

Post-op PATIENT Instructions: SHOULDER SCOPE DEBRIEDMENT

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. No swimming pools/bathtubs/hot-tubs/beach water for 4 weeks or until cleared by your surgeon.**

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 FOR COMFORT as directed below. The forearm strap may be removed for hand, wrist, and elbow range of motion which decreases extremity swelling. If you are feeling comfortable you may come out of the sling for daily activities. If soreness resumes, please return to additional sling use. 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 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: Call the office (813) 684-2663 if you develop: temperatures >101°F, shortness of breath, chest pain, uncontrolled pain, marked redness/hives, persistent drainage, new onset numbness, significant incisional/calf swelling, or any other concerns.

Post-operative Visit/Appointment:

- **Call (813) 684-2663 today to make a post-operative appointment to see your surgeon 2 weeks following your surgery.**

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

Schedule physical therapy: per attached prescription as soon as able

Sling / Shoulder Brace: for comfort for 2 weeks; (**NO DRIVING WHILE IN SLING!**)

Ice (Cryotherapy) Unit: protect/check skin regularly

† **Additional Instructions:**

PT/OT PRESCRIPTION: SHOULDER DEBRIDEMENT

(Revised 3.30.16)

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

Weeks 0 – 5:

Passive, Active assisted AND Active Shoulder Motion:

- ADVANCE MOTION AND STRENGTHENING TO TOLERANCE
- Pendulum exercises.
- Elbow, wrist and hand ROM; aggressive upper extremity edema control.
- Postural instructions to promote active scapular retraction.
- Scapular clock exercises; rhomboids, scapular coordination and posture exercises
- Shoulder mobilization - posteriorly
- Ice and pain modalities as indicated.
- Begin forward elevation in scapular plane
- Begin internal and external rotation to tolerance
- **Brace**: to be worn for comfort only.
 - May be d/c if motion and strength regained and as patient progresses to AROM
- Add strengthening for IR and ER to tolerance
 - Start isometrics, progress theraband, then free weights
- Add active forward elevation to tolerance post-op
- Add strengthening for forward elevation at 3-4 weeks post-op
 - Start isometrics, progress theraband, then free weights

Weeks 6-greater:

- Gradual return to normal activities