



Charlotte Shoulder Institute

Patient Centered. Research Driven. Outcome Maximized.

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DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY INSTRUCTIONS FOR OPEN ANTERIOR CAPSULOLABRAL 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.

ANTERIOR CAPSULOLABRAL RECONSTRUCTION REHABILITATION PROGRAM

0 – 3 WEEKS POST SURGERY

- Patient is immobilized in a sling with abduction pillow at 80°-90° external rotation for three weeks.
- The abduction pillow may be removed to allow the shoulder to adduct and for gentle passive abduction, flexion, and external rotation exercises (i.e., 2 sets of 10 repetitions) twice a day. Abduction and external rotation are performed in 20°-30° horizontal adduction and external rotation.
- Isometric abduction, horizontal adduction and external rotation.
- Active elbow flexion and extension strengthening exercises.
- May squeeze a soft ball for hand and forearm muscle strengthening.

3 – 5 WEEKS POST-SURGERY

- Continue use of sling, no longer required to use the abduction pillow.
- Continue passive ROM exercises with emphasis on protecting the anterior capsule.
- Active internal rotation with the arm at the side and the elbow flexed 90°.
- Active external rotation with the arm at the side and the elbow flexed 90° using surgical or rubber tubing (as tolerated).
- Full active external rotation performed within the patient's pain free ROM.
- Perform active-assistive ROM exercises (i.e., wand exercises, wall climbs, etc.) and mobilization techniques (as needed).
- Active shoulder extension in the prone position. Only extend the arm until it is level with the trunk.
- Add shoulder shrugs.
- By 4-5 weeks post-surgery, progress to external rotation in the sidelying position (Patient lies on the uninvolved side with the involved arm by the side of the body and elbow flexed 90°).
- Add supraspinatus strengthening exercises.
- Add active shoulder abduction to 90°.

6 – 8 WEEKS POST-SURGERY

- Continue strengthening exercises with emphasis on the rotator cuff muscles.
- Add shoulder flexion strengthening exercises.
- Add horizontal adduction (from 15° to 20° horizontal adduction to 90°).
- May begin upper body ergometer for endurance training starting at low resistances.

2 – 4 MONTHS POST-SURGERY

- Progress with resistive exercises as tolerated (i.e., rotator cuff, shoulder flexion, abduction, extension and horizontal adduction).
 - By 2 months, patient should have full range-of-motion.
 - May include isokinetic strengthening and endurance exercises at the faster speeds (i.e., 200+ degrees/second) for shoulder internal and external rotation. The shoulder is positioned in 15°-20° flexion to protect the anterior joint capsule.
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- At 2 to 2-1/2 months, add push-ups lowering the body until the arms are level with the trunk. Begin with wall push-ups, progressing to modified (on the knees) and then military push-ups (on the toes). The arms are positioned at 80°-90° abduction. Do not lower the body causing the arms to go past the body, which would stress the anterior capsule
 - Add horizontal abduction to neutral.
 - If patient has full ROM, begin restoring normal scapulohumeral rhythm.

4 MONTHS POST-SURGERY

- Continue progressing weights with emphasis on eccentric exercises. May begin isokinetic strength training for flexion and abduction. May add training at the slower speeds with continued emphasis on the higher speeds.
- Perform first isokinetic test evaluating strength and endurance in the following movement patterns: internal and external rotation, flexion and extension, abduction and adduction. Each movement pattern is tested on a different day (i.e., conduct test over a 3-day period).
- If the isokinetic test indicates adequate strength and endurance (80% or above as compared to the uninvolved shoulder), begin the Throwing Program.

5 MONTHS POST-SURGERY

- Add chin-ups.
- Continue strength and endurance training and Throwing Program, as tolerated.
- Add total body conditioning program.

6 MONTHS POST-SURGERY

- Continue strengthening and endurance exercises with emphasis on the muscles needed specifically to the sport played.

