

# Inland Orthopaedic Surgery & Sports Medicine Clinic

Kyle J. Hazelwood, M.D.

## SHOULDER ARTHROSCOPY WITH DEBRIDEMENT ± SUBACROMIAL DECOMPRESSION ± DISTAL CLAVICLE EXCISION: *REHAB PROTOCOL AND POST-OP INSTRUCTIONS*

### I. POST-OP INSTRUCTIONS:

- a. Sling is used for comfort. It may be removed 3-5 days after surgery as comfort allows
- b. May **remove bandage post-op day 3** and clean shoulder with alcohol and gauze. Keep streri-strips/sutures in place and reinforce with band aids as needed. Sling at all times except for showering and for exercises as directed below. **Ok to shower, keeping shoulder covered and as dry as possible** with saran wrap and tape
- c. After removing dressing on 3<sup>rd</sup> day, do not scrub over 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)
- d. If you had a **nerve block at the time of surgery, it usually wears off 24-48 hrs post-operatively**. It is normal to have some numbness in the shoulder/arm the first few days after surgery as a result.
- e. 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.
- f. 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 3-5 days post-op.
- g. 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.
- h. 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 0-1 WEEK POST-OP:

- a. Establish **1st visit with physical therapist within 1 week after surgery**. If you did not get a referral for therapy before surgery, please call Dr. Hazelwood's office so that we may fax the referral to the therapist.
- b. Sling for comfort, **discontinue 3-5 days** as comfort allows
- c. Hand squeezing exercises
- d. Elbow and Wrist Active Range of Motion (AROM) as tolerated
- e. Pendulum exercises, Table Slides 3-6x/day
- f. AROM and Active Assisted Range of Motion (AAROM) of shoulder as tolerated
- g. Modalities, ice as needed. Place a towel or covering between your skin and the ice to protect your skin. Maximum 20 minutes/per hour. Gradually wean off ice as swelling/discomfort decreases.
- h. Shoulder Shrugs/scapular retraction without resistance
- i. **Lifting restriction 10 lbs**
- j. **Goals:** Pain control. AROM Flexion/abduction to 120 degrees.

### III. 1-2 WEEKS POST-OP:

- a. Continue appropriate previous exercises
- b. Table Slides/Pendulums 3x-6x/day
- c. AAROM, AROM in pain-free range shoulder without restriction
- d. Wall climbs, pulleys, functional reach behind the back, gentle posterior capsular stretching
- e. Deltoid isometrics, active assisted scapular strengthening (shrugs/retractions)
- f. Begin isometrics for shoulder
- g. Light theraband for ER/IR
- h. Stationary bike
- i. **Lifting restriction 25 lbs**
- j. **Goals:** AAROM Flexion and Abduction Shoulder 150 degrees

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IV. **2-4 WEEKS POST-OP:**

- a. Continue appropriate previous exercises
- b. PROM / Mobilization as needed to regain full motion
- c. Theraband exercises for shoulder
- d. Progressive resistive exercises biceps/triceps
- e. Deltoid isotonic, advance scapular strengthening
- f. Elliptical trainer
- g. **Lifting: as tolerated**
- h. **Goal: Full AROM Shoulder**

V. **4-6 WEEKS POST-OP:**

- a. Continue appropriate previous exercises
- b. Theraband exercises: increasing resistance
- c. Seated row with light weight
- d. Push-up progression against wall
- e. Ball toss with arm at side
- f. Treadmill: running progression program

VI. **6-8 WEEKS POST-OP:**

- a. Continue appropriate previous exercises
- b. Begin light bench press
- c. Push-up progression
- d. Ball toss overhead
- e. Running progression
- f. **Goal: Normal rotator cuff strength**

VII. **8-12 WEEKS POST-OP:**

- a. Continue previous exercises with increasing resistance
- b. Regular push-ups
- c. Progress running program if desired
- d. Swimming
- e. Can begin home/gym program as appropriate once all goals and no/minimal pain with full range of motion
- f. **Goal: Return to all activities**

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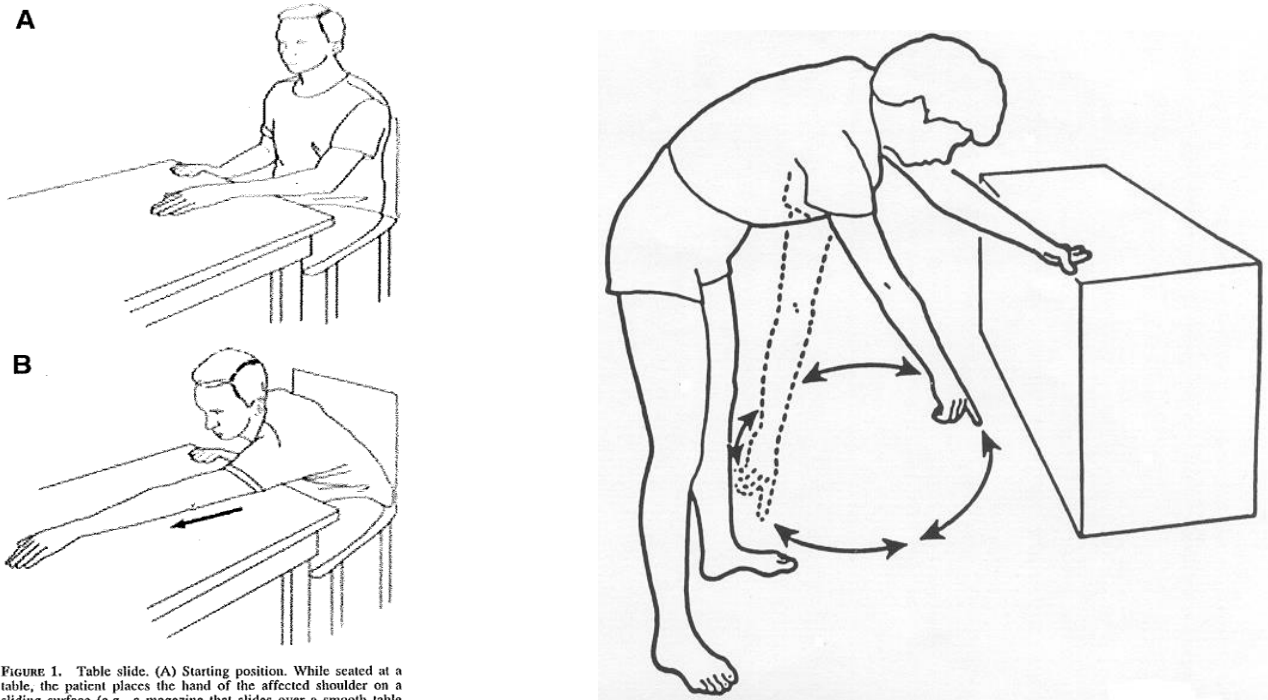
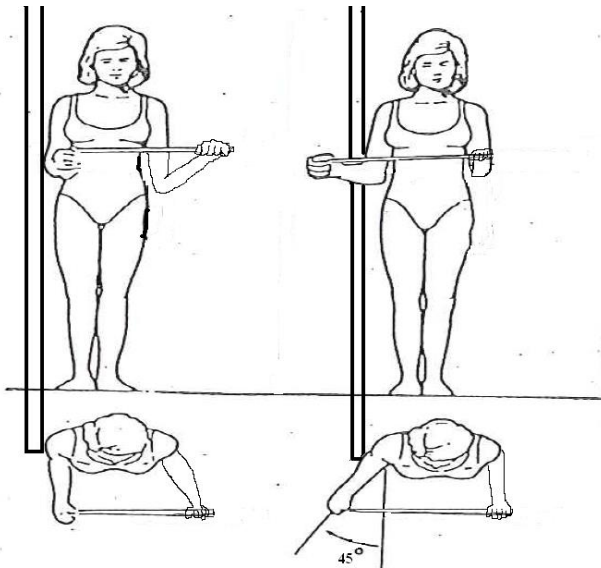


FIGURE 1. Table slide. (A) Starting position. While seated at a table, the patient places the hand of the affected shoulder on a sliding surface (e.g., a magazine that slides over a smooth table surface). (B) Ending position. The patient slides the hand forward, maintaining contact with the table, while the head and chest advance toward the table.



External Rotation Exercise: Using the nonoperative hand, push the stick against the operative side's hand to 45 degrees, and hold for 30 seconds; repeat 10 times per set.

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