

Exercises following arthroscopic (or open) antero-inferior 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

Arthroscopic (or open) antero-inferior stabilisation is an operation that involves repairing the over stretched or torn ligaments around the shoulder joint. In most cases this is done arthroscopically (via a keyhole method) 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 rehabilitation around 3 weeks after the operation.

You will be given a shoulder clinic appointment with your surgeon around 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, 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 with body belt. This is maintained under the clothes for 3 weeks. At your follow up appointment the body belt can then be removed and

the sling is worn over the clothing for a further 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

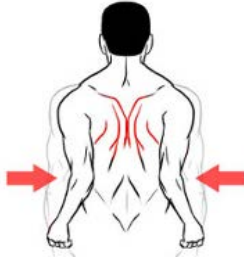



This operation is usually done through two or three 5mm puncture wounds. There will be no stitches only small strips of sticking plaster over the wounds. These should be kept dry until healed; this usually takes 5-7 days.

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

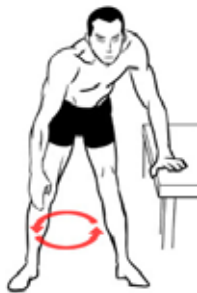
Following an antero-inferior stabilisation it is important you follow a strict period of rest in a sling before beginning a regime of exercises (outlined below). You must wear the sling for six weeks, but may remove it for exercises from three weeks. Throughout your rehabilitation you must always be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

N.B. 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.

Day 1 – discharge

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| <p>Begin shoulder girdle exercises:</p> <ul style="list-style-type: none"> • Shrug the shoulders up to the ears. • Roll the shoulders backwards. • Squeeze the shoulder blades together. |  |
| <p>Begin elbow exercises:</p> <ul style="list-style-type: none"> • 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. |  |
| <p>Begin wrist and hand exercises:</p> <ul style="list-style-type: none"> • 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. |  |
| <p>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> <ul style="list-style-type: none"> • Lying on your back. • Support your operated arm with the other arm and lift it up as far as pain allows but no further than shoulder height. Repeat 5 -10 times. • Begin with the elbow bent and progress to a straight arm when comfortable. |  |





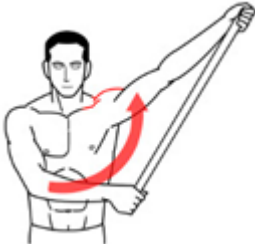

Weeks 3 – 6



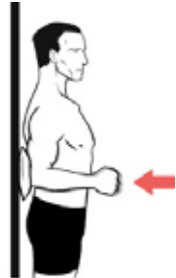
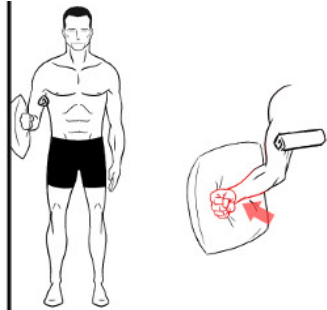

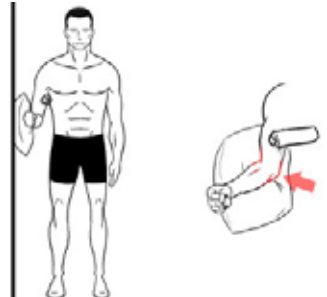
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| <p>Continue shoulder girdle, wrist and hand mobility exercises. Continue elbow exercises (while sitting with SLAP lesion).</p> <p>Begin gentle pendulum exercises:</p> <ul style="list-style-type: none"> • In a standing position, lean forwards and allow the arm to hang pointing towards the floor. • Then gently circle the arm. |  |
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Week 6+

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 the exercises you've been shown. You may add the following exercises if advised to do so by your physiotherapist.

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| <ul style="list-style-type: none"> • Lying on your back. • Support your operated arm with the other arm and lift it up as far as pain allows. |  |
| <ul style="list-style-type: none"> • Standing facing a wall. • Slide the operated arm up the wall. |  |
| <ul style="list-style-type: none"> • Standing. • Lift the operated arm up in front of you. |  |
| <ul style="list-style-type: none"> • Standing or sitting, tuck your bent elbow into your side, turn the operated arm away from the body unassisted. |  |
| <ul style="list-style-type: none"> • Standing, holding a stick or broom, use the good arm to assist the operated arm away from the body out to the side and overhead. |  |
| <ul style="list-style-type: none"> • Standing, lift the operated arm away from the body and out to the side unassisted. |  |

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| <ul style="list-style-type: none"> • Standing, using a towel or stick, pull your operated arm across your lower back with the good arm. |  |
| <p>Begin gentle cuff isometric exercises as pain allows. <u>Do not force or over stretch!</u></p> <ul style="list-style-type: none"> • Arm at your side, elbow bent to 90 degrees, stand facing the wall. • Apply pressure forwards through the wall. |  |
| <ul style="list-style-type: none"> • Arm at your side, elbow bent to 90 degrees, stand with your back to the wall. • Apply pressure back through the wall. |  |
| <ul style="list-style-type: none"> • Arm at your side, elbow bent to 90 degrees, stand next to the wall. • Apply an outward pressure into the wall through your wrist as if turning the arm outwards. Using a pillow as shown in the picture may make the exercise more comfortable but is not essential. |  |
| <ul style="list-style-type: none"> • Arm at your side, elbow bent to 90 degrees, stand inside a doorway. • Apply pressure in against the door frame. |  |
| <ul style="list-style-type: none"> • Arm at your side, elbow bent to 90 degrees, stand next to the wall. • Push the elbow against the wall as if taking the arm out to the side, away from the body. • Using a pillow as shown in the picture may make the exercise more comfortable but is not essential. |  |

Begin stretching of limited movements:

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



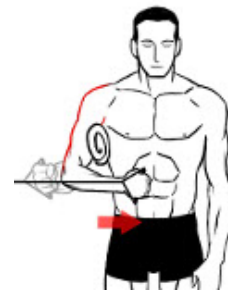
- If you are having trouble reaching across to your opposite shoulder, pull the operated arm across the body. Add a stretch by pulling on the elbow.



From 10 – 12 weeks or as instructed by your physiotherapist

Progress rotator cuff strengthening and begin closed chain exercises:

- 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.
- Grasp the Theraband and pull the band in to touch your stomach slowly and controlled.
- Return to the start position.



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



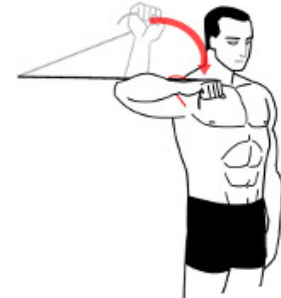
- Lying on your back on a bed, move your operated arm out to the side. Support the upper arm on a towel.
- Bend your elbow to 90 degrees, hand pointing towards the ceiling.
- Slowly, in a controlled manner, rotate the arm, pushing the palm towards the bed.
- Then slowly rotate backwards, pushing the back of the hand towards the bed.
- Hold a light weight to increase difficulty.



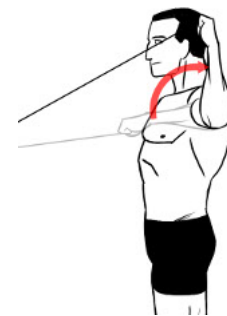
- Lying on your good side, tuck your elbow into your side.
- Hand pointed towards the ceiling slowly rotate your arm, bringing your hand to your stomach.
- Hold a light weight to increase difficulty.



- Standing, tie a knot in the end of your Theraband.
- Throw it over the top of a door and close the door holding the band in place.
- Slowly rotate the arm, keeping the upper arm still and bringing the hand forwards towards the floor.

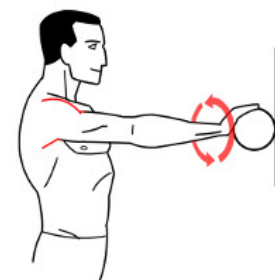


- Standing, tie a knot in the end of your Theraband.
- Throw it over the top of a door and close the door holding the band in place.
- Slowly rotate the arm, keeping the upper arm still and bring the hand back, finishing with the hand pointing towards the ceiling.

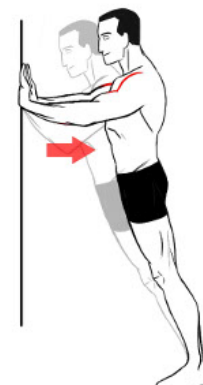


Proprioceptive exercises and core stability work:

- Standing, lift your operated arm straight in front of you to shoulder height.
- Roll a ball in different directions along the wall.



- Standing, hands shoulder width apart, shoulder height, resting on wall, lower your body to the wall.
- Push through your arms.
- Return to the starting position.



- On hands and knees, or in a press up position, lift one arm straight in front of your body.
- Slowly lower back to the start position.
- Repeat on your opposite arm.
- To increase difficulty, lift your 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, dependent on consultant's decision
- Lifting: heavy lifting should be avoided for 6 months but check with surgeon at 3 month appointment.
- 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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