

Post-op PATIENT Instructions: SUBSCAPULARIS 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

† **Additional Instructions:**

PT/OT PRESCRIPTION: SUBSCAPULARIS REPAIR

(Revised 1.4.16)

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

PHASE I: (0–3 WEEKS POST-OP)

Shoulder Motion: **PASSIVE ONLY!!**

Aggressive upper extremity edema control, modalities as needed.

No ACTIVE INTERNAL ROTATION!!

(INSTRUCT PATIENT TO AVOID FIRING SUBSCAP. -pushing off to move, etc.)

Limits: Elevation: 140°; External rotation: 40°

Perform each 2-3x a day/10-15 repetitions each

- 1) Pendulum exercises: circles in both directions
- 2) Passive Elevation
 - a. Either assisted by another while sitting
 - b. Supine, grasp wrist with opposite hand, pull overhead
- 3) Pulley Elevation (if available)
- 4) Passive External Rotation with a Stick

Sling: At all times, other than when performing exercises

Basic Activities: May use arm for tabletop activities, such as eating, brushing teeth, and occasional keyboard use and writing activities. Only bend elbow, **no active use of shoulder!!**

Pt. Instructions: Open sling to work on hand, wrist, and elbow motion 3x day.

- 1) Extend elbow until straight, then flex up and bring hand to shoulder
- 2) With elbow at side, turn palm up and then palm down
- 3) Flex wrist up and down
- 4) Make a fist and then open hand and spread fingers wide

PHASE II: (3–8 WEEKS)

Shoulder Motion: Add Active Assist and Active motion (AAROM, AROM)

- 1) Continue PROM as above
- 2) May start isometrics: No IR: ER, extension, flexion, abduction OK
- 3) Start with assisted ER exercises, elevation in scapular plane
- 4) Supine forward elevation – then progress to vertical:
- 5) Standing forward elevation, assisted by other extremity
- 6) **No active internal rotation!** – **Protect the repair!!**

PHASE III: (8-12 WEEKS)

Shoulder Motion: Gradually progress to Active exercise program

- 1) Internal, external, forward elevation in scaption, abduction, & extension.
- 2) Teach patient controlled stretching techniques

Resistance: Gradually convert isometrics to gentle resistance exercises

- 1) Use various grades of elastic tubing
- 2) Use light free weights
- 3) Very *limited* IR strengthening- **subscap needs full 12 weeks to heal!**

PHASE IV: (12 WEEKS & >)

- 1) Full shoulder strengthening, weights and progressive resistance tubing
- 3) Add coordination and endurance as patient can tolerate
- 4) Gradual return to all functional activities (ie golf)
- 5) Work-out any residual deficiencies in motion or strength
Light weights or progressive resistance tubing is used