use an ice pack/cold therapy system for 20 mins every hour while awake to help with pain/swelling.
- It is common to have some spotting through the dressings following surgery. Place an additional dressing over the area if this occurs.
- The incisions may continue to "leak" fluid after removal of the initial dressing – this is common and should not raise concern. Place an additional bandage or Band-Aids over the incisions to help them heal. Keep the incisions clean and dry.
- DO NOT apply any ointments or topical creams to the incisions until they are completely healed – this will risk the incisions becoming infected.
- When sitting or lying, keep your arm elevated with several pillows placed under the elbow to help decrease swelling and relieve pain. This can safely be done while wearing the sling.

Shoulder sling:

- Shoulder sling should be worn for a total of 4 weeks.
- You will be provided with a standard (fabric) shoulder sling immediately after your surgery at the hospital. You do not need to bring a sling on the day of surgery.
- In the case of posterior shoulder instability/posterior labral repair, you will need a more advanced sling such as an "Ultrasling"; please get it from an orthotician before your surgery date and bring it with you to your surgery. A prescription should have been provided by your surgeon. If not, please contact our office.
- You may take your sling off for exercises as directed throughout the day, when you are seated with your arm supported, and for hygiene.
- If your sling has a waist strap you may use it if you find this more comfortable. You do not have to use the waist strap.

Driving:

- Driving a motor vehicle is NOT allowed while wearing a sling.
- You must avoid driving until your arm is strong enough to react quickly and safely.

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REHABILITATION PROTOCOL

Shoulder stabilization

Physiotherapy:

- The sling should be always worn for 4 weeks, except when doing exercises and for hygiene.
- No forward elevation beyond 90° and external rotation beyond 0° (neutral rotation) for 4 weeks.
- No PASSIVE external rotation in 90° of abduction (throwing position) for 12 weeks; ACTIVE is permitted.
- No pushing, pulling, or heavy lifting for at least 8 weeks.
- Surgery Specific Precautions:
  - ❑ Biceps Tenodesis/SLAP Repair: Avoid resisted Elbow Flexion for 6 weeks.
- When seated you may use your elbow, hand and wrist for light activities of daily living. No heavy lifting, pushing or pulling using your operative arm greater than 1 pound until advised by your surgeon/PT.
- Physiotherapy should begin 2-4 weeks following the surgery.
- You may select a physiotherapy location and physiotherapist of your choosing. If you do not have insurance coverage for physiotherapy, you can be referred to the Ottawa Hospital Riverside Campus or another OHIP funded location for a limited number of visits.

Sleeping:

- It is often most comfortable to sleep in an upright position in a recliner or propped up by pillows in bed. Placing a pillow under the arm for support may offer some comfort. When you feel able to do so, you may lie flat on your back or on your other shoulder to sleep. It is often many months for you to feel comfortable enough to lay on your repaired shoulder.
- If you are in a stable position and do not move regularly overnight, feel free to remove the sling strap around your neck to sleep. Otherwise, it is best advised that you wear your sling overnight to sleep. If the sling is too uncomfortable to sleep, another strategy is to wear a close-fitting t-shirt overnight where you do not put your arm through the sleeve hole and keep it tucked in close to the body.

Return to activity guidelines (school/work/sports)

- These are estimated guidelines only and will depend on individual improvement and activity requirements:
  - Sedentary desk work (no use of surgical arm on regular basis) = 1 to 3 weeks (depending on pain control and mobility)
  - Light work (below shoulder level) = 3 months
  - Heavier or labor type work = 4-6 months
  - Sports = please review with your surgeon in follow-up (depends on the involvement of your operative arm).

- If you need forms for work or school to be completed, bring them to your follow-up visit or submit them to the office administrative assistant **Ashley West** at awest@toh.ca
- It is very helpful if you complete your section of the form (name, date of birth, employee information, etc.) prior to submitting any forms to our office.
- You will be notified of the expected charge for form completion if applicable.

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Shoulder stabilization

☐ Phase I (0-2 weeks)

Goals:

- Protect the shoulder repair.
- Decrease post-op pain and swelling (can utilize ice/cooling device for 8-12 hours/day x 2 weeks).
- Begin general activities of daily living (i.e., feeding, bathing, and dressing).

Sling:

- Worn at all times, except when under the supervision of the physiotherapist and when bathing.
- Should be worn for sleeping.

Suggested Exercises:

- Ice after exercise program x 15 min.
- Pendulum shoulder ROM exercises.
- No passive stretching.
- Begin active-assisted ROM exercises (i.e., supine, pulleys, wall crawls, and cane exercises) – within limits of forward elevation of 90° and ER of 0°.
- General fitness – may use stationary bike.
    - If you had a posterior labral repair, avoid leaning onto the handlebars with the surgical arm
- Wrist/elbow ROM.

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Shoulder stabilization

☐ Phase II (2-6 weeks)

Goals:

- Protect the shoulder repair.
- Achieve active ROM within limits.
- Begin cross-training to maintain general fitness.
- Return to work: modified duties (desk duties; avoid overhead activity and heavy lifting).

Sling:

- Discontinue at 4 weeks post-op.

Suggested Exercises:

- Begin active and progressive active-assisted ROM exercises (i.e. pulleys, wall crawls, and cane exercises) (NO passive stretching) – limits of forward elevation of 140° and external rotation of 40°.
- Begin GENTLE isometric strengthening exercises (throughout range).
- Begin manual glenohumeral and scapular mobilization.
- May begin aquatic shoulder therapy at 4 weeks post-op.
- General fitness - may use stationary bike.
- Begin peri-scapular muscle strengthening: postural work, scapular retraction, protraction, elevation and depression.
- Continue wrist/elbow ROM (as necessary).

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Shoulder stabilization

Phase III (6-12 weeks)

Goals:

- Achieve full active ROM in all planes.
- Achieve 80-90% ROM in external rotation (elbow at side).
- Increase shoulder strength.
- Return to work: for manual and overhead occupations.

Suggested Exercises:

- Continue active and active-assisted (i.e., pulleys, wall crawls, and cane exercises) ROM exercises - forward elevation, abduction, external rotation, internal rotation (behind back) and internal rotation in abduction (NO passive ROM) – no restrictions.
- No PASSIVE external rotation in 90° of abduction (throwing position) for 12 weeks; ACTIVE is permitted.
- Begin Theraband strengthening exercises for RTC, progressing to strengthening exercises with free weights for all planes (except IR). Increase repetitions before increasing weight (increase endurance > increase strength).
- Begin internal rotation strengthening.
- Begin overhead activity.
- Begin swimming to increase shoulder strength at low resistance.
- Begin putting and chipping for golf.
- General fitness – may begin running.

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REHABILITATION PROTOCOL

Shoulder stabilization

☐ Phase IV (3-6 months)

Goals:

- Maintain/improve shoulder ROM.
- Increase shoulder strength.
- Progressive return to sport.
- Return to work: for manual and overhead occupations.

Suggested exercises:

- PASSIVE ROM involving external rotation in 90° abduction (throwing position) is now permitted.
- Begin sport-specific strengthening exercises.
- Begin low speed throwing / controlled racket sports / non-contact hockey at 3 months.
- Progress to competitive throwing / racket sports / contact sports at 5-6 months when the operative shoulder has reached >90% strength vs. contralateral side
- Progressive return to golf: begins with irons progressing to full swings with all clubs at 6 months.