# North Shore Shoulder
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## Physical Therapy Protocol for Patients Following Shoulder Surgery

-Rotator Cuff Surgery

-Shoulder Stabilization Procedures

-Labral Repairs

## General Guidelines:

-The program is designed to take into account whether tissue has been repaired or just arthroscopically cleaned and shaved

-If tissue was repaired then an obligatory period of protection (immobilization) is necessary. Usually this is for no less than 4 and no more than 6 weeks.

-If no tissue has been repaired then the program is more symptom driven rather than time dependent

-Once active range of motion therapy begins, the patient is encouraged to get rid of the sling/ immobilizer ( This usually occurs after 4 weeks )

-Patients are counseled to avoid quick sudden movements, repetitive movements, reaching for any weight over a pound or two and avoiding any activity that requires force or power.

-Patients are discouraged from using arms (especially operated side) to get up from chair, bed, etc.

-Driving is not recommended while using the sling.

-Driving is not recommended until such time as the patient can safely get both hands on the steering wheel and operate the vehicle safely.

-Daily showers and hygiene is encouraged with the precautions already stated.(Showers can start on post op day 2 after dressing is removed.)

## Considerations for Need for Protection Period

1. Type and size of tear
    a. Partial v. complete
    b. Small, medium, large or massive

2. Surgical Procedure performed
    a. Arthroscopic repair of rotator cuff, biceps or labrum
    b. Need for artificial patch graft

3. Method of fixation
    a. Side to side repair
    b. Tendon to bone usually with anchors

4. Mobility of tissue and ease of repair
    a. Tissue mobile and easily repaired
    b. Tissue somewhat mobile and difficult but repaired

    c. Tissue not mobile and only partial repair achieved

5. Quality of tissue
    a. Good quality tissue and bone holds sutures/ implants well

    b. Decent quality (no significant concerns)
    c. Fair to poor quality tissue

# Phases of Rehabilitation (please print bring with you to PT)

## Phase I (0-2 weeks)

-Most important concern is pain control, protection and personal hygiene

-Patients are instructed in proper showering, dressing and ADL

-Precautions are stated in post op instructions (given to patient after surgery) depending on what was done at surgery and the quality of the tissue/ repair

-Patients should sleep with immobilizer and not take any chances, many patients find it more comfortable to sleep in a recliner for the first two weeks

-Elbow, forearm, wrist and digits are mobilized to avoid stiffness and minimize edema at the elbow and hand

-Grip strengthening by using a “squeezy ball” keeps muscle pump going to reduce dependent edema

-Patients are seen at approximately 7-10 days for suture removal and wound check No formal therapy at this time.

## Phase II (2-4 weeks)

-Prescription is given for PT to start depending on what was done

-For rotator cuff repair, start passive range of motion in therapy. Pendulums are to be dome at therapy as well as at home

-The sling can be removed for showering, pendulums, PT and if sitting in a chair/couch. Otherwise sling should be worn at all times.

-For labral repairs and instability repairs no formal PT will begin until 4 weeks out from surgery. The sling can be removed for showering, pendulums and if sitting on a chair/couch.

# Phase III (4-8 weeks)

-May discontinue sling/ immobilizer unless needed out of the house or for comfort. I t's use now becomes counter productive

-May sleep without sling

-May begin driving as soon as safe and confident (usually determined by patient)

-Therapy is 3 sessions a week for 4 weeks at a time

-Patients are encouraged and instructed in daily home stretches to assist therapist in achieving functional ROM

## Patient Function

May begin using limb for ADL

Light desk work is OK

Non operative arm can be used as tolerated

Significant restrictions remain for operated limb

May do lower extremity cardiovascular type exercises

Light swimming is encouraged at this point

## **THERAPIST INSTRUCTIONS**:

- AAROM for weeks 4-6 then progress to AROM for weeks 6-8.

-Gentle passive assist by therapist to improve ROM and function (therapist manually guides patient through range of motion with slow steady stretching)

-Stretchinng directions include forward flexion, abduction, IR, ER
UBX, pulleys, cane stretches are all acceptable means to achieve ROM

-Once AROM is started, patient should actively raise the arm against gravity until pain/resistance is met. Therapist can then maually stretch patient further .

-A pulley will be provided for home use to help with stretching.

-No isometrics (they generate very high tension which may disrupt tissue repair)

-Begin distally with grip strengthening, elbow flexion/ extension PRE's with light handheld weights

-For proximal muscle strengthening think 3 P's (in sequence)

1. Primary joint stabilizers - begin at core by conditioning the cuff muscles with light hand held weights and low resistance theraband to recover glenohumeral stabilizers
2. Peri-scapular muscles – work on scapular retraction, protraction and elevation
3. Power movers – then lastly work on major limb positioners (pectoralis, deltoid, latissimus)

-Strengthening begins lightly and increases over time as tissue heals (no power activity for at least 3 months post op)

-Work muscle groups in proper sequence (i.e., don't do push ups for serratus before 3 months)

# Phase III (8-12 weeks)

-Tissue to bone healing should be almost complete

-ROM should be approaching normal or at least making steady gains on a weekly basis

-No sports or heavy physical work yet

-Continue regular therapy schedule

## Patient Function

Continue with normal ADLs

Start strengthening program

Continue will cardiovascular exercise including treadmill, eliptical, running etc

Swimming is encouraged

## THERAPIST INSTRUCTIONS:

-Start a strengthening program.

-Encourage patients to “do what they cannot do”

-If they can’t reach behind then show them how to do this, if they can’t wash their underarm show them how to reach for those areas with good stretches

-Use unoperated side to help get operated limb to reach for those areas that are hard to get to

-Strengthening Continues as before with progression to power movers and peri-scapular muscle strengthening

-Anterior and middle deltoids are key to success and proper shoulder function. They should be heavily emphasized during this time