



# Charlotte Shoulder Institute

**Patient Centered. Research Driven. Outcome Maximized.**

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## **DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY INSTRUCTIONS FOR SUBSCAPULARIS REPAIR**

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 1<sup>st</sup> 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 1<sup>st</sup> 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 1<sup>st</sup> 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.

## **DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY INSTRUCTIONS FOR SUBSCAPULARIS REPAIR**

### **2 to 5 Weeks Post-Surgery**

1. Continue using sling. Use the abductor pillow only at night.
2. No overhead motion during the first 5 weeks.
3. You will begin formal physical therapy at 3 to 4 weeks post-surgery.
4. Use of modalities as needed (heat, ice, electrotherapy)
5. Apply ice following treatment and home exercises for a maximum of 20 minutes.
6. Continue gentle pendulum exercises for the first 3 weeks.
7. Continue passive range of motion exercises for the first 3 weeks but do not exceed the limits placed on you by your doctor.
8. At 3 weeks begin passive range of motion exercises in all planes to an endpoint of a comfortable stretch.
9. At 3 weeks active-assistive exercises (wall climbs, wand exercises) and active ROM exercises may be added.
10. Isometric exercises – internal/external rotation, abduction, flexion, extension.
11. Active shoulder extension lying prone or standing (bending at the waist) – avoid the shoulder extended position by preventing arm movement beyond the plane of the body.

### **6 to 8 Weeks Post-Surgery**

1. Discontinue use of sling.
2. Continue shoulder ROM exercises (passive, active-assistive and active) as needed.
3. Begin active internal / external rotation exercises with rubber bands / surgical tubing (as tolerated)
4. As strength improves, progress to free weights with external / internal rotation:  
External Rotation: perform lying prone with arm abducted to 90° or side-lying with arm at the side – perform movement through comfortable range.  
Internal Rotation: perform supine with arm at the side and elbow flexed to 90°.
5. Active shoulder abduction from 0° to 90°.
6. Active shoulder flexion through available range of motion (as tolerated).

### **2 to 3 Months Post-Surgery**

1. Continue shoulder ROM exercises (as needed) – patient should have full passive and active ROM.
2. Continue isotonic exercises with emphasis on eccentric strengthening of the rotator cuff.
3. Add push-ups -- movement should be pain free. Begin with wall push-ups. As strength improves, progress to floor push-ups (modified – hands and knees, or military – hands and feet) as tolerated.
4. Active horizontal abduction (prone).
5. Add subscapularis specific strengthening. Begin with forward punch and progress through internal rotation (low, mid and high), dynamic hug and diagonals.

6. Add upper body ergometer for endurance training.
7. Add gentle plyometrics.

#### 4 Months Post-Surgery

1. Add advanced capsule stretching, as necessary.
2. Continue to progress isotonic exercises.
3. Add military press exercise.
4. Progress in strengthening of subscapularis specific exercises.
5. Add pitch-back beginning with a light ball.
6. Add total body conditioning program.

#### 5 Months Post-Surgery

1. Continue strengthening program – emphasis may be placed on exercising the shoulder in positions specific to the sport.
2. Continue total body conditioning program with emphasis on the shoulder (rotator cuff).
3. Skill mastery – begin practicing skills specific to the activity (work, recreational activity, sports, etc.) -- *for example, throwing athletes (e.g., pitchers, quarterbacks) may proceed to throwing program.*
4. May add progressive shoulder throwing program – advance through the throwing sequence, as needed.