

POST-OPERATIVE INSTRUCTIONS

SHOULDER ARTHROSCOPY

Rotator cuff repair (Subscapularis)

Dr. Adam O'Brien

MEDICATION

- You will be prescribed a narcotic pain medication with or without additional Tylenol, take as instructed and only as needed. Do not take additional Tylenol unless prescribed.
 - **Pain medication may cause constipation.** You may take an over the counter stool softener (docusate, senna, Miralax, etc) to help prevent this problem.
 - You should take these medicines with food or they may nauseate you.
 - You may not drive or operate heavy equipment while on narcotics.
 - Pain medication is refilled on an individual basis and only during office hours.
- If you have a nerve block, begin taking the pills as you feel your sensation returning to prevent a sudden onset of extreme pain (typically 6-12 hours after your surgery). **Do not wait until the block completely wears off.**
- If you have a **repair**, do not take medications such as Advil, ibuprofen, Aleve, naproxen until 6 weeks after surgery
- Resume all other home medications unless otherwise instructed.

WOUND CARE and DRESSINGS

- You may remove your bandages two days after surgery unless instructed otherwise. Do not remove the steri-strips (small pieces of tape) covering the incisions.
- Do not get your dressings wet. When showering (after dressings removed), let water run over the incisions and pat dry (no scrubbing).
- You may take off your sling to shower, but let your arm dangle at the side
- To access your armpit, lean forward slightly to let you arm dangle away from your side. Do not lift your arm above your head or use your muscles to hold our arm up.
- Incisions may not get wet until after your first postoperative visit. **No submersion of wounds (bath, hot tub, pool) until a minimum of 3 weeks after surgery.**
- You may notice small spotting through your dressings, this is normal. You may place an additional bandage of this area. If it becomes saturated, it is ok to change the dressings entirely and replace them

BRUISING

- The arm/shoulder may become swollen and bruised, which is normal and is from the fluid and blood in the shoulder moving down the arm. It should resolve in 14-21 days.
- The elbow, forearm and inner arm may also become swollen and bruised, which is normal

- **If you experience severe pain or swelling, call immediately (see contact info).**

COLD THERAPY

- Ice should be used for comfort and swelling. Use it at least 20 minutes at a time, every hour while awake if needed. (A simple bag of peas works well as an inexpensive alternative)
- **Never apply directly to exposed skin. Place a dish-towel or t-shirt between your skin and the ice.**

SLING

- Unless otherwise specified, the sling and abduction pillow should be worn at all times (including sleeping) other than for showering, dressing changes and exercises.
- Do not attempt to use your own muscles to move your elbow away from your side
- You may move your fingers, hand, wrist and elbow as tolerated. **The arm should be taken out of the sling 3-4 times a day to bend and straighten the elbow**
- For sleep, you may want to sleep in a reclined chair or elbow propped on pillows (to prevent it from sagging)

WEIGHT BEARING and EXERCISES

- Non-weight bearing (carrying, lifting or supporting body) for first 6 weeks
- Your first physical therapy session should occur within 1-2 weeks after surgery
 - It is a good idea to schedule this before surgery to avoid wait lists
 - Physical therapy is crucial to recovery, and much of the work is **homework!**

EMERGENCIES

- Please call if you notice any of the following (see contact info below):
 - Uncontrolled nausea or vomiting, suspected reaction to medication, inability to urinate, fever greater than 101.5 (low grade fevers 1-2 days after surgery are normal), severe pain not relieved by pain medication, redness or continued drainage around incisions (a small amount is normal), calf pain or severe swelling.
- **If you are having chest pain or difficulty breathing, call 911 or go to the closest emergency room.**

FOLLOW UP APPOINTMENT

- Please make your first post-op visit 10-14 days after surgery if not already scheduled.

CONTACT INFORMATION

- For surgery or prescription related questions or concerns, please contact:
 - **Monday-Friday (8AM-5PM)** – Ortho Triage Nurse at 512-509-2525 (option 1).
 - **After Hours (M-F 5PM-8AM/weekends/holidays)** – Patient Advisory Nurse at 1-800-724-7037.



- For any scheduling or appointment questions or concerns please call 512-654-6588 (M-F, 8AM-5PM).

The intent of this rehabilitation protocol is to provide the patient and therapist with general guidelines post-operatively. It is meant to be adaptable based on individual patient progress and clinical decision making. The goal of rehabilitation is to allow the repair time to heal, while maintaining shoulder range of motion. Unlike other repairs, the rotator cuff heals slowly and must be allowed ample time before excessive stress is seen. Progression through each phase is based on patient's performance, pain, timing related to rotator cuff healing, and clinical discretion.

	Weight Bearing	Sling	Therapeutic Exercise	Precautions and Goals
Phase I 0-2 Weeks	Non-weight bearing	On at all times other than hygiene, elbow ROM	Scapular retraction, neck ROM, elbow/wrist ROM. Passive ROM (PROM) while supine to forward flexion, ER to 0°	No active ROM (AROM), no lifting or supporting body.
Phase I 2-6 Weeks	Non-weight bearing	On at all times other than hygiene, elbow ROM. Begin to wean at week 4 if comfortable	Continue Phase I Begin passive ROM (PROM) supine, start at: - flexion in scapular plane to full - ER to 20° - IR to bod30° Rotator cuff isometrics, scapular stabilization	No AROM, no excessive external rotation
Phase II 6-12 Weeks	Partial weight bearing (<5	None	Start AAROM, progress to full slowly.	No supporting body, no sudden jerking

	lbs)		<p>Progress to rhythmic stabilization and closed chain exercises.</p> <p>OK for rotator cuff isotonic exercises</p>	movements
Phase III 12+ Weeks	Progress to FWB	None	<p>Progress periscapular and rotator cuff strengthening. Initiate isokinetic strengthening IR/ER in scapular plane</p> <p>Start posterior capsule stretches.</p> <p>Begin light plyometrics at 16-18 weeks.</p> <p>Begin sport specific drills 20-24 weeks, including throwing program</p>	No supporting body, no sudden jerking movements