

Inland Orthopaedic Surgery & Sports Medicine Clinic

Kyle J. Hazelwood, M.D.

SHOULDER POSTERIOR LABRAL/INSTABILITY REPAIR REHAB PROTOCOL AND POST-OP INSTRUCTIONS

This protocol may vary in length and aggressiveness depending on factors such as: Size and location of the tear, associated injuries/procedures, strength/pain/swelling/range of motion status, pre-operative function, primary vs revision repair, rehabilitation goals and expectations

I. POST-OP INSTRUCTIONS:

- a. Abduction sling x 4 weeks post-op at all times, **even while sleeping.** May remove sling for exercises and showering.
- b. Your first physical therapy visit can be scheduled between 1-2 weeks after surgery. Usually only one or two visits are necessary before 4 weeks post-op as most the exercises before then can be done at home.
- c. May **remove bandage post-op day 3** and clean shoulder with alcohol and gauze. Keep steri-strips/sutures in place and reinforce with band aids as needed. **Ok to shower, keeping shoulder covered and as dry as possible** with saran wrap and tape while dressing is still on.
- d. After removing dressing on 3rd day, you do not need to keep shoulder covered for showers. Do not scrub incisions while in shower. Just let soap/water drain over shoulder and pat dry. Do not submerge incisions in bath or pool until fully healed (4-5 weeks)
- e. If you had a **nerve block at the time of surgery, it usually wears off 12-24 hrs post-operatively.** It is normal to have some numbness in the shoulder/arm the first few days after surgery as a result. **The first night after surgery take pain medication before going to bed as the nerve block will often wear off during the night.**
- f. Take the prescribed pain medications as directed. You can supplement your pain control with ice and over-the-counter ibuprofen if needed, making sure to follow the dosage as recommended on the bottle.
- g. Decrease the frequency of your pain medicine as your symptoms allow. Although everyone is different, generally patients are able to be off of pain medicine around 1-2 weeks post-op.
- h. There is no conclusive data about when it is safe to return to driving after shoulder surgery. You cannot drive while taking pain medications. Generally it is a good idea to arrange for someone else to drive for you for the first few weeks. Return to driving is highly individualized and is generally guided by your ability to drive safely and your ability to make evasive maneuvers if that was required.
- i. The risk of blood clots is extremely low after surgery of the shoulder or upper extremity. However, certain conditions may increase your risk including smoking, family or personal history of blood clots or birth control pills. If any of these situations apply, please let Dr. Hazelwood know and take 1 tablet of aspirin (325 mg) per day for 3 weeks after surgery.

II. REHABILITATION PROTOCOL. PHASE I: INITIAL POST-OP PHASE DAYS 1-7

- a. Abduction sling at all times, even while sleeping
- b. Home exercises:
 - i. **Elbow and Wrist Range of Motion (ROM):** Work on achieving full elbow flexion and extension. Work on wrist flexion/extension/supination and pronation while keeping shoulder steady and in neutral position.
 - ii. **Hand Squeezing Exercises:** Work on grip strengthening. Can make a fist and hold or use foam ball.

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- iii. **Pendulum Exercises:** Come out of the sling. Bend over slightly at the waist while holding on to something (e.g. countertop). Slowly move the arm in small circles. Can do 3x/day
- iv. **Supine Assisted Shoulder Flexion:** Lie on back with arm at side and thumb pointed towards ceiling. Use your nonoperative arm and grab the operative side at the wrist slowly raising the operative arm to 90 degrees only

III. REHABILITATION PROTOCOL. PROTECTION PHASE: POST OP WEEKS 1-4

- a. Continue sling. Can remove sling for sleeping at week 2.
- b. Continue previous exercises
- c. Full pendulum exercises
- d. Can start active assisted range of motion—flexion and abduction
 - i. **Weeks 1-2: Active assisted flexion and abduction limited 90 degrees.**
 - ii. **Weeks 2-4: AAROM: Flexion and abduction increases to 120 degrees.**
- e. Shoulder shrugs
- f. Scapular/Deltoid isometrics
- g. Can ride stationary bike with shoulder immobilizer on
- h. Lifting restrictions: <10 lbs

IV. REHABILITATION PROTOCOL. EARLY STRENGTHENING/ENDURANCE PHASE: POST OP WEEKS 4-8

- a. Discontinue sling
- b. Advance AAROM until near full motion is obtained
- c. **Begin active range of motion at week 6**
 - i. **Goal full ROM by weeks 8-10**
- d. Wall climbs, pulleys, functional reach behind the back
- e. Initiate sub-maximal pain free isometrics with arm at side at week 6
- f. Deltoid isotonic
- g. Advance scapular strengthening
- h. Lifting restrictions: <20 lbs

V. REHABILITATION PROTOCOL. ADVANCED STRENGTHENING/ENDURANCE PHASE: POST OP WEEKS 8-12

- a. Continue appropriate previous exercises
- b. PROM/mobilization as needed to achieve full ROM
- c. Posterior rotator cuff, latissimus dorsi, and scapular muscle strengthening (focus on eccentric training)
- d. Theraband exercises beginning at week 8-10
- e. Treadmill: progressive running program

VI. REHABILITATION PROTOCOL. MONTHS 3-4

- a. Continue appropriate previous exercises
- b. Progress periscapular strengthening
- c. Weight training with light resistance
 - i. No overhead resistance or pull downs behind back

VII. REHABILITATION PROTOCOL. MONTHS 4-6

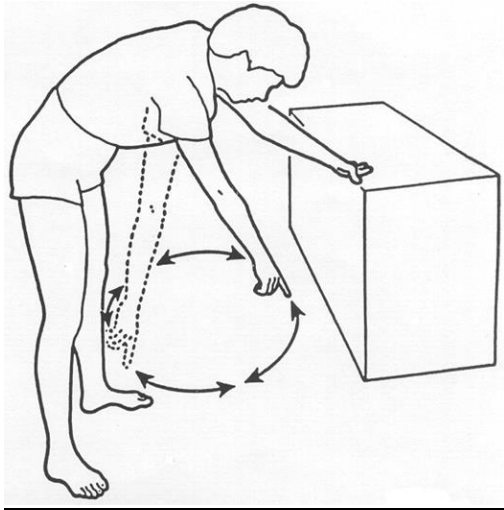
- a. Progressive weight training
- b. Transition to home/gym program
- c. Resume all activity as appropriate

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- d. **Return to Sport:** Return to sport is variable and depends on several factors. In general full range of motion, 90% strength of the contralateral side according to manual strength testing and no shoulder pain with aerobic and upper body conditioning. **No contact sports until 6 months.**



Pendulum Exercises



Supine Assisted Forward Flexion. Do not exceed 90 degrees of flexion until week 2.