SOUTH BEND ORTHOPAEDICS

53880 Carmichael Drive • South Bend, IN 46635
60160 Bodnar Boulevard • Mishawaka, IN 46544
Phone: 574.247.9441 • Fax: 574.247.9442 • www.sbortho.com

Patient name:
Date of Surgery:
Surgery performed:

Tyler McGregor, DO
General Orthopedics and Sports Medicine
South Bend Orthopaedics

Discharge/Post-operative Instructions and Therapy Protocol:
Shoulder Arthroscopy, Acromioplasty, Distal Clavicle Excision, Debridement, Bursectomy, biceps tenotomy or tenodesis
(574) 247-9441

POST-OPERATIVE/RECOVERY PHASE

Activity/motion:

- You may actively move your shoulder as tolerated after the procedure.
- A sling will be provided to you after surgery for comfort and protect your shoulder from others.
- Closed chain pendulums should be performed starting the day after surgery. While standing behind a chair or table, use your non-operative sided hand to help the surgical sided hand to be placed onto a firm table or the back of a chair. While grasping the table/chair, gently walk around while keeping your hand fixed at that point. This movement allows for stretching of the shoulder to prevent stiffness while also protecting the rotator cuff repair. Closed chain pendulums may be done 5-10 times per day or even hourly when awake. You may also perform any other exercises designated by your physical therapist.

*****If a biceps tenodesis is performed, no active elbow flexion strengthening is to be done until 8 weeks after surgery*****

Wound care:

- Bandages should be kept clean and dry to prevent infection. If dressings get wet or dirty, they must be replaced with new, clean dressings. Contact the office if this occurs.
- Some amount of bleeding can be expected on the dressings after surgery. If your dressings become saturated with blood, please contact the office at the above number for further instruction.
- SPF 30 or greater is recommended over the incisions for the first year to minimize darkening of the scar.

Showering:

- May be done immediately if the dressings can be kept entirely clean and dry throughout the process.
- Dressings should be kept on your shoulder and maintained until 3 days following surgery
- After dressing removal, you may shower with waterproof bandages placed over the incisions and steri-strips such that no water can make contact with the incision. After showering, waterproof bandages may be removed and clean, dry dressings may be re-applied.
- **Do not submerge the shoulder underwater in a bath, swimming pool or any other body of water until the incisions are completely healed, typically 4-6 weeks following surgery**. Premature submersion may lead to infection.

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Ice/Cold Therapy:
- Used to minimize pain and swelling after surgery.
- Ice should be applied in cycles of 20 minutes on, 40 minutes off for the first 72 hours following surgery. Ice can also be used after doing physical therapy and home exercises if swelling is persistent.
- Do not apply ice directly to the skin.
- If an ice machine was prescribed or is available for your use, follow the recommendations specific to that machine.

Pain Medication:
- Narcotic Pain Medication is best utilized for acute pain and for short durations. It is given to allow for tolerable discomfort.
- ONE prescription of narcotic pain medication is typically sufficient after these procedures. Hydrocodone/acetaminophen (7.5/325 mg) may be taken 1 time every 6 hours as needed for pain. A maximum of 4 tablets may be taken in a given day. Approximately 20 tablets will be prescribed in total.
- Common side effects of narcotic medication include: flushing, dizziness, nausea, drowsiness, constipation, delirium. If you are using narcotics, minimize constipation by drinking adequate amounts of fluid and consuming a high-fiber diet. A stool softener such as docusate and/or a GI motility agent such as senna may be purchased over the counter as well.
- DO NOT operate a motor vehicle or heavy machinery while under the influence of narcotic medication.
- Alternatives to narcotic pain medication include ibuprofen (600 mg every 6-8 hours) and Tylenol. You may take ibuprofen in conjunction with Norco if you are having breakthrough pain**. Tylenol is not to be taken with Norco**.

Minimizing Risk for Deep Vein Thromboses (DVT, blood clots)
- Blood clots in the extremities (DVT) or lungs (pulmonary embolism- PE) are possible after having surgery due to decreased mobility. If a blood clot travels out of the extremities and into the lungs, it can be a serious and life-threatening condition. Concerning symptoms include calf pain, leg foot and swelling, shortness of breath, increased breathing or heart-rate and fever.
- Mechanical methods for preventing DVT include contracting (flexing) the muscles of the legs, including the calves, quadriceps and gluteals. These should be done 10-15 times per hour while awake.
- Compressive TED stockings may be placed on your legs after surgery.
- Aspirin 325mg is recommended once per day for 4-6 weeks following surgery. Patients with allergies sensitivities or other contraindications to aspirin or other anti-coagulation agents should not take aspirin and should consult with their surgeon and/or primary doctor.
- Contraceptive medications should be temporarily suspended for 6 weeks after surgery.

TRANSITION TO ACTIVITY

Return to Driving:
- You **must** be off of narcotic pain medication to resume driving.
- You must wait until you can effectively move your arms to be positioned to “10 and 2” on the steering wheel and your shoulder has good range of motion.

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- You must feel safe and comfortable behind the wheel. You must be confident in moving the steering wheel in all directions and be able to safely maneuver the vehicle.

Returning to Work/Sports:
- Returning to work/sports is largely dependent upon time from surgery, physical therapy progress and the specific occupational responsibilities and duties.
- Laboring jobs/sports may require 6-9 months to recover/rehabilitate before returning to regular duty/play.
- Low physical demand jobs may take anywhere from 4 weeks to several months for a return to work
- Sedentary work may be resumed after your first post-operative appointment.

POST-OPERATIVE VISITS

Physical Therapy:

*****If a biceps tenodesis is performed, no active elbow flexion strengthening is to be done until 8 weeks after surgery*****

- Recommended to begin within 1-2 weeks following surgery.
- Typically 2-3 times per week. However, frequency and duration of therapy visits is often based on patient needs and should be discussed with the Physical Therapist.
- Plan on participating in a daily home exercise program. This will also be coordinated by your Physical Therapist.

Post-op Visit 1
- Within 14 days following surgery. Suture removal and clinical check to assess gentle range of motion and incision healing.

Post-op Visit 2+
- Approximately 6 weeks following surgery. Assessment of shoulder range of motion and strength. Depending on progress with physical therapy, return to work/sports will be planned accordingly.

OTHER FREQUENTLY ASKED QUESTIONS/ CONCERNS

Dental Work:
- Preoperatively, routine cleanings should be avoided within 3 days of surgery.
- Post-operatively, please schedule routine cleanings for at least 14 days after surgery.
- No antibiotic prophylaxis is needed for dental cleanings/procedures following this surgery.

Worrisome Symptoms:
Please contact the office at **(574) 247- 9441** if you are experiencing any of the following:
- Redness
- Foul Odor
- Abnormal warmth of the joint/surgical site
- Shortness of breath
- Chest pain
- Excessive Swelling
- Numbness or tingling

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BICEPS TENODESIS PT PROTOCOL (IF PERFORMED)

Beginning postoperative week #2

- Goals:
  - Minimize shoulder pain and inflammatory response
  - Achieve gradual restoration of AROM
  - Begin light waist level functional activities
  - Wean out of sling by the end of the 2-3 postoperative week
  - Return to light computer work
- Precautions:
  - No lifting with affected upper extremity
  - No friction massage to the proximal biceps tendon/tenodesis site
- Activity:
  - Begin gentle scar massage and use of scar pad for anterior axillary incision
  - Progress shoulder PROM to active assisted (AAROM) and AROM all planes to tolerance
  - Active elbow flexion/extension and forearm supination/pronation (No resistance)
  - Begin incorporating posterior capsular stretching as indicated
  - Cross body adduction, Side lying internal rotation stretch (sleeper stretch)
  - Continued Cryotherapy for pain and inflammation
  - Continued patient education: posture, joint protection, positioning, hygiene, etc.

Strengthening Phase (starts approximately post op week 6-8)

- Goals:
  - Normalize strength, endurance, neuromuscular control
  - Return to chest level full functional activities
- Precautions:
  - Do not perform strengthening or functional activities in a given plane until the patient has near full ROM and strength in that plane of movement
  - Patient education regarding a gradual increase to shoulder activities
- Activity:
  - Continue A/PROM of shoulder and elbow as needed/indicated
  - Initiate biceps curls, pronation and supination with light resistance, progress as tolerated
  - Begin rhythmic stabilization drills
  - External rotation (ER) / Internal Rotation (IR) in the scapular plane
  - Flexion/extension and abduction/adduction at various angles of elevation
  - Initiate balanced strengthening program
    - Initially in low dynamic positions
    - Gain muscular endurance with high repetition of 30-50, low resistance 1-3 lbs)
    - Exercises should be progressive in terms of muscle demand / intensity, shoulder elevation, and stress on the anterior joint capsule
    - Near full elevation in the scapular plane should be achieved before beginning elevation in other planes
    - All activities should be pain free and without compensatory/substitution patterns
    - Exercises should consist of both open and closed chain activities
    - No heavy lifting should be performed at this time

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Advanced Strengthening Phase (starts post op week 10)

- Goals:
  - Continue stretching and PROM as needed/indicated
  - Maintain full non-painful AROM
  - Return to full strenuous work/recreational activities
- Precautions:
  - Avoid excessive anterior capsule stress
  - With weight lifting, avoid military press and wide grip bench press.
- Activity:
  - Continue all exercises listed above
    - Progress isotonic strengthening if patient demonstrates no compensatory strategies, is not painful, and has no residual soreness
  - Strengthening overhead if ROM and strength below 90 degree elevation is good
  - Continue shoulder stretching and strengthening at least four times per week
  - Progressive return to upper extremity weight lifting program emphasizing the larger, primary upper extremity muscles (deltoid, latissimus dorsi, pectoralis major)
    - Start with relatively light weight and high repetitions (15-25)
  - progress to preinjury function in a stepwise fashion