



Charlotte Shoulder Institute

Patient Centered. Research Driven. Outcome Maximized.

James R. Romanowski, M.D.

Novant Health Perry & Cook Orthopedics and Sports Medicine
2826 Randolph Rd.
Charlotte, NC 28211
704-358-0308 (Office)
704-358-0037 (Fax)
www.charlotteshoulder.com

DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY INSTRUCTIONS FOR ARTHROSCOPIC SLAP 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 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.

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WEEK 1:

Sling immobilization with abductor pillow at all times; gentle elbow, wrist and hand exercises started the day after surgery and continued throughout rehab period

WEEKS 2-4:

Continue sling immobilization with abductor pillow. Codman circumduction exercises; gentle passive range-of-motion within pain-free range avoiding external rotation beyond neutral and extension of arm behind body

WEEKS 4-10:

Discontinue sling and abductor pillow. Progressive passive range-of-motion to full, as tolerated in all planes; begin passive posterior capsular and internal rotation stretching; begin passive and manual scapulothoracic mobility program; begin external rotation in abduction exercises; begin protected biceps, rotator cuff and scapular stabilizer strengthening; allow use of operative extremity for light activities of daily living

WEEKS 10-16:

Begin biceps, rotator cuff and scapular stabilizer resistance exercises; begin sport-specific exercise program

WEEKS 16-24:

Begin interval-throwing program on level surface; continue stretching and strengthening programs with special emphasis on posterior capsular stretching

WEEKS 24-28:

Begin throwing from the mound

AFTER 28 WEEKS:

Allow full velocity throwing from the mound; continue strengthening and posterior capsular stretching indefinitely; since occult posterior capsular tightness had a significant role in the original S.L.A.P. Lesion, stretching this area will limit the chances of recurrence.