Charlotte Shoulder Institute

Patient Centered. Research Driven. Outcome Maximized.

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DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY INSTRUCTIONS FOR PAN-CAPSULAR PLICATION WITH OR WITHOUT LABRAL REPAIR FOR MDI

Initial recovery after shoulder surgery entails healing, controlling swelling and discomfort and regaining some shoulder motion. The following instructions are intended as a guide to help you achieve these goals until your 1st postoperative visit.

A. Comfort:

Although surgery uses small incisions around the shoulder joint, swelling and discomfort can be present. To minimize discomfort, please do the following:

1. **Ice-** Ice controls swelling and discomfort by slowing down the circulation in your shoulder. Place crushed ice in cloth covered plastic bag over your shoulder for no more than 20 minutes, 3 times a day.
2. **Pain Medication-** Take medications as prescribed, but only as often as necessary. Avoid alcohol and driving if you are taking pain medication.
3. **Sling-** A sling has been provided for your comfort and should be worn as described below.
4. **Driving –** Driving is NOT permitted as long as the sling is necessary.

B. Activities:

1. You are immobilized with a sling and abductor pillow, full time, for approximately one month. Your doctor can tell you when you can discontinue use of the sling at your 1st postoperative visit. The sling may be removed for exercises and for hygiene.

2. Your sling may be removed for gentle PASSIVE range-of-motion (PROM) exercises. (SOMEONE ELSE MOVES YOUR SHOULDER). This should be done 3x a day /15 repetitions (ABDUCTION ONLY – away from your body).
3. Active range-of motion (AROM – you move your shoulder) should be performed for shoulder internal/external rotation. Keep elbow positioned at the side and flexed at 90° so forearm is parallel to the floor. This should be done within a comfortable range until you feel slight pain (3x a day for 15 repetitions). You can shrug your shoulders.
4. While your sling is off you should flex and extend your elbow and wrist – (3x a day for 15 repetitions) to avoid elbow stiffness.
5. Handball squeezes should be done in the sling (3x a day for 15 squeezes).
6. You may NOT move your shoulder by yourself in certain directions. NO active flexion (lifting arm up) or abduction (lifting arm away from body) until Dr. Romanowski or your therapist gives permission. These exercises must be done by someone else (Passive Range of Motion).
7. Physical therapy will begin approximately 3-4 weeks after surgery. Make an appointment with a therapist of your choice for this period of time. You will be given a prescription and instructions for therapy at your 1st post op or 1 month visit. Please take these with you to your first therapy visit.
8. Athletic activities such as throwing, lifting, swimming, bicycling, jogging, running, and stop-and-go sports should be avoided until cleared by Dr. Romanowski.

C. Wound Care:

1. Keep the dressing on, clean and dry until your 1 week post op follow up appointment.
2. Should your dressing come off, you may apply band-aids to the small incisions around your shoulder.
3. You may shower the first day after surgery with the dressings in place.
4. Bathing, swimming, and soaking should be avoided for two weeks after your surgery.

D. Eating:

Your first few meals after surgery should include light, easily digestible foods and plenty of liquids, as some people experience slight nausea as a temporary reaction to anesthesia.

C. Call your physician if:

1. Pain persists or worsens in the first few days after surgery.
2. Excessive redness or drainage of cloudy or bloody material from the wounds. (Clear red tinted fluid and some mild drainage should be expected). Drainage of any kind 5 days after surgery should be reported to the doctor.
3. Temperature elevation greater than 101°.
4. Pain, swelling, or redness in your arm or hand.
5. Numbness or weakness in your arm or hand.
6. Chest pain or difficulty breathing.

D. Return to the office

Your first return to the office should be within the first 1-2 weeks after your surgery. Call Dr. Romanowski's office to make your first postoperative appointment.

MULTIDIRECTIONAL INSTABILITY (PAN-CAPSULAR PLICATION WITH OR WITHOUT LABRAL REPAIR) ALL ARTHROSCOPIC REPAIR POST-SURGICAL REHABILITATION PROTOCOL

GENERAL POSTOPERATIVE PROTOCOL FOR MULTIDIRECTIONAL INSTABILITY

PROTOCOL: Multidirectional Instability

1 – 4 Weeks	Arm held in sling, slightly abducted, neutral rotation Gentle isometric exercises, pendulum exercises Hand, Wrist and Elbow ROMs Wound care and hygiene as needed May remove sling for exercises, showering and dressing
4-12 Weeks	Start Physical therapy
12 Weeks	Progressive strengthening
9 – 12 Months	Contact sports

PHASE 1: 0-4 Weeks

This portion of the rehab protocol is made possible with the assistance of a friend or a family member. All active range of motion exercises should be avoided. This relative immobilization period is critical for the healing of the soft tissues and promoting a shoulder without instability. Remain in the sling with abduction pillow at all times except with exercises and hygiene.

10 Days – 2 Weeks	Range of motion goals: Ext. rotation to 10°, forward elevation 90° Gentle isometric exercising and ROM of the hand, wrist and elbow
2 – 4 Weeks	Range of motion goals: Ext. rotation to 20°, forward elevation 110° Isometric strengthening and ROM of the hand, wrist and elbow

PHASE 2: 4-12 Weeks

We will begin formalized physical therapy 4 weeks after surgery. The goals by the end of the second phase of the rehabilitation process is to restore range of motion of the shoulder (both active and passive) within the limits of external rotation as determined by Dr. Romanowski. The main objective is to regain motion over several months because progressing too quickly may lead to recurrent instability

4-6 Weeks	Ext. rotation to 30°, forward elevation 130° by the 6th week Resistance exercises begun Active ROM against gravity is initiated No IR or ER resistance exercises Periscapular isometrics
6-8 Weeks	Ext. rotation to 45°, forward elevation 160° by the 8th week Resistance exercises May begin IR/ER exercises against gravity Periscapular isometrics Discontinue sling/shoulder immobilizer at 6 weeks
8-12 Weeks	Ext. rotation – increase gradually from 45° with full forward elevation May start mobilizing into IR/ER with arm abducted Strengthening begins during this phase with arm in neutral below 90°- focus on the RTC musculature Continue periscapular isometrics

PHASE 3: 3-6 Months

This phase is the functional phase of the rehabilitation protocol. We are trying to achieve aggressive strengthening exercises for the shoulder and scapular muscles. We will progress to functional activities needed for ADL's and sports. Functional progression is stressed during this phase.

- Plyometric program
- More aggressive strengthening program with high load, low repetition as tolerated
- Overhead lifting/traction as tolerated at 4 months
- Exercises:
  - No push-ups, pull-ups until 4 months postop
  - Throwing- Started between 4-6 months as determined by Dr. Romanowski
  - Return to sport at 4-6 months as determined by Dr. Romanowski

PHASE 4: > 6 Months

Return to contact sports