

Post-op PATIENT Instructions: POSTERIOR LABRAL REPAIR

Dressing: A dressing has been applied to your shoulder to absorb any fluid/blood. A small amount of blood on the dressing is to be expected. Begin dressing changes 24-48 hours following surgery. Remove the OR dressing, apply sterile gauze to the surgical site and re-tape. A small amount of soap/water or alcohol cleansing adjacent to the incisions is permitted with the first dressing change. Unless directed by your surgeon, **no salves, balms, or ointments to the incisions.** Band-Aids over the small incisions are recommended until they are completely sealed. Soreness and bruising is expected for several days afterward. **Showering is permitted 72 hours following surgery. Soaking the incisions should be avoided.**

Ice: Ice is a powerful anti-inflammatory. Icepacks/wraps will help to reduce swelling and pain. Use liberally (20-30 min./session), but protect the skin from direct contact (and frostbite).

Activity: Wear the immobilizer/sling as directed below. The forearm strap may be removed for hand, wrist, and elbow range of motion which decreases extremity swelling. Sleeping in a recliner with pillows behind the elbow may provide additional comfort. No driving until permission is given by your surgeon.

Pain: A nerve block has been performed for immediate post-op pain control by the anesthesiologist. It typically “wears off” at about 8-12 hrs following surgery. A long-acting narcotic (every 12 hrs) used in combination with a shorter-acting narcotic (taken every 3-4hrs as needed for breakthrough pain) is given to control your pain. **Begin taking these pain medications when you BEGIN experiencing pain!** These meds can take 30-45 minutes to start “working”. You do not want to play “catch-up” by letting your pain get out of control. Nausea, drowsiness, and constipation are common side effects of narcotics. Adequate fluid intake and a stool softener obtained over the counter from your local pharmacy is recommended to minimize constipation. Call the office if you are unable to tolerate your medication.

Precautions: If you develop temperatures above 101.5°F (38.5°C), uncontrolled pain, marked redness, persistent/discharged drainage, or significant swelling. Call the office **(813)684-2663**.

Follow-up: If you do not already have an appointment scheduled, call the office as soon as possible to schedule your first post-op visit.

Special Instructions: _____ (Additionally, follow any indicated instructions below.)

Schedule physical therapy: per attached prescription as soon as able

Sling / Shoulder Brace: for 6 weeks; (**NO DRIVING WHILE IN SLING!**)

Ice (Cryotherapy) Unit: protect/check skin regularly

† ****Keep arm externally rotated in brace. Do NOT rest ACROSS belly****

PT/OT PRESCRIPTION: POSTERIOR LABRUM REPAIR

(Revised 11.5.15)

MD Orders for the Therapist:

- Physical Therapy/Occupational Therapy Prescription: 2-3 times per week x 6 weeks
- Follow this protocol without substitution. Contact my office with any questions.

Christopher T. Donaldson, MD

Sling Use:

- Sling will be placed in OR and worn for 6 weeks.
- Will wear an external rotation brace to keep the arm in slight external rotation (neutral at worst) when at rest.
- Do NOT rest arm across belly!
- Sling may be removed for dressing, hygiene and exercises.
- It may also be removed for tabletop activities within pain tolerance such as eating, brushing teeth, writing and occasional keyboard use.

Precautions:

- Avoid the position of adduction and internal rotation.
- No adduction, internal rotation or forward elevation for 6 weeks to allow posterior capsule and labrum time to begin healing.
- Avoid adduction/internal rotation stretches until 3 months.

0-6 Weeks:

Start pendulums at 1 week
Aggressive upper extremity edema control
Passive ER with elbow at side
Progress gently to 35° by week 6
Use wand for ER
May start isometric ER as tolerated
Work on rhomboids, scapular control, and reinforce appropriate posture.
Teach HEP

6-9 Weeks:

Cont all above
Start PROM in all planes (Start FE in scapular plane)
Gently progress within pain free limits
May use pulleys for FE
Supine FE with wand and may progress to standing
Progress to AROM slowly, staying pain free
Start isometrics in all planes
Biceps isometrics and then strengthening at 8 weeks

10-12 weeks:

Cont all above

Progress to terminal stretches in all planes (except those in precautions)

Progressive RTC/Deltoid/Periscapular strengthening

3-6 Months: (*Advance to specific activities below only when cleared by Dr. Donaldson*)

Throwing rehab program at 4 mo

Overhead lifting/traction (pull-ups)/dips as tol at 4 mo

Bench press/military press etc as to at 4-5 mo

Emphasis on high reps/low resistance initially

Contact sports at 6 months