

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 expected. Your recovery room nurse will teach you how to change your dressing. Change the dressing each day, leaving the prineo (clear tape over the incision) in place. Unless directed by your surgeon, **no salves, balms, or ointments (even antibiotic ointments) to the incisions.** Soreness and bruising is expected for several days afterward. Showering is permitted 72 hours after surgery with the incisions covered. After showering, apply a new dry dressing. **Do NOT soak the incisions. 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 BUISNESS HOURS. PLEASE GIVE 24-48 HOURS FOR MEDICATION REFILL REQUESTS TO BE ADDRESSED

PT/OT PRESCRIPTION: SUBSCAPULARIS REPAIR

(Revised 1.4.16)

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

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!!**

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**

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

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**