

Postoperative Arthroscopic Shoulder Stabilization Protocol

After surgery until the first post op visit (10-14 days)

- You may remove the dressings two days after surgery. If the incisions are dry, no further dressing or covering is needed. If there is any spotting or bleeding from the incisions, cover with a dry dressing. Remove and check the incision for spotting daily and do not replace dressing once dry.
- Keep the dressings and incisions dry. Do not shower for 7 days or you may shower with the incisions covered with occlusive dressings (Tegaderm available in most pharmacies). You may bathe if the incisions are not immersed in water.
- You may reduce your pain and reduce the need for pain medication if you place ice on the shoulder three times/ day for 15 minutes each time (more if desired, but not more than 15 minutes every hour). Keep the incisions dry while applying ice by using a towel over the incisions or use a Cryocuff.
- Always keep the sling on except when dressing or bathing.
- You may remove the sling a few times each day to stretch the elbow and wrist.
- Use pain medicine as prescribed but try to wean off them as soon as possible.
- The pain medication can cause constipation. Consider using a stool softener.
- Do not use oral anti-inflammatories (ibuprofen, Advil, Aleve) during the first 4 weeks after surgery if possible. You may use Tylenol (acetaminophen).

1 week to 4 weeks

- Always use the sling, especially when sleeping at night.
- You may remove the sling a few times/day to shower or stretch the elbow and wrist.

4 weeks to 12 weeks

- Start the pendulum, table slide, and wall walk exercises at 4 weeks.
- Start the 8–16-week exercise program at 8 weeks.

PT goals:

- Restore symmetric range of motion by 8-12 weeks except for ER at 0 and ER at 90.
- The goal for ER at 0 is 20% less than the contralateral side.
- ER at 90 should be avoided until 12 weeks.

3 months to 6 months

- Fine tune ROM if needed with formal PT.

- Start strengthening – Rotator cuff and scapular stabilizer strengthening protocol.
- Avoid strengthening in the ABER (Abduction and external rotation) position.
- Avoid military press, incline press, bench press, shoulder dips, push-ups, planks, and bridges.

PT goals

- Complete correction of ROM deficits
- Rotator cuff and scapular stabilizer strengthening

6 months

Release to full weightlifting and full sport with caution.

Additional instructions:

Driving:

- No driving while in sling for the first four weeks.
- If dominant arm, may drive at six weeks if no pain.
- If non-dominant arm, may drive at 4-5 weeks if no pain.

Work:

- May return to sedentary work when no longer using pain medicine.
- No heavy labor for six months.

Frequency of PT (if needed):

- For weeks 0-4: no PT
- For weeks 4-12 (16 to 24 visits): supervised 2-3 x/wk depending on stiffness and ability to achieve goals. Perform exercises on your own 3-5x/wk.
- For months 3-4 (4 visits): supervised 1x/wk. Perform exercise on your own 3-5x/wk
- For months 4-6: no supervised PT. Perform exercises on your own 3-5x/wk.