

ARTHROSCOPIC SHOULDER STABILISATION REHABILITATION

Review with Dr Burrow 10 days after Surgery

0 to 6 weeks

Supine passive External rotation from internal to 10° ER
Supine passive motion 0-90° forward flexion

Use the hand and arm for eating, computer, paperwork etc.

Don't lift arm out in front above chest height or out the side.

Wear sling only when walking or traveling or if uncomfortable. Otherwise the arm can be out of the sling most of day and even when sleeping if comfortable at night.

3 times a day, wrist and hand exercises with a squeeze ball.

30-45° of Forward Elevation for simple activities is acceptable.

Physiotherapy to teach isometric muscle contraction of deltoid and scapular stabilizers, elbow and hand movement.

Cover the wounds with a waterproof dressing to shower, support the arm in a cloth / paper sling or on the soap dish.

Pain Control

You will be given strong painkillers when you leave the hospital, like Panadeine Forte or Endone, to take as breakthrough pain killers 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.

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

6 – 12 weeks after Surgery

Begin formal rehabilitation under physiotherapy guidance.

No more sling, except if in a rowdy crowd situation.

Passive motion 0-180° forward flexion supine.

**Full external rotation is not allowed, as this will stress the anterior capsule and labral repair:
ER of about 30° is acceptable and full ER at 16 weeks.**

No abduction for 4 months until all other movements are full as premature abduction whilst the shoulder is stiff including abnormal scapulo-thoracic rhythm can result in impingement.

12 - 16 weeks after Surgery

Continue passive forward elevation 0-180°.

Work on internal and external rotation passive range of movement.

Begin formal strengthening forward elevation / internal / external rotation, retraining of scapulo-thoracic rhythm and proprioception.

Patient may walk / jog and swim (breaststroke only).

16 – 24 weeks after Surgery

Continue strengthening and stretching of the shoulder.

Obtain full range of motion slowly over 24 weeks.

Sports specific strength and endurance training (Tennis overhead serve, freestyle swimming, surfing) when fully rehabilitated with respect to motion, strength & proprioception.

This usually does not occur until 6 months, 9 months for throwing.

You may feel more comfortable with shoulder taped or strapped for sports.

Work, sport and driving

Most people can:

After 10 -14 days Return to office or light duties (2-5kg 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. Don't travel by crowded trains or buses for 6 weeks.

No truck driving until 4 months.

No heavy lifting, particularly above chest height, for 4 months.

GREGGORY BURROW