

# Exercises following arthroscopic (keyhole) or open posterior stabilisation

## Introduction

The shoulder joint is designed to give a large amount of movement; therefore support from the ligaments and muscles is essential.

When the shoulder dislocates the ligaments can be torn or stretched and in some cases need to be repaired.

## The operation

The operation involves repairing the over stretched or torn ligaments around the shoulder joint. In most cases this is done arthroscopically but occasionally it may be done as an open procedure.

## Follow up

You will be expected to attend the 11am shoulder group at the RBH on the first Friday following your surgery; this is for a wound check and to make sure you are comfortable and understand your exercises. Following this, a referral will then be forwarded to your local physiotherapy department for further rehab at 6 weeks post op.

You will be given a shoulder clinic appointment with your surgeon at 3 months post-op but this can be moved forward if you have any significant problems.

## General guidelines

### Pain

A nerve block may be used during the procedure, which means that immediately after the operation the shoulder and arm can feel numb for a few hours. The shoulder will be sore when this wears off and this may last for the first few weeks. It is important that you continue to take the painkillers as advised by the hospital. Ice packs may also help reduce pain. Wrap frozen peas / crushed ice in a damp, cold towel and place on the shoulder for up to 10 minutes, making sure the wound is covered with something waterproof i.e. cling film until healed. Allow at least 20 minutes between each ice pack.

### Wearing a sling

You will return from theatre wearing a sling with body belt. This is maintained under the clothes for 2-3 weeks; at this time the body belt and the wedge can be removed and the sling is worn over the clothing for a further 2-3 weeks. You will be expected to remove the sling for exercises only. Your physiotherapist will advise you of these exercises.

### Hygiene

You will be unable to bath or shower for 6 weeks and will need to strip wash, you are very likely to need assistance to wash your back so it is advisable to try and organise some help from family and friends prior to admission. If this is not possible we can organise a package of care prior to discharge if required. It is possible by leaning forward slightly to get a baby wipe or face cloth under the armpit of the side in the sling.

### The wound

#### Open stabilisation

There is an incision at the front of the armpit within the natural skin crease. The stitches are dissolvable but are usually trimmed at 10 - 14 days. Keep the wound dry until it is well healed. The wound will be covered with a waterproof dressing and this should remain intact until you see your practice nurse unless advised otherwise by the nursing staff.

#### Arthroscopic stabilisation

This operation is usually done through two or three 5mm puncture wounds. There will be no stitches only small strips of sticking plaster over the wounds. These should be kept dry until healed; this usually takes 5-7 days.

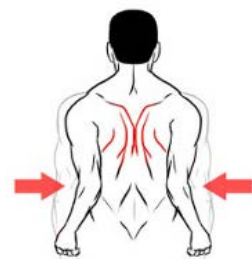
If the wound changes in appearance, weeps fluid or pus or you feel unwell with a high temperature contact your GP.

Following a posterior stabilisation it is important you follow a strict period of rest in a sling before beginning a regime of exercises (outlined below). You must wear the sling for six weeks, but may loosen it for exercises. Throughout your rehabilitation you must always be guided by your pain. Do not force, stretch or stress the repair before the parameters stated below. The exercises should be done a minimum of ten times each, three times a day. You will begin physiotherapy six weeks after the surgery. You can begin hydrotherapy from six weeks after the surgery (if available). You must not perform actions that hold the arm away from the body that forcefully turn the arm in e.g. throwing.

### Day 0-3 weeks

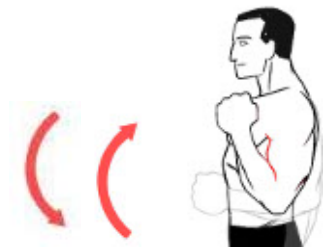
#### **Begin shoulder girdle exercises:**

- Shrug the shoulders up to the ears.
- Roll the shoulders backwards.
- Squeeze the shoulder blades together.



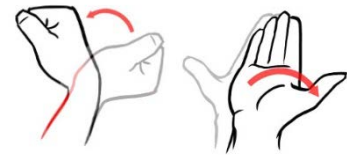
**Begin elbow exercises:**

- Bend and straighten the elbow with assistance of the good arm (while sitting if you were told you had a SLAP lesion).
- With a bent elbow turn the forearm over in a clockwise and anti-clockwise direction.



**Begin wrist and hand exercises:**

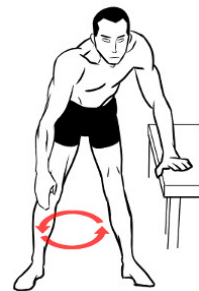
- Bend the wrist forwards and backwards
- Tilt the wrist from side to side.
- Circle the wrist in a clockwise and anticlockwise direction.
- Squeeze and make a fist.
- Ensure you maintain a good upright posture in your sling.



Only do the following exercises if advised to do so by your Physiotherapist making sure you do not stretch beyond the range of movement allowed by your surgeon.

**Begin gentle pendulum exercises:**

- In a standing position, lean forwards and allow the arm to hang pointing towards the floor.
- Then gently circle the arm.



Lying on your back. Support your operated arm with the other arm and lift it up overhead. Repeat 10 times. Begin with the elbow bent and progress to a straight arm when comfortable.



**3-6 weeks**

You will be reviewed by a physiotherapist and may be considered for hydrotherapy. Continue shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness.

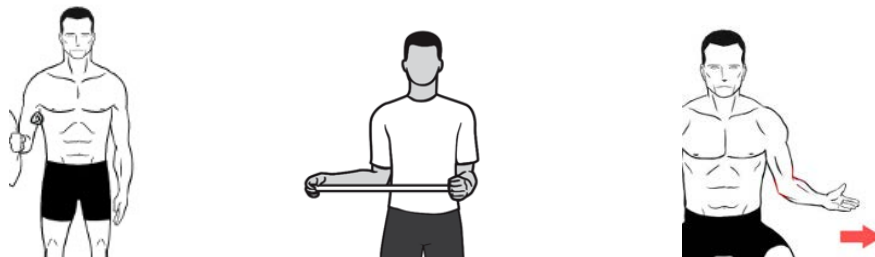
Continue with the exercises you have been given.

**Begin passive exercises, progressing to active assisted, then active as comfort allows as advised by your Physiotherapist.**

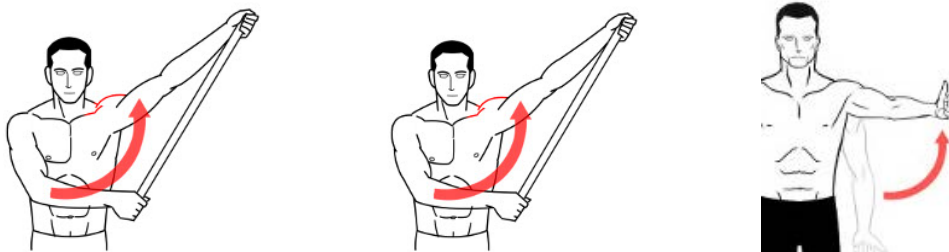
- Standing, slide the operated arm up the wall in front of you.
- Standing, lift the operated arm above your head unassisted.



- Sitting or standing, tuck your elbows into your side, elbows bent hands grasped together. Use the good arm to push the operated arm away from the body as comfort allows.
- Sitting or standing, tuck your elbows into your side, elbows bent hold a stick or broom. Use the good arm to assist the operated arm away from the body as comfort allows.
- Standing or sitting, tuck your bent elbow into your side, turn the arm away from the body unassisted.



- Standing, holding a stick or broom, use the good arm to push the operated arm away from the body, around overhead.
- Standing, holding a stick or broom, use the good arm to assist the operated arm away from the body, around overhead.
- Standing, lift the away from the body, around overhead unassisted.

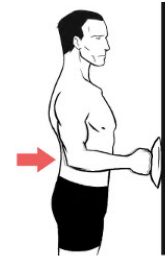


- Standing, lower the stick down your back using your good hand. Reach up behind your back grasping the stick in your operated side's hand. Use the good arm to gently lift the hand up the back.
- Standing, lower a towel down your back using your good hand. Reach up behind your back grasping the towel in your operated side's hand. Lift the operated arm as much as possible up behind the back, using the good arm to assist it.
- Standing, lift the operated arm up behind the back unassisted. A towel under the arm provides a small amount of traction and may make the exercise more comfortable but is not essential.

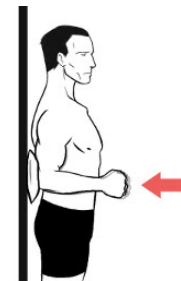


**Begin gentle cuff isometric exercises as pain allows. Do not force or over stretch!**

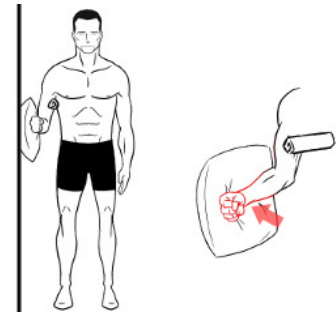
- Arm at your side, elbow bent to 90 degrees, stand facing the wall.
- Apply pressure forwards through the wall.



- Arm at your side, elbow bent to 90 degrees, stand with your back to the wall.
- Apply pressure back through the wall.



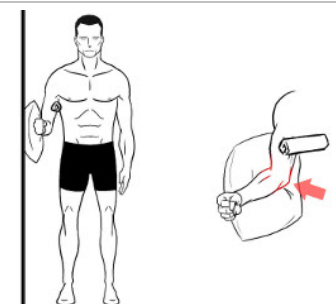
- Arm at your side, elbow bent to 90 degrees, stand next to the wall.
- Apply pressure out through the wall as if turning the arm outwards.



- Arm at your side, elbow bent to 90 degrees, stand inside a door frame.
- Apply pressure in against the door frame.



- Arm at your side, elbow bent to 90 degrees, stand next to the wall.
- Apply an outward pressure into the wall through your elbow.



**Begin stretching of limited movements:**

(If you are having trouble reaching your hand up your back, use a towel or grasp hand behind your back and pull or lift the arm up the back to stretch the movement.)

- Lie on the operated shoulder, lift the arm to shoulder height resting on the bed and bend the elbow to 90 degrees.
- Use the opposite hand to push the operated sides palm down towards the bed stretching the shoulder.
- If you are having trouble reaching across to your opposite shoulder, pull the arm across the body, add a stretch by pulling on the elbow.



- If you are having trouble reaching across to your opposite shoulder, lean forward through a door frame, stretching open the chest and shoulders.

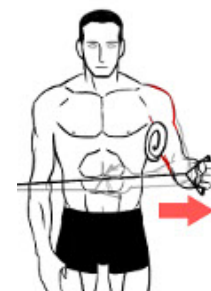


**Progress rotator cuff strengthening and begin closed chain exercises:**

- Standing or sitting, attach Theraband provided by your physio to a door handle, elbow tucked into side. A towel under the arm provides a small amount of traction and may make the exercise more comfortable but is not essential.
- Grasp Theraband, pull band in to touch stomach slowly and controlled.
- Return to start position.


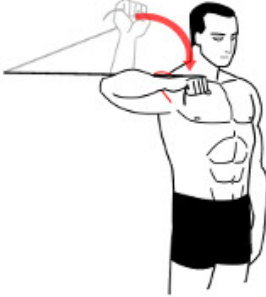
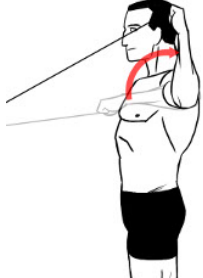
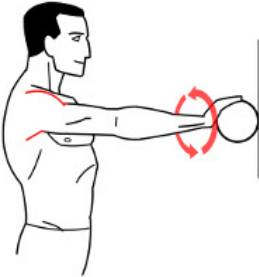
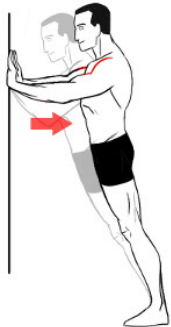


- Standing or sitting, attach Theraband to door handle, elbow tucked into side.
- Grasp Theraband, rotate arm and pull band away from body slowly and controlled.
- Return to start position.



- Lying on your back, lift your arm out to the side to shoulder height.
- Bend your elbow to 90 degrees, hand pointing towards the ceiling.
- Slowly, in a controlled manner, rotate the arm, pushing the palm towards the bed.
- Then slowly rotate backwards, pushing the back of the hand towards the bed.



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| <ul style="list-style-type: none"> <li>– Hold a light weight to increase difficulty.</li> </ul>  |   |
| <ul style="list-style-type: none"> <li>– Lying on your good side, tuck your elbow into your side.</li> <li>– Hand pointed towards the ceiling, slowly rotate your arm, bringing your hand to your stomach.</li> <li>– Hold a light weight to increase difficulty.</li> </ul>   |    |
| <ul style="list-style-type: none"> <li>– Standing, tie a knot in the end of your Theraband.</li> <li>– Throw it over the top of a door and close the door holding the band in place.</li> <li>– Slowly rotate the arm, keeping the upper arm still and bringing the hand forwards towards the floor.</li> </ul>                              |    |
| <ul style="list-style-type: none"> <li>– Standing, tie a knot in the end of your Theraband.</li> <li>– Throw it over the top of a door and close the door holding the band in place.</li> <li>– Slowly rotate the arm, keeping the upper arm still and bring the hand back, finishing with the hand pointing towards the ceiling.</li> </ul> |   |
| <p><b>Proprioceptive exercises and core stability work:</b></p> <ul style="list-style-type: none"> <li>– Standing, lift arm straight in front to shoulder height.</li> <li>– Roll a ball in different directions along the wall.</li> </ul>  |  |
| <ul style="list-style-type: none"> <li>– Standing, hands shoulder width apart, shoulder height, resting on wall, lower body to wall.</li> <li>– Push through arms.</li> <li>– Return to starting position.</li> </ul>  |  |

- On hands and knees, or a press up position, lift one arm straight in front of body.
- Slowly lower back to start position.
- Repeat on opposite arm.
- To increase difficulty, lift opposite leg at the same time.



### Resuming normal activities

Timings for returning to functional activities are approximate and will differ depending upon the individual. However, the earliest that these activities may commence are:

- Driving: earliest at 6 weeks, dependant on consultant's decision.
- Lifting: heavy lifting should be avoided for 6 months but be guided by your surgeon.
- Swimming: breaststroke 6 weeks; front crawl 8-12 weeks.
- Golf: from 6 weeks.
- Contact sport: from 4 months (football, rugby, horse riding, racquet sports), but may be at consultant's discretion.
- Return to work: dependent upon your occupation but sedentary jobs may return at 2 weeks and manual workers should be guided by your consultant at your three month follow-up appointment.

Note: These are guidelines only.

### Further information

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