

# Facey Medical Group

## Orthopaedic Surgery & Sports Medicine

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### Shoulder Arthroscopy

*The following is intended as an overview of the diagnosis, surgical treatment & post-operative expectations of your injury. Many of the questions that patients routinely have are addressed here, but if you have further questions or do not understand the content, please contact us.*

#### Post-operative Instructions

*Pain Medication* – You will be given a prescription for pain medication following surgery. Take these as directed for as long as you require them, usually 1-2 weeks. Most patients tolerate these medicines well, but they can cause drowsiness, nausea, vomiting, and, rarely, allergic reactions. When the initial pain subsides, you can substitute them with acetaminophen (Tylenol). Do not take these medicines with alcohol or with other prescription pain medicines. These medications rarely eliminate all pain, but if they are not adequately controlling your pain, or if you are having significant side effects, you should alert your physician.

*Dressing Care* – The initial dressings may be carefully removed 3 days after surgery. Do not pull at the underlying sutures or adhesive bandages. Keep the area clean & dry and cover it with a fresh gauze or other bandage. The ice compresses should be used over the dressings every hour for 15 minutes until the initial inflammation subsides. It can then be used 3 times daily for 15 minutes, or as needed.

*Bathing* – Showering is acceptable after the first bandage removal. Limit your shower to short duration and avoid directing water at the incisions. A plastic covering may be used to limit water contact with the surgical area. Avoid using any soap, alcohol or peroxide, and do not submerge the incision. Once finished, pat the area dry and cover with a fresh gauze or other bandage.

*Shoulder Sling/Immobilizer* – Some type of shoulder sling will be fitted after your surgery. If no repair work has been done, a simple sling will be given for your comfort. This sling should be removed 3-4 times a day after the first day or two to practice motion exercises. You may want to wear it for longer at nighttime and when out in the community, since you typically have less control over your shoulder in these situations. When you feel as though you do not need the support of the sling any longer, you can discontinue it altogether.

If repair work has been done, a larger shoulder immobilizer will be fitted instead of a simple sling. This should be worn at *all times* (even sleeping), except while bathing or performing exercises, for the first 6 weeks. No lifting, pushing, pulling or reaching overhead is allowed until advanced by your physical therapist. You can perform activities, like writing, typing & computer work, with the immobilizer immediately.

*Return to Work/School* – Returning to work or school is highly individualized based on your demands at work/school, transportation needs & individual course of recovery. Most patients should plan on a period of 4-6 weeks of recovery if possible. Those with lower physically demanding jobs, including no lifting, pushing, pulling or reaching overhead, may be able to return sooner. Light duty arrangements may be necessary. When you do return to work, you should be off of prescription pain medications and be able to take breaks as necessary if your shoulder fatigues. If returning to school, be sure to have a doctor's note for temporary physical education exemption.

*Driving* – Safety is paramount with respect to your return to driving. You should be off of all prescription pain medications and have enough control of your arm to react safely to the normal hazards of the road. This will be true for most patients within 2-4 weeks, but is highly individualized and may take longer for some patients.

#### Rehabilitation

Most therapists are well-aware of standard shoulder arthroscopy rehabilitation protocols. The following is for your information in order to know what to reasonably expect following surgery. The exact details and exercises may vary based upon your progression and the plan as discussed with you, your physician & your therapist. You may, however, share this outline with your therapist to facilitate communication. Any questions that you or your therapist have, should be directed to the surgical team.

## Precautions

*Avoid any lifting > 5lbs., pushing, pulling or other strenuous activity until cleared to do so.*

*Additional Precautions/Directions:*

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### Weeks 1-3

#### Goals

##### *Elbow, wrist & hand range of motion*

Exercises (without weight)

Elbow flexion & extension	Palm up/palm down
Wrist flexion & extension	Open/close fist

##### *Shoulder range of motion*

Exercises

Pendulum exercises – clockwise & counterclockwise  
Scapular motion exercises – up/down & medial/lateral  
Gentle passive/active range of motion (see below for specific cautions)

##### *Minimize pain & swelling*

Cryotherapy (Ice-flow machine)

1<sup>st</sup> 24 hours or until acute inflammation is controlled: Every hour for 15 minutes

After acute inflammation is controlled: Three times daily for 15 minutes

##### *Cardiopulmonary exercise*

Exercises

Walking  
Stationary bicycle (recumbant)

### CAUTION

If a *REPAIR* has been completed:

NO passive or active external rotation beyond 20 degrees

NO active elevation or abduction (lifting of the shoulder)

USE shoulder immobilizer at all times except during bathing or exercises, including sleeping.

### Weeks 4-6

#### Goals

##### *Elbow, wrist & hand range of motion*

Exercises (without weight)

Elbow flexion & extension	Palm up/palm down
Wrist flexion & extension	Open/close fist

##### *Shoulder range of motion*

### Exercises

- Pendulum exercises – clockwise & counterclockwise
- Scapular motion exercises – up/down & medial/lateral
- Active assisted range of motion – sitting & lying supine with pulley/wand
  - Forward elevation
  - Internal rotation
  - External rotation – advance 5-10 degrees every 2 weeks

### Strengthening

- Exercises (see below for specific cautions)
  - Isometric elevation/depression/abduction/ER/IR
  - Gentle Theraband & light resistance strengthening

### Minimize pain & swelling

- Cryotherapy as needed
- Scar massage

### Cardiopulmonary exercise

- Exercises
  - Walking
  - Stationary bicycle (recumbant)

### CAUTION

- If a *REPAIR* has been completed:
  - NO passive or active external rotation beyond 45 degrees
  - NO active elevation or abduction (lifting of the shoulder)
  - NO Theraband or resistance exercises
  - USE shoulder immobilizer at all times except during bathing or exercises, including sleeping.

### Weeks 7-9 (For REPAIR patients)

#### Goals

#### Shoulder range of motion

- Exercises
  - Pendulum exercises – clockwise & counterclockwise
  - Scapular motion exercises – up/down & medial/lateral
  - Active & active assisted range of motion – wall climbs, pulley/wand
    - Forward elevation
    - Adduction/Abduction
    - Internal rotation
    - External rotation – advance to full external rotation.

#### Strengthening

- Exercises
  - Isometric elevation/depression/abduction/ER/IR
  - Progress Theraband & resistance strengthening

#### Minimize pain & swelling

- Cryotherapy as needed
- Scar massage

#### Cardiopulmonary exercise

- Exercises
  - Walking
  - Stationary bicycle (recumbant)