

KRAMER ORTHOPEDICS

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TREATMENT PROTOCOLS FOR SHOULDER SURGERY

SHOULDER SURGERY

Most surgeries are performed in an outpatient care setting or surgery center. As a patient you will be asked to arrive at the center an hour prior to surgery and can expect to spend approximately one hour following the case in recovery before being discharged. The more complicated procedures often require an assistant surgeon be present at the time of the procedure.

After surgery, a pad connected to a cold therapy unit will be placed on the shoulder over the dressings. The unit is designed to decrease pain and swelling by pumping cold water (approximately forty degrees Fahrenheit) into the pad. Although antibiotics are administered at the time of surgery, they are usually not needed afterwards.

Several small strips of tape will be placed over the wounds at the time of the surgery and are to be left on for seven to ten days. Two or three days after surgery, at the time of your post-op visit, dressings will be changed. The cold therapy pad can be used as needed. From then on you can remove the pad to take a shower or to change clothes. It is imperative, however, that when the cold therapy pad is being used there is a thin white paper or a T-shirt between the pad and the skin. A cold therapy unit is usually used for a period of three to seven days after surgery.

REHABILITATION AFTER SHOULDER SURGERY

After surgery exercises:

**Remove the sling to do your exercises. Remember to put it snugly back on as soon as you are finished.*



Figure 1

Forward Elevation: raise the arm out to the front as high as pain permits by supporting the affected elbow. Let gravity help you by gently bending over at the waist.



Figure 2

External Rotation: Rotate the shoulder by pushing on the affected hand while keeping the elbow at the side.



Figure 3

Pendulum: Do circle pendulum exercises with the arm hanging down and the elbow straight.

Table Slides (no figure shown): In a seated position, take a paper towel and place it on the table underneath your hand. Gently, using comfort as your guide, advance your hand in a forward direction with the help of the paper towel. This will help increase your forward flexion.

These exercises should be stated three to seven days after surgery. They should be done ONCE a day, ten sets each.

Patient can also *do scapular squeezes* (holding shoulders back) as pain permits

Acromioclavicular (AC) Separation

Only symptomatic grade three and four injuries require surgical reconstruction. This surgery will normally involves a single tendon graft harvested from behind the patient's knee and then transplanted to the clavicle. A small incision over the clavicle and another smaller incision behind the patient's knee are required for this surgery.

The arm will be kept in a sling for six weeks after surgery. Minimal range-of-motion exercises will be done during the first six weeks. Physical therapy will be started at six weeks after surgery. A return to sports or more aggressive lifting can be expected at *four to six months* after surgery depending on pain.

Bankart Repair or Capsulorrhaphy

The arm will be kept in a sling for three to four weeks after surgery. Range-of-motion exercises (Figures 1, 2, &3 on page 2) and the scapular squeezes will be done during the first four weeks.

Figure 1 – Forward Elevation and Figure 2 – External Rotation: should be done one time per day in sets of ten.

Figure 3 – Circle Pendulum: should be done for approximately thirty to sixty seconds, one time daily.

Scapular Squeezes: should be done three times per day in sets of ten.

At the end of four weeks *physical therapy* is started. Full shoulder range of motion is usually achieved within two to four months after surgery.

In the early postoperative period isometric strengthening exercises will be performed. The arm is held gently against the body pushing against the uninvolved hand. This posture is maintained for three seconds to tense the muscles before relaxing. It is important not to stress the repair while doing the isometric exercises. *This technique should be applied to all six directions of shoulder motion in sets of ten once daily.*

Biceps Tenodesis

This procedure is indicated for a patient with severe biceps tendonitis or a rupture in which the biceps tendon is repaired by suturing it down into the front part of the upper arm. Although the arm is in a sling for three weeks, the sling is removed once a day for gentle straightening and bending of the elbow after one week. The exercises shown in *Figures 2 & 3* should be started immediately.

These exercises should be done one time per day in sets of ten.

Physical therapy is often started *four to six weeks* after surgery with stronger elbow flexion exercises following at two months postoperatively.

Capsular Release with Manipulation under Anesthesia

This procedure is indicated for patients with limited range of motion. The arm will be kept in a sling after surgery primarily for comfort. Range-of-motion exercises should be started the morning after surgery. Physical therapy will be started at one to three days after surgery. Patients may still take six to eight weeks until they have adequate range of motion in order to return to sports. A continuous passive motion machine may be needed.

Clavicle Fracture

A sling will be used for *three to four weeks* after this procedure. Minimal range-of-motion exercises will be done until three weeks after surgery. It is rare to have significant shoulder stiffness following this procedure, for that reason we do not begin aggressive physical therapy until three to six weeks after surgery.

A return to sports or more aggressive lifting can be expected at *three to four months* after surgery when the **fracture is healed**.

Distal Clavicle Resection (Mumford Procedure)

This procedure is usually performed in conjunction with other surgeries such as rotator cuff repair or decompression. If the resection is performed alone, a sling is used for *one to five days*. The three range-of-motion exercises (*as directed by our office*) should be started the morning after surgery.

The range-of-motion exercises should be done one to three times per day in sets of ten.

Gentle isometric strengthening exercises will also be started on the first day. The arm is held gently against the body pushing against the uninvolved hand. This posture is maintained for three seconds to tense the muscles before relaxing. *This technique should be applied to all six directions of shoulder motion in sets of ten once daily.*

A return to sports or more aggressive lifting can be expected *at four to six weeks* after surgery depending on pain.

Distal Biceps Repair

A long posterior arm splint will be used for four weeks after this. **No range-of-motion exercises should be started after surgery. No lifting with the affected arm even when wearing the splint.**

Physical Therapy will begin *at four weeks* after surgery and gentle range of motion exercise will be started at that time. A return to sports or more aggressive lifting can be expected *at three months* after surgery depending on pain.

Rotator Cuff Repair

A sling will be used for four weeks after this procedure depending on the size of the tear. The range-of-motion exercises (*as instructed by our office*) should be started *three to four days* after surgery.

These exercises should be done one to two times per day in sets of ten.

At four to six weeks, the arm is taken out of the sling and active range of motion is started. Strengthening is started at ten weeks after surgery. Overhead sports can be *resumed four to five months* after surgery and *golfing* can be resumed *at approximately three to four months*.

Precautions:

- Maintain arm in abduction sling, remove only for exercises
- No shoulder AROM
- Keep incision(s) clean and dry
- No lifting
- No supporting body weight with hands and arms
- No sudden jerking motions
- No excessive behind the back movements
- Avoid upper extremity bike and ergometer

Subacromial Decompression

This procedure involves removing bone spurs and bursitis from the shoulder. The patient will be placed in a sling for approximately one to five days and range-of-motion exercises are started the morning. These exercises are shown in figures 1, 2, and 3. *These exercises should be done two to three times per day in sets of ten.*

In the early postoperative period isometric strengthening exercises will be performed. The arm is held gently against the body pushing against the uninvolved hand. This posture is maintained for three seconds to tense the muscles before relaxing. *This technique should be applied to all six directions of shoulder motion in sets of ten once daily.*

SLAP (labrum) Repairs

The arm will be in a sling *for three to four weeks* depending on the severity of the lesion and associated injuries. Two range-of-motion exercises (*Figures 1 & 2 on page 2*) and *scapular squeezes* will be performed during the first four weeks.

Figure 1 – Forward Elevation and Figure 2 – External Rotation: should be done one time per day in sets of ten.

Scapular Squeezes: should be done one time per day in sets of ten.

It is important *to avoid shoulder extension or any type of biceps stressing* during the first *two to three months* following a repair. *Physical therapy* will usually be started *at three to four weeks* followed by more aggressive strengthening of the biceps and shoulder at approximately two to three months.

SUMMARY

These are general guidelines for the more common shoulder surgeries. Often the surgery will involve a combination or variations of the procedures referenced above. Although the general guidelines usually apply in these scenarios, more specific guidelines will be supplied. Please feel free to ask questions at any time.