

**Anterior Shoulder Instability
S/P Capsular Shift/Bankart Repair
Post Operative Rehabilitation Protocol**

Following Surgery:

- Expect arm immobilization sling to be worn at all times (except during exercises) for:
 - 6 weeks for patients < 20 years old)
 - 6-8 weeks for patients 20-40 years old
 - 2-4 weeks for patients > 50 years old
- Use cryocuff or ice shoulder 3-5 times per day for 15 minute intervals until your next clinic visit.
- Maintain upright shoulder positioning at all times.
- May begin showering as long as the tegederm is intact.
- Take your pain medicine as needed and as prescribed. Call if any problems or questions arise.

Precautions:

- Watch for signs of infection and call immediately if these signs develop:
 - Fever higher than 102°F, shortness of breath, or have nausea and vomiting that do not improve with anti-nausea meds.
 - Warmth, redness, and/or increased drainage coming from your incision site.
- Watch for signs of blood clots and go to the ER immediately if these signs develop:
 - Excessive increase in swelling, hardness, pain, or redness in forearm or calf.
- Do not elevate surgical arm above 90° (shoulder level) for the first 6 weeks.
- No external rotation past neutral for 6-8 weeks.

10-14 Days Post Op:

- Follow up appointment in clinic with MD/PA
- Tegederm will be removed.
- Gentle pendulum exercises initiated for middle-aged patients or athletes.
- Remove immobilizer for elbow flexion and extension exercises 3-4 times/day.

8 Weeks Post Op:

- Follow up appointment in clinic with MD/PA
- Return to activities of daily living.
- Begin Active/Passive Range of Motion (A/PROM) of the shoulder by using pulleys and dowel rod to improve forward flexion.
- Begin very gentle external rotation. Don't ever force motion. PROGRESSIVE STRETCH.
- Sling may be discontinued between 6-8 weeks depending on patient's progress. If motion is easily achieved, may expect immobilization for 8 or more weeks. If shoulder ROM is lacking, sling may be removed at 6 weeks. (This will be determined by your age and progress. Ask MD or therapist.)



12 Weeks Post Op:

- Follow up appointment in clinic with MD/PA.
- Begin resisted strengthening of the deltoids, scapular stabilizers, external and internal rotators using bands.
- Gently increase external rotation.

Considerations:

- Expect 4-6 months before released to competitive sports and full-unrestricted use in heavy job requirements.
- Continued improvement can occur for 1- 1 ½ years!!
- Remember, the initial goal is to allow the front of the shoulder to tighten up with scar preventing instability. The long-term functional goal involves slow progressive motion and stretch during healing to prevent the shoulder from becoming too stiff, while at the same time not stretching the capsule out too much during the 8-week healing period.
- Expect some loss of external rotation.

Discharge Instructions after Shoulder Surgery

- A sling/immobilizer has been provided for you. Remain in your sling/immobilizer at all times with the exception of hygiene and physical therapy activities. **This includes sleeping in your sling/immobilizer.**
 - DO NOT USE THE HAND GRIP UNTIL YOUR BLOCK HAS COMPLETELY WORN OFF AND YOU HAVE FULL SENSATION IN YOUR HAND.



- Use ice/cryocuff on the shoulder on a scheduled basis over the first 48-72 hours after surgery. Continue to ice/cryocuff intermittently for the next few weeks as needed to reduce inflammation, especially after physical therapy. Do not place the ice/cryo-sleeve directly on your skin. Take the cryo sleeve off occasionally and wipe it down with a towel as it does build condensation.
- Pain medication has been prescribed for you. If you have been given an indwelling nerve block, begin taking pain medication on post-operative night number 2. You may begin taking it sooner if the nerve block has begun to wear off. Take your pain medication approximately 45-60 minutes prior to the removal of your nerve block.
 - **Nerve block: You may have mild shortness of breath and numbness to the side of your face after the nerve block, this is normal.**
 - **To remove the “pain ball”, gently remove any tape/glue and with gentle pressure, pull the thin catheter (tubing) out. If you meet resistance, call the phone number on the “pain ball.”**
 - **Pain medications can cause constipation, we suggest purchasing a stool softener such as Colace, Senekot or Miralax if needed.**
- Use your pain medication as directed over the first 48 hours **after** you begin taking it and then begin to taper your use. You may supplement the pain medications with over the counter Advil (Ibuprofen, Motrin), Aleve (Naproxen sodium) as needed for the first 5 days after surgery. **DO NOT TAKE TYLENOL (ACETAMINOPHEN) UNLESS INSTRUCTED OTHERWISE.**
- You will receive compression socks at the surgery center. Please keep your compression socks on for the first 3 days to help prevent blood clots. These socks can be slippery so please wear socks or slippers with a non-skid surface.

Note: These instructions are to serve as guidelines and are subject to Physician discretion. Actual progress may be faster or slower depending on the individual.

- Once you are comfortable at home, it's important to practice deep breathing and coughing so that you'll be able to do the exercises below easily after surgery. These exercises will help your breathing, clear your lungs, and lower your risk of pneumonia.
- Breathe deeply and cough every hour while you're awake for the first 2 to 3 days after surgery. These exercises work better if you do them sitting up.
- It's also important to move and change your position often. These position changes help to make your breathing and coughing exercises work better.

Deep Breathing Exercises

Do these exercises every hour when you're awake.

- Breathe in deeply and slowly through your nose, expanding your lower rib cage, and letting your abdomen move forward.
- Hold for a count of 3 to 5.
- Breathe out slowly and completely through pursed lips. Don't force your breath out.
- Rest and repeat 10 times every hour. Rest longer if you become dizzy or lightheaded.

Coughing Exercises

It's best to do coughing exercises when you're feeling comfortable. If you're lying on your back, bend your knees (if you can), and rest your feet on the bed.

Breathe in deeply and cough firmly. If you cough up some mucous, clear it into a tissue. Repeat the coughing until there isn't any more mucous. If you have a lot of mucous, you may need to take a break so you don't get too tired.

Foot and Leg Exercises

Do these exercises every hour while you're awake.

Ankle Pump

- Pump your ankles up and down for 1 minute.
- Relax both feet.
- Repeat 5 times then relax.



B. Ankle Circles

- Circle both ankles; first to the right, and then to the left.
- Repeat 5 times then relax.



Bend each knee one at a time, sliding your foot up along the bed and then back down.
Repeat 5 times then relax.

Bandages and Shower

- The first time that you shower, it is a good idea to have someone “stand by” as the hot water, pain medication and the anesthesia can cause dizziness and lightheadedness.
- Shoulder: You may shower 3 days after your surgery (after your nerve block is out). The incision(s) CANNOT get wet prior to 3 days or until the wound is dry. Remove all of the dressings and let the shower water flow over the incisions, do not scrub or use soap on the incision. Allow the water to wash over the site, do not scrub and then PAT dry. Do not rub the incision(s). Place new, clean dressing or bandaid over the incision (s). Make sure your axilla (armpit) is completely dry after showering. You may use gauze or on a dry washcloth to help keep your armpit dry.

Eating

- **Start slow!** There are no restrictions to your diet but the general anesthetic slows everything down. Starting with non-greasy, lower fat foods will keep your tummy happy.

Attend Physical Therapy as directed