

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

Ice: Ice is a powerful anti-inflammatory. Cold compression (“ice machines”) are important to reducing pain and swelling. Use liberally (20-30 min./session) but protect the skin from direct contact (and frostbite).

Activity: Wear the immobilizer/sling. Remove the sling at least 3 times per day for hand, wrist, and elbow range of motion which decreases 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. **Begin taking pain medications as soon as you BEGIN to experience pain!** These meds can take 45-60 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 important to minimize constipation.** Call the office if you are unable to tolerate your medication.

NARCOTIC MEDICATIONS ALONE WILL NOT PROVIDE COMPLETE PAIN RELIEF. COLD COMPRESSION (ICE MACHINES), TENS USE, AND REGULAR TYLENOL AND ANTI-INFLAMMATORIES (ALEVE/IBUPROFEN, IF MEDICALLY OK) ARE CRITICAL PARTS OF YOUR PAIN CONTROL PLAN. REQUEST FOR NARCOTIC REFILL WILL ONLY BE ACCEPTED DURING BUSINESS HOURS. PLEASE GIVE 24-48 HOURS FOR MEDICATION REFILL REQUESTS TO BE ADDRESSED

PT/OT PRESCRIPTION: POSTERIOR LABRUM REPAIR

(Revised 11.5.15)

Precautions: Call the office (813)-754-1199 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. **Call 911 or report to the nearest emergency room with any concerns for medical emergencies**

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

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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

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