

Arthroscopic (or open) posterior stabilisation advice and exercises

This advice is for patients who have had an arthroscopic (keyhole) or open operation to stabilise the shoulder at the back (posterior). This information is designed to help you get back to full fitness as quickly as possible after your operation.

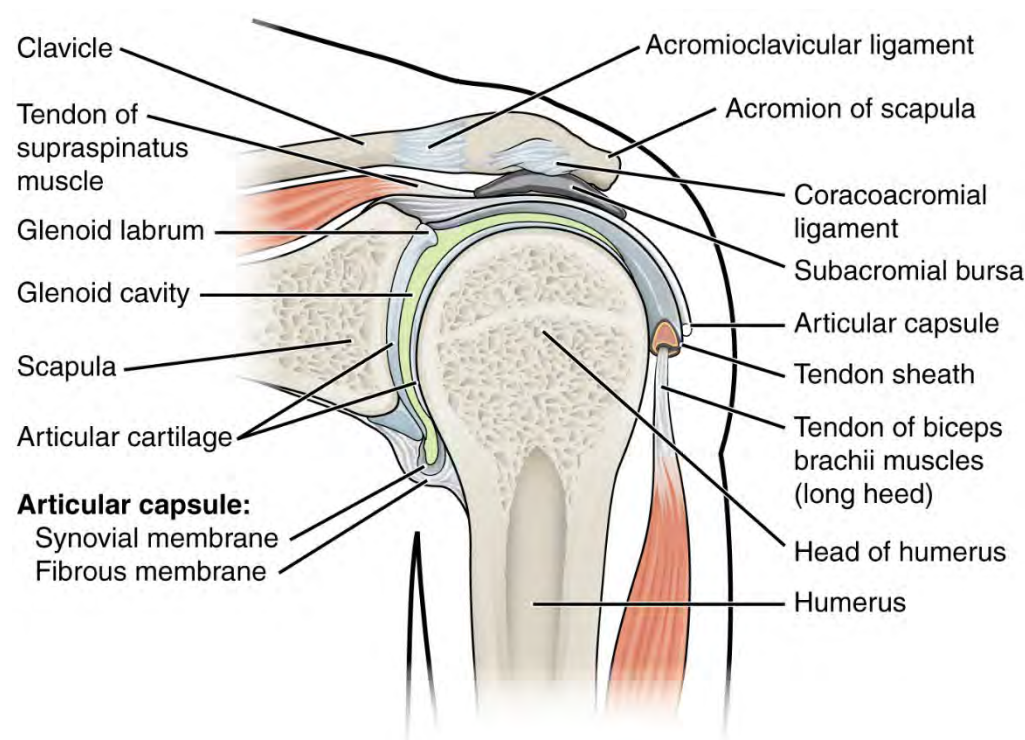
Before you leave hospital a physiotherapist will teach you all the exercises on this leaflet and make sure that you do not have any problems.

Why do I need this operation?

The shoulder joint is a very mobile joint and is therefore stabilised through a combination of factors. The bony anatomy (joint socket), internal capsule ligaments, labrum (cartilage) and surrounding ligaments and muscles all contribute to holding the humeral head (ball) in the glenoid (socket).

If you injure or dislocate your shoulder, sometimes one or more of these structures can be injured and therefore your shoulder might become unstable.

Treatment is often initially through physiotherapy to help strengthen the stabilising muscles, but in some cases surgery is the best option to aid recovery. The orthopaedic team would have discussed best option for you in clinic.



Shoulder anatomy image from Wikimedia Commons

What is an arthroscopic or open posterior stabilisation?

Due to the complexity of shoulder anatomy and stability, operations to stabilise the joint can vary slightly from person to person, depending on which aspect is making your shoulder unstable.

Surgery can include repairing the over stretched (loose) or torn ligaments, repairing the labrum, tightening the shoulder capsule, or maybe a combination of these. In most cases this is all done arthroscopically (through two or three small incisions) but occasionally it may be done as an open procedure (through a larger cut).

Follow up

You will be expected to attend the 11am 'post-op' shoulder group at the Royal Berkshire Hospital 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 rehabilitation around three weeks after the operation.

You will also be reviewed in the shoulder (orthopaedic) clinic three months after your surgery, but this can be moved forwards if you have any significant problems before then.

General guidelines

Pain: A nerve block may be used during the procedure, which means that immediately after the operation your shoulder and arm can feel numb for a few hours, or sometimes the rest of the day. The shoulder is likely to be sore when this wears off and this usually lasts for at least the first few weeks. It is important that you continue to take the painkillers as advised by the hospital, to ensure you are as comfortable as possible. If you have any problems with the painkillers or find the ones you have been given are not effective, contact your GP for advice. If you run out and need additional quantities, also consult your GP regarding this.

Ice packs may also help reduce the pain; you can do this by wrapping frozen peas / crushed ice in a damp, cold tea towel and placing it on the shoulder for up to 10 minutes at a time, making sure the wound is covered with something waterproof, e.g. cling-film until healed. You can repeat this as many times as needed throughout the day, but allow at least 30 minutes between each ice pack.

Wearing a sling: You will return from theatre wearing a wedge shaped sling with a body belt. This is worn for 2-3 weeks and then swapped for a standard sling for a further 2-3 weeks. Both slings need to be worn both day and night, so initially you will only remove the sling for specific exercises and to wash / dress. It can be worn over the top of clothing to allow you to dress normally. The physiotherapist will advise you in the post-op shoulder group on how to loosen the sling for the exercises and the easiest way to self-care.

Hygiene: You are likely to need assistance to wash and dress, so it is advisable to try to organise some help from family and friends prior to admission. The easiest way to self-care will be shown to you in the post-op shoulder group.

The wound

- **Open stabilisation:** There is an incision at the front of the armpit usually around the natural skin crease. The stitches are dissolvable but are usually trimmed after 10-14 days. Keep the wound dry until it is closed (fully scabbed over). The wound will be covered with a waterproof dressing and this should remain on until you see your practice nurse, unless advised otherwise.
- **Arthroscopic stabilisation:** This operation is usually done through two or three small incisions. There are usually no stitches, only small strips of sticking plaster over the wounds. These should be kept dry with the post-op plasters until healed, which normally 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 as soon as possible as you may have an infection.

Exercises

Throughout your rehabilitation you must always be guided by your pain and it is highly likely you will find you are initially more tired than usual. It is important to ensure you adopt a sensible balance between activity and rest.

Do not force, stretch or stress the repair by forcing the shoulder into positions of high resistance or pain.

Try to do the exercises little and often spread throughout the day, as you are likely to find this easier and more tolerable than sustained (long) exercise sessions, e.g. x 5-10 repetitions of an exercise. Try to ensure you do all the (appropriate) exercises at least a few times a day.

Perseverance is key, rehabilitation after a stabilisation usually takes between 6-12 months but in some cases it may take longer. We understand this may sound like a long time, but your physiotherapist can explain why this is a normal expectation.

Note: You must not perform actions that forcefully twist the arm inwards or down towards the floor, or forcefully bring the arm across the body until at least 6 weeks.

Day 0-3 weeks

Postural awareness:

- Standing or sitting –
Pull the shoulder blades gently back and down, with the chest bone (sternum) naturally coming forwards, as if taking a deep breath in.



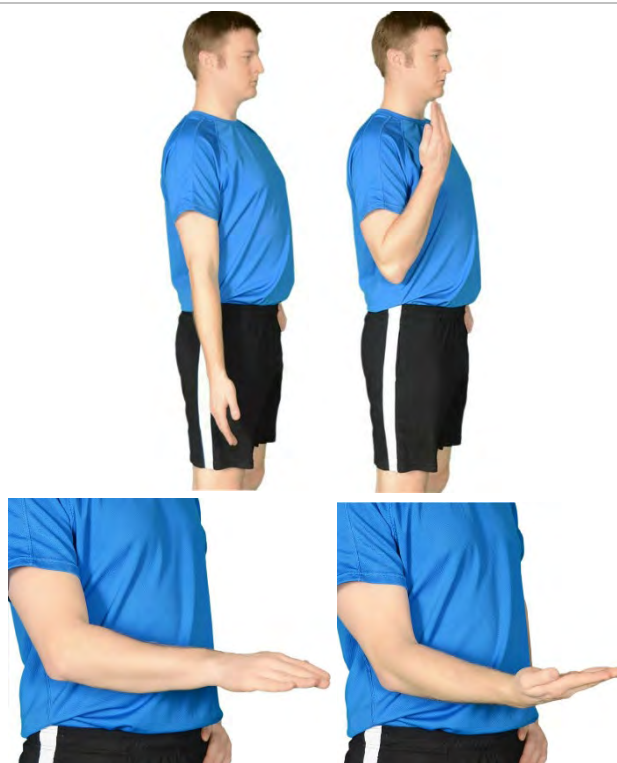
Shoulder shrugs:

- Standing or sitting –
Keeping your arms relaxed by your side, lift your shoulders up towards your ears in a 'shrugging' motion.



Elbow exercises:

- Standing –
Bend and straighten the elbow fully, using your good arm to assist if needed.
- Standing or sitting –
With a bent elbow turn the forearm over in a clockwise and anti-clockwise direction (palm up, then palm down).



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Wrist and hand exercises:

- Bend the wrist forwards and backwards, then side to side.
- Circle the wrist in a clockwise and then in an anticlockwise direction.
- Squeeze and make a fist. You can use a small ball if you have one.



Shoulder circles:

- Sitting – Keeping your elbow close to your body at all times, slowly roll the ball around in small circles, going both clockwise and anti-clockwise directions. If you don't have a ball, you can use a duster or cloth on the table.

Don't lean forward or reach the arm away from your body.



Weeks 3 – 6

- Lying on your back – Lift the operated arm up as far as you can, using the other hand to assist if needed.
- Try to gently increase how far the arm goes, every time you do the exercise (go further with practice).

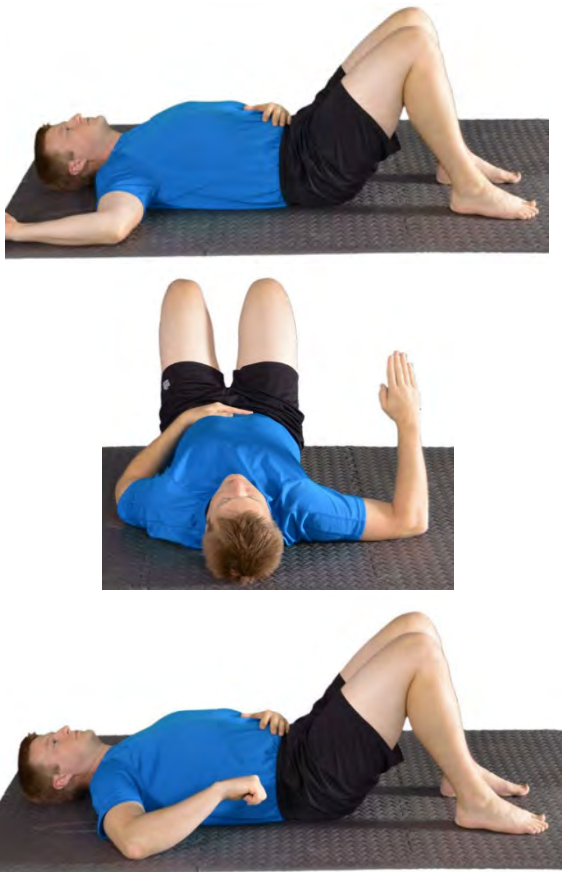


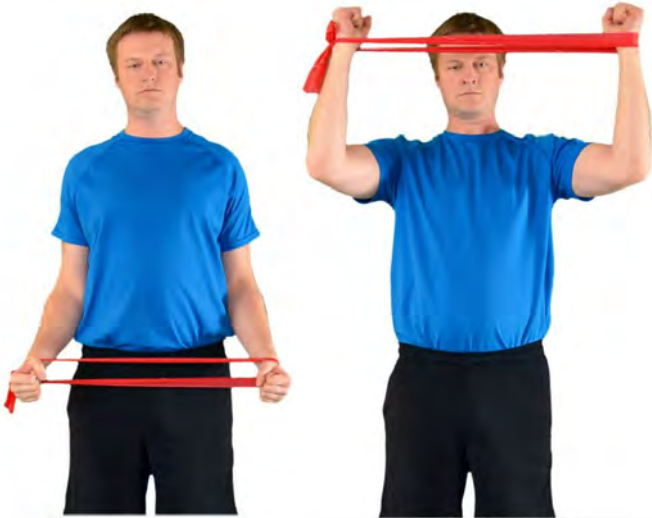
• Standing or sitting – Tucking your bent elbow into your side, turn your arm away from your body unassisted. • Do not force or stretch this movement – go as far as comfortable/ able only.			
• Standing – Lift the arms away from the body and out to the side, going as far as you can. • Try to gently increase how far the arm goes, every time you do the exercise (go further with practice).			
• Standing – Start by holding a resistance band in both hands and keep your elbows tucked into your waist to start. • Pull your hands apart to tension the band, then keeping that tension on the band slowly lift your arms upwards until your elbows reach shoulder height. • Important: Do not let your elbows go above shoulder height.			
• Standing – Arm at your side, elbow bent to 90 degrees. • Stand next to the wall and push your hand against the doorframe as if you are turning the arm outwards.			
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• Standing – Arm at your side, elbow bent to 90 degrees. • Stand facing the wall/ doorframe and push your hand into the doorframe as if you are turning the arm inwards.	
• Standing – Place both hands on a table or kitchen work surface and gently lean onto the hands, putting weight through both arms. • Slowly increase the amount of weight through the arms as able, but avoid bending the elbows or leaning your body towards the surface.	
• Standing – Put the operated arm behind your back at the bottom. • Using a towel, pull the operated arm slowly up your back, using the good arm at the top. • Do not force the movement.	

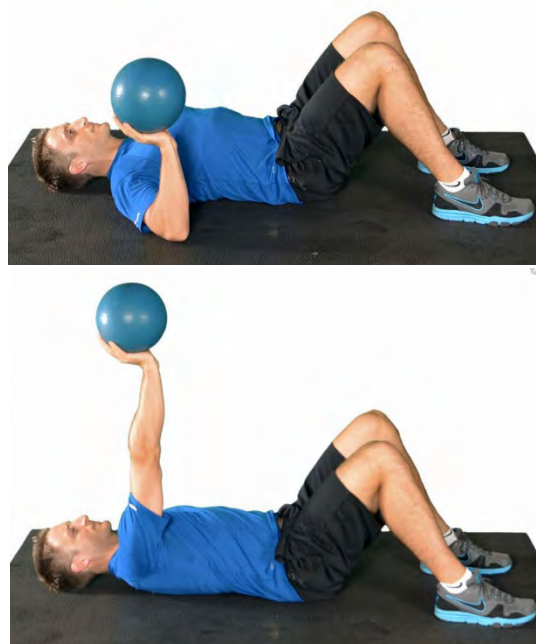
Weeks 6+

Lying on your back – Lift the operated arm up and over your head.			
- Standing – Facing a wall, start by pushing your forearms into the wall at all times. - Slowly slide your hands up in a 'Y' shape direction			
Standing – Lift the operated arm upwards to a vertical position.			
Lying on your back – Bend your elbow and take your arm out to the side, so your elbow is in line with the shoulder.			
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• Keeping the elbow in the same place, slowly rotate your hand/ wrist back towards the floor and come back up. Then try to rotate forwards towards the floor. • Go as far as able both ways in a 'windscreen wiper' action.	
• Standing – Holding a stick in both hands; slowly use the good hand to push the operated arm out to the side and away from the body. • Slowly encourage the arm to go all the way up	
• Standing – Holding a stick or mop in both hands. Keeping both elbows tucked in against your side at all times, use the good arm to gently push the operated arm away from the body. (It should rotate away from the body – not lift directly outwards)	

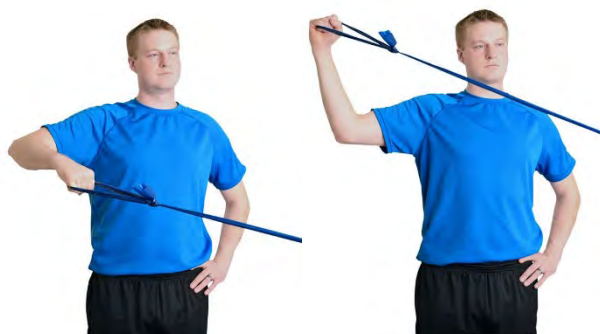
• Standing – Put the operated arm resting against a wall or doorframe and gently lean forward away from the wall / door frame, stretching the chest and front part of the shoulder.	
• Standing – Start by holding a resistance band in both hands and keep your elbows tucked into your waist to start. • Pull your hands apart to tension the band, then keeping that tension on the band slowly lift your arms upwards as far as you can.	
• Sitting at a table – Put a cloth or small ball underneath the operated arm (hand). • Gently slide the operated arm away from the body, using the ball to take some weight of the arm and lean your body forward into the table.	

- Lying on your back –
With a medicine ball in the operated hand, try to push it up towards the ceiling and back down. The challenge is to keep it controlled and as centred (balanced) as possible.
- The slower you go, the harder it is.

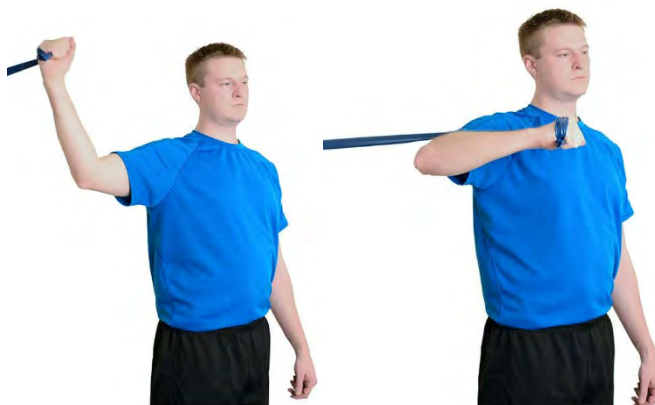


Harder exercises

- Standing –
Tie a resistance band to a static (stable) object at one end and hold the band in the operated hand at the other end.
- Start with your elbow bent, arm out to the side at shoulder height and forearm parallel to the floor. Slowly rotate your hand / forearm backwards, and up towards the ceiling (pulling against the band as you do).
- Return to the starting position.



- Standing –
Tie a resistance band to a static (stable) object at one end and hold the band in the operated hand at the other end.
- Start with your elbow bent, arm out to the side at shoulder height and forearm pointing up towards the ceiling.
- Slowly rotate your hand/ forearm down towards the floor (pulling against the band as you do).
- Return to starting position.



• Standing – Lift your operated arm straight in front of you to shoulder height. • Roll a ball in different directions along the wall.	
• Standing – Place both hands on a cushion/ pillow or a wobble cushion, either kneeling on the floor, or standing at a kitchen work surface/ table. Lean onto your hands, putting weight through both arms. • If this is easy, try balancing through only the operated arm (lift the good arm off the surface) and lean your body over the cushion. • The more uneven or 'wobbly' the surface you are leaning through, the harder it is.	
• Kneeling on the floor – Keeping your knees bent and on the floor, try to do a press up (bend both elbows). Go as far as comfortable, and slowly increase the depth as able.	
• Kneeling on the floor – Slowly lift one arm off the floor up in front of you and then straighten the opposite leg out behind you. • (Don't lift the arm and leg on the same side, it should always be the opposites!)	

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- **Standing** – Facing a table or kitchen worktop, reach both hands as far as you can away from your body. Keeping your hands in the same place, slowly walk your feet backwards and bend at your hips.



Images courtesy of <http://simpleset.net>

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, depending on shoulder mobility and safety and your consultant's decision.
- **Lifting:** heavy lifting should be avoided for 3 months but check with consultant at 3 month appointment if it is longer for you.
- **Swimming:** breaststroke from 6 weeks; front crawl from 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:** light duties (desk based) from 2 weeks, heavier duties from 3 months. If you have a manual job, you should be guided by your consultant at your 3 month follow-up appointment.

Note: These are guidelines only. Please ask your physiotherapist or consultant for individual advice.

Contact us

Physiotherapy Outpatient Department Physiotherapy East tel: 0118 322 7811

For questions or concerns please contact:

Catherine Anderson – Advanced Physiotherapy Practitioner,
catherine.anderson@royalberkshire.nhs.uk

Kris Einarsson-Hoare – Advanced Physiotherapy Practitioner, kristian.einarsson-hoare@royalberkshire.nhs.uk

Daniel Wiltshire – Specialist Physiotherapist, daniel.wiltshire@royalberkshire.nhs.uk

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Please ask if you need this information in another language or format.

RBFT Physiotherapy Department.

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