

MBBS FRACS Orthopaedics

SHOULDER & KNEE RECONSTRUCTION ORTHOPAEDIC SURGEON

Provider No. 081856BF

North Sydney Orthopaedic &
Sports Medicine Centre
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Sports Focus, Liverpool 02 9601 8411
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OPEN SHOULDER STABILISATION REHABILITATION

Please give to your physiotherapist

Weeks 0 to 6 weeks after surgery (see Dr Burrow at 2 weeks Post-Op)

Use the hand for eating, computer and paperwork out of the sling

Wear sling when shoulder is painful, walking in a crowd, travelling or sleeping for 6 weeks.

Keep arm internally rotated against abdomen except during exercises.

Isometric shoulder muscle exercises including deltoid and scapula stabilizers except subscapularis.

Elbow, wrist and hand exercises 3 times a day.

Commence gentle passive elevation 0-90° supine, using the opposite hand to support the elbow: Aim for 180 degrees by week 12.

Supine Passive external rotation with arm by side from against the tummy to ER 20°.

Pain Control

You will be given strong painkillers when you leave the hospital, like Panadeine Forte or Endone to take as breakthrough painkillers or on going to bed at night.

You can take anti-inflammatories for 1 week.

However almost all the post-op pain is better controlled with regular Panadol every 6 hours and Nurofen 6 hourly, 3 hours after the Panadol.

Make the arm comfortable by positioning it out of the sling, resting it on your tummy or a pillow.

Sleep in a reclining chair and / or with a body-hugging pillow, you may be more comfortable and safe if you wear the sling to sleep for 3-6 weeks.

Regular icing with the Body Ice pack: 30mins, 4 times daily and after exercises or physio is very helpful.

6 – 9 weeks after surgery (see Dr Burrow at 8 weeks Post-Op)

No more sling except if in a busy or crowded situation.

Begin active and passive stretches concentrating on external and internal rotation and forward flexion, progressing to circumferential shoulder motion.

Commence Theraband strengthening with arm at side (i.e. internal and external rotation).

9 - 12 weeks after surgery

Continue to stretch to achieve 90% of opposite side external rotation.

Commence abduction with arm in internal rotation and progressing to neutral.

Commence lightweights and weight endurance training NO external rotation past 0° in 90° abduction.

12 – 24 weeks after surgery (see Dr Burrow at 5-6 months Post-Op)

Increase weight and endurance exercises increase terminal stretch with arm of 90° external rotation with arm in 90° abduction at 20 weeks.

Breaststroke swimming 3x times weekly.

May begin non-contact sports.

Low weight gym under physio guidance, no treadmill for 4 months.

Walking, jogging and progress to careful running (no uneven ground).

24 weeks

May resume contact sports when normal scapulo-thoracic rhythm and normal strength as compared to other arm is achieved at 6 months after surgery.

Work, sport and driving

Most people can:

After 10-14 days: Return to office or light duties (2kg lifting / mobile phone, no use of the arm at chest height or above, no repetitive duties e.g. process line work.

2-6 weeks: Only household walking for first 2 weeks, then gentle exercise walking in a sling.

3-6 weeks: Start driving 15-30 minutes as you feel safe and confident. No travelling by crowded trains and buses for 8 weeks.

No truck driving until 4 months.

No heavy lifting, particularly above chest height for 6 months.

No Treadmills at the gym for 4 months.

GREGGORY BURROW