

# Exercises following arthroscopic (or open) anterior 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.

## Arthroscopic (or open) Anterior Stabilisation

Arthroscopic (or open) anterior stabilisation is an operation that involves repairing the overstretched or torn ligaments around the shoulder joint. In most cases this is done arthroscopically (via keyhole method) but occasionally it may be done as an open operation.

## Follow up

You will be expected to attend the 11am 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.

You will be given a Shoulder Clinic appointment with your surgeon three months after surgery 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, e.g. cling film until healed. Allow at least 20 minutes between each ice pack.

### Wearing a sling

You will return from theatre wearing a sling, either with or without a body belt. Ideally this should be worn under clothes for the first three weeks. After three weeks the advice differs, depending on which surgeon carried out the operation:

- If your surgeon is Mr Malhas you can wean yourself out of wearing the sling after three weeks.
- If your surgeon is Professor Levy you must remove the body belt only and keep the sling on for a further three weeks.

During your time wearing the sling you will be expected to keep it on at all times, even when in bed at night. The only exception is when you are doing exercises or when advised to remove it by your physiotherapist.

### Hygiene

You will be unable to bath or shower for six weeks and will need to strip wash. It is possible, by leaning forward slightly, to get a baby wipe or face cloth under the armpit of the operated arm. 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. If this is not possible we can organise a package of home care for you before you leave hospital, if required.

### The wound

#### Open stabilisation

There is a wound 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 in place until you see your GP 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 an anterior stabilisation it is important you follow a strict period of rest in a sling before beginning a regime of exercises (outlined below).

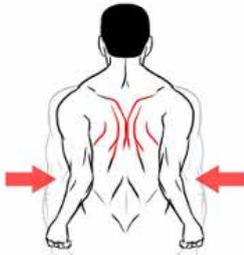
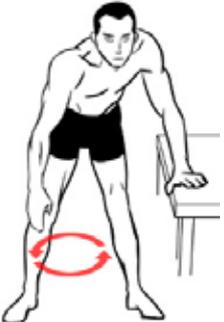
- You must wear the sling for three weeks (Mr Malhas' patients)
- Or wear the sling for six weeks (Professor Levy's patients).

Throughout your rehabilitation you must always be guided by your pain. Do not force, stretch or stress the repair before the timeframes in the following exercises. The exercises should be done a minimum of ten times each, three times a day. You must not perform actions that hold the arm away from the body forcefully turning the arm outwards. e.g. throwing.

**NB: If you have had an open repair, avoid forceful flexion (forward movement) or lateral rotation (twisting outwards) and resisted medial rotation (twisting inwards) of the shoulder for 6 weeks.**

## Exercises

### Day 1 – discharge from hospital

<p><u>Begin shoulder girdle exercises:</u></p> <ul style="list-style-type: none"> <li>• Shrug the shoulders up to the ears.</li> <li>• Roll the shoulders backwards.</li> <li>• Squeeze the shoulder blades together.</li> </ul>	
<p><u>Begin elbow exercises:</u></p> <ul style="list-style-type: none"> <li>• Bend and straighten the elbow with assistance of the good arm (while sitting if you were told you had a SLAP lesion).</li> <li>• With a bent elbow turn the forearm over in a clockwise and anti-clockwise direction.</li> </ul>	
<p><u>Begin wrist and hand exercises:</u></p> <ul style="list-style-type: none"> <li>• Bend the wrist forwards and backwards.</li> <li>• Tilt the wrist from side to side.</li> <li>• Circle the wrist in a clockwise and anticlockwise direction.</li> <li>• Squeeze and make a fist.</li> <li>• Ensure you maintain a good upright posture in your sling.</li> </ul>	
<p><b><u>From 3 weeks (Mr Malhas' patients) / from 6 weeks (Prof. Levy's patients)</u></b>          You may do the following exercise if advised to do so by your physiotherapist; only go as far as advised by your physiotherapist/surgeon.</p>	
<p>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.</p>	
<p>Continue shoulder girdle, wrist and hand mobility exercises.          Continue elbow exercises (while sitting with SLAP lesion).  <u>Begin gentle pendulum exercises:</u></p> <ul style="list-style-type: none"> <li>• In a standing position, lean forwards and allow the arm to hang pointing towards the floor.</li> <li>• Then gently circle the arm.</li> </ul>	

**Weeks 6+**

You will be reviewed by a physiotherapist and may be considered for hydrotherapy if appropriate.

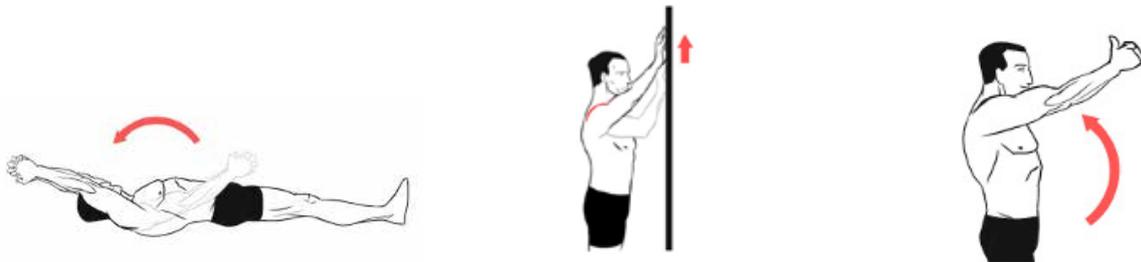
Continue shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness.

Continue the exercises you've been shown.

You may add the following exercises if advised to do so by your physiotherapist.

Begin passive exercises, progressing to active assisted, then active as comfort allows:

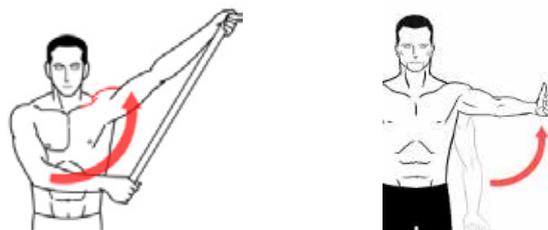
- Laying on your back use the good arm to support the operated arm and lift it straight above your head (see below left).
- Standing, slide the operated arm up the wall in front of you (see below centre).
- Standing, lift the operated arm above your head unassisted (see below right).



- Sitting or standing, tuck your elbows into your side, elbows bent and hold a stick or broom between your hands (see below centre). Use the good arm to assist the operated arm, twist it away from the body as comfort allows.
- Standing or sitting, tuck the elbow of your operated arm into your side, elbow bent (see below right). Turn/twist the arm away from the body unassisted.



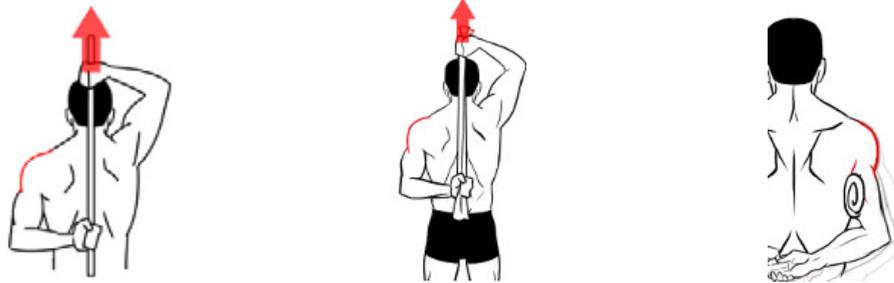
- Standing, holding a stick or broom, use the good arm to assist the operated arm, lift it from the body and upwards (see below left).
- Standing, lift the operated arm away from the body and upwards unassisted (see below right).



- 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 (see below left).

- 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 (see below centre).
- 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 (see below right).



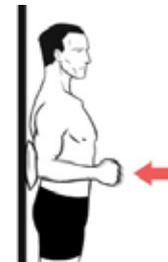
Begin gentle cuff isometric exercises as pain allows.

**Do not force or overstretch!**

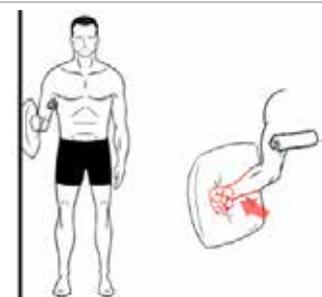
- Arm at your side, elbow bent to 90 degrees, stand facing the wall.
- Apply pressure forwards through the wall.



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

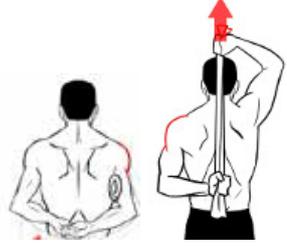
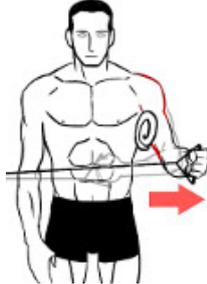


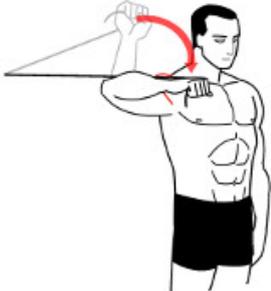
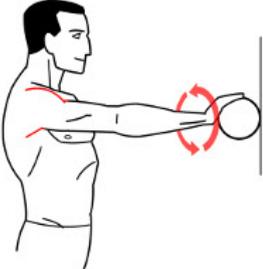
- Arm at your side, elbow bent to 90 degrees, stand next to the wall.
- Apply pressure out through the wall as if turning the arm outwards. Using a pillow as shown in the picture may make the exercise more comfortable but is not essential.



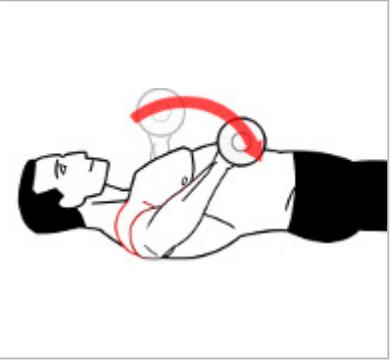
- Arm at your side, elbow bent to 90 degrees, stand to the side of a door frame facing the wall.
- Apply inward pressure against the door frame.



<p><u>Begin stretching of limited movements:</u>                  (If you are having trouble reaching your hand up your back, use a towel or grasp a hand behind your back and pull or lift the arm up the back to stretch the movement.)</p>	
<ul style="list-style-type: none"> <li>• Lie on the operated shoulder on a bed with the operated arm out in front of you.</li> <li>• Ensure the elbow is level with the shoulder and bent to 90 degrees.</li> <li>• Use the opposite hand to push the operated side's palm down towards the bed, stretching the shoulder (see upper figure to the right).</li> <li>• An alternative exercise is to gently stretch the operated arm across your chest by pulling on the operated arm's elbow with your opposite hand (see lower figure to the right).</li> </ul>	
<p><u>Progress rotator cuff strengthening and begin closed chain exercises:</u></p> <ul style="list-style-type: none"> <li>• Standing or sitting, attach your 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.</li> <li>• Grasp the Theraband and pull the band in to touch your stomach slowly and controlled.</li> <li>• Return to the start position.</li> </ul>	
<ul style="list-style-type: none"> <li>• Standing or sitting, attach the Theraband to a door handle, elbow tucked into side.</li> <li>• Grasp the Theraband, rotate your arm and pull the band away from your body slowly and controlled.</li> <li>• Return to the start position.</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 down to your stomach.</li> <li>• Hold a light weight to increase difficulty.</li> </ul>	

<p><b>From 3 months</b></p>	
<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><u>Proprioceptive exercises and core stability work:</u></p> <ul style="list-style-type: none"> <li>• Standing, lift your arm straight in front of you 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 your body to the wall.</li> <li>• Push through your arms.</li> <li>• Return to the starting position.</li> </ul>	
<ul style="list-style-type: none"> <li>• On hands and knees, or in a press up position, lift one arm straight in front of your body.</li> <li>• Slowly lower back to the start position.</li> <li>• Repeat on your opposite arm.</li> <li>• To increase difficulty, lift your opposite leg at the same time.</li> </ul>	

- Lying on your back on a bed, move the operated arm out to the side until it is level with the shoulder. 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.
- Hold a light weight to increase difficulty.



### Further information

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Visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

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Physiotherapy, February 2019

Review due: February 2021