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General Principles of Post-operative Shoulder Rehabilitation

Please follow the protocol along with the instructions listed on the patient's referral

The details of rehabilitation after shoulder surgery are determined by a number of factors. There are some general principles that apply to all cases, as well as principles that are specifically related to individual procedures and patients. Procedures that do not involve tissue (bone, ligament, tendon) repair do not require post-operative immobilization. The patients are discharged from the operating room with a sling and are instructed to remove it on the day after surgery. Patients who have a procedure that involves repair will wear a sling after surgery in order to protect the healing tissues. The type of sling and duration of use is dependent upon the particular procedure.

The first goal of post-operative shoulder rehabilitation is to regain motion. Stiffness is the most common problem encountered after shoulder surgery and can substantially affect the outcome of surgery. There is a balance between tissue healing and the goal to regain motion. While some procedures require more protection than others there are also procedures that are more likely to be associated with stiffness. The former procedures include repairs of larger rotator cuff tears, and humeral head replacement for proximal humerus fractures. Although instability repairs are less commonly associated with stiffness and do not require the same degree of protection restoration of motion may be intentionally delayed to avoid overstretching. Individual patients should be closely monitored to recognize, prevent, and avoid stiffness. The most common cause of stiffness is failure to adequately stretch the shoulder; either exercises not performed frequently enough or the range is inappropriately limited.

Strengthening is a secondary goal of post-operative rehabilitation and should not be formally pursued until sufficient range of motion is gained and there is adequate tissue healing to withstand the stress of strengthening.

Once range of motion and early strength recovery is achieved, more specialized rehabilitation can be instituted to help a patient achieve their functional goals.

Physical and occupational therapists play a very important role in a patient's recovery after surgery. The therapist should fully understand the surgical procedure including the anatomy and technique. The therapist has the primary role, in association with the surgeon, in educating the patient about their post-operative rehabilitation. It is expected that the therapist will instruct the patient in the home exercise program, observe the patient performing the exercises, and ensure that the patient is making appropriate progress. In addition, timely and appropriate communication with the surgeon about progress and any problems with the recovery is an integral component of the successful outcome of shoulder surgery.

Please contact the physical therapy department at (401) 457-1590 if there are any questions. You may also refer to www.universityorthopedics.com and go to Dr. Green's section to view video of the specific shoulder exercises:

<http://universityorthopedics.com/physicians/green/prepost.html>