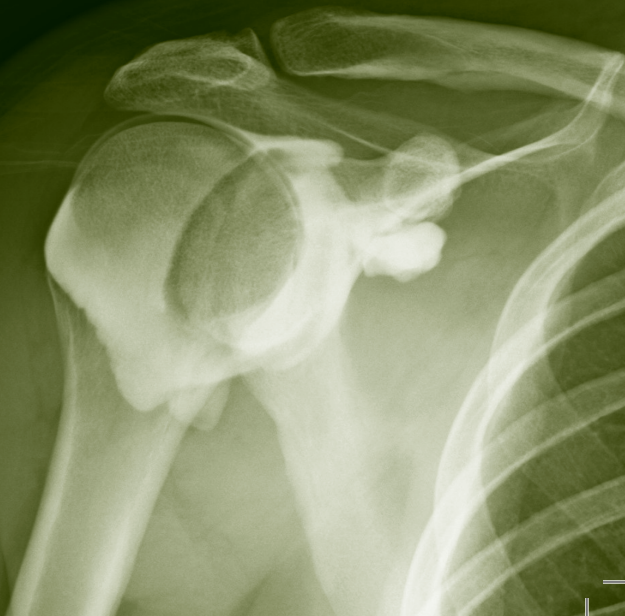


POST OPERATIVE SHOULDER

A Guide for Patients



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INTRODUCTION

Shoulder surgery is being performed using less invasive methods, such as “keyhole” arthroscopic surgery. These less invasive approaches minimise damage and disruption of soft tissue structures, allowing more rapid rehabilitation.

Depending upon how much reparative work has been performed many patients can begin “active assisted” programmes encouraging early mobilisation and strengthening. If tendons or ligamentous repair has occurred rehabilitation begins with “passive assisted” programs encouraging early mobilisation assisting mobility using the uninjured limb. Strengthening exercises must wait 6-8 weeks for healing of soft tissues before resisted exercises can begin.

Your surgeon and physiotherapist will guide you in a graduated exercise program to facilitate appropriate progression returning the limb to full functional recovery.

This is a kit designed to provide you with the tools you need to recover from your shoulder surgery and for your rehabilitation. It includes the following items:

- Booklet
- Pulley System with instructions
- Exercise-band

Consulting Orthotist

Clinic Attended

Date Attended

POST OP ORDERS

- Dressings
- Remove bulky dressing within 24 - 48 hours
- Waterproof dressing required until review or replaced
- Can shower
- Lifting restrictions
- Sleeping
- As comfortable, may find pillows supportive
- Post Operative
- Arm sling for comfort
- Warn others

DRIVING

Not safe until you can demonstrate turning wheel in stationary car (in driveway to avoid an accident) 6 times in a row

PHYSIOTHERAPY

This section is broken into several sections

- **Immediate Postoperative**
- **Passive Assisted Exercises**
- **Active Assisted Exercises**
- **Isometric Exercises**
- **Rehabilitation Log (removable)**
- **Resistance Exercises**

Each section is colour coded. Within each section you will find a range of exercises, all of which have a code, which can be used to record your exercise sessions in the report card provided. You should bring these sections complete with the report card to each of your surgeon and physiotherapy visits.

In hospital, a physiotherapist will instruct you on which exercises you should complete immediately following the surgery.

At your first postoperative visit with your surgeon you will be directed on when to progress to the passive and active assisted exercises.

At your first physiotherapy session following surgery (4-6 weeks) your therapist will tailor a specific program for your needs. Do not attempt any of the exercises from the isometric or resistance sections prior to this first appointment. Not all of the exercises in these sections may be appropriate for you and you may do harm to your shoulder.

IMMEDIATE POST OP

Pendular Exercises

Standing, bend over at the waist, let your affected arm hang straight down. Allow it to swing like a pendulum.

- Clockwise
- Anticlockwise
- Forwards/Backwards
- Side to Side



P02

Open and close hand – may progress to squeezing ball.

P03

Bend then fully straighten elbow.

P04

Shoulder shrugs - sit with arms by side resting on lap, shrug both shoulders (ie. Raise shoulders up towards ears).

P05

Should retractions - sit with arms resting on lap. Pull shoulder blades together and down.

P06

Cradle the affected arm with the other arm and raise up in front until a stretch is felt.

PASSIVE ASSISTED (PA)

Rotation - PA1

While lying or standing grasp a short stick (as shown) use the non operated "good" hand to push/pull the operative arm as shown.



Important: Ensure elbows are kept hard against your body throughout the exercise.

Passive Flexion/Elevation - PA2

Can be performed while sitting or standing. Use non-operative arm to pull operative arm upwards with pulley. Keep back straight throughout exercise.



Flexion - PA3

This is practiced lying supine. The patient holds the wrist of the operated arm with the other hand and lifts the arm upward over the head.



PASSIVE ASSISTED (PA)

Passive Extension - PA3

Standing tall with hands clasped behind back, palms facing down. Inhale. Exhale and keeping arms straight, use non-operative arm to lift both arms away from back. A small stick can be used between hands if required. Avoid bending forward. Hold briefly at end position, inhale while returning to start position. Repeat motion.



Scapular Stabilising Exercises - PA4

Shrug shoulder to ears.

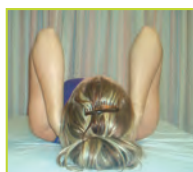
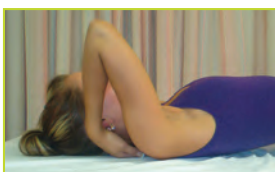
Push wall away (Scapular Protraction).

Shrug shoulder back ("stand to attention") - trying to touch shoulder blades together at back.

ACTIVE ASSISTED (AA)

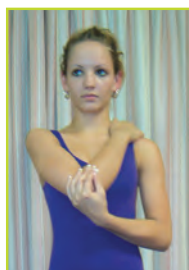
External Rotation - AA1

While lying on your back, lock your fingers behind your neck, then slowly and gently “flap your wings” raising your elbows to the ceiling and laying them back toward the floor as far as you can. When your elbows are back as flat as possible on the bed (fig. C and D), hold them there as directed by your physician.



Post Capsule Stretch - AA2

Chronic shoulder problems can cause the capsule and ligaments in the lining of the shoulder to become quite tight, scarred and shortened. This exercise is performed by grasping the back of the elbow of your involved arm and gently pulling the elbow across your chest towards your good shoulder, as far as possible without pain, and holding it there as directed. Remember only to pull hard enough with your good hand to get a stretching or pulling feeling.



ACTIVE ASSISTED (AA)

Assisted Internal Rotation

Method A - AA3(a)

This is practiced either standing or sitting on a stool. The patient holds the wrist of the operated arm with the other hand with hands behind the back and slides the hands up and down the back.



Method B - AA3(b)

If it is not possible to get the hands behind the back, possible due to limited external rotation of the unoperated arm, a strap can be looped around the wrists and used to assist internal rotation of the operated arm.



Method A is used when the unoperated arm and hand are mobile and strong and able to reach the other arm behind the back.

Method B is used if there is limited function in the unoperated arm, or if the patient finds this method more comfortable.

Wall Walk - In Front (Spider Up The Wall Exercise) - AA4

Standing facing a wall arms length away. Walk fingers up wall as far as comfortable, avoid shrugging shoulder. Step back away from wall and slowly lower arm down to body. Repeat.



ISOMETRIC (I)

Isometric External Rotation

Method A - I1(a)

The patient lies with the operated arm resting on the bed and held close to the body with the elbow flexed to 90 degrees. The other hand is placed on the dorsum of the wrist of the operated arm and re



Method B - I1(b)

The patient lies with both arms resting on the bed with elbows flexed to 90 degrees. A strap is looped around both wrists and adjusted so that the forearms are vertical and parallel to each other. External rotation of the operated arm is resisted by the resistance from the other arm.



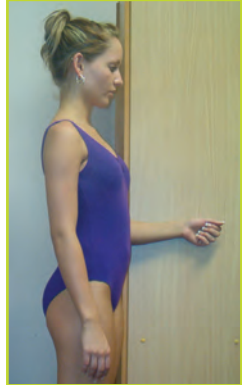
Method A is used when the operated arm and hand are mobile and strong and able to maintain a steady grip and position. Method B is used when there is limited function of the unoperated arm, or if the patient finds it more comfortable.

ISOMETRIC (I)

Method C - I1(c)

The patient stands with arm by the side and the elbow flexed to 90 degrees. The dorsum of the hand is placed against a flat surface, such as a wall or door jamb, and the hand is pushed against it. Padding may be placed between hand and the wall for comfort.

With these exercises care should always be taken to ensure that the position of the upper arm is correctly maintained in contact with the body to prevent abduction rather than isometric external rotation taking place.



Isometric Internal Rotation

Method A - I2(a)

The patient lies with the operated arm resting on the bed and held close to the body with the elbow flexed to 90 degrees. The good hand is placed on the flexor aspect of the wrist of the operated arm. The unoperated arm resists and prevents internal rotation of the operated arm.



ISOMETRIC (I)

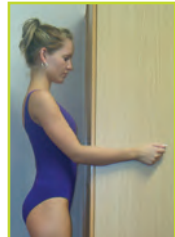
Method B - 12(b)

The patient lies with both arms resting on the bed with the elbows flexed to 90 degrees. The patient holds a short stick with padded ends between the hands. The stick should be of a length to allow the patient's forearms to be parallel to each other, and should be padded, particularly at its ends, to enable the patient to hold it easily and comfortably. The patient then attempts to push the hands together against the stick by contractions of the shoulder internal rotators.



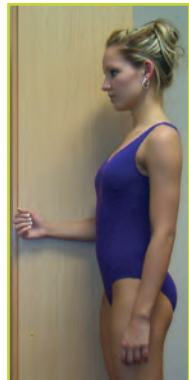
Method C - 12(c)

The patient stands with the arm by the side and the elbow flexed to 90 degrees. Positioning is as for isometric external rotation but with the palm of the hand against the wall or door jamb. The patient then attempts to bring the palm towards the body by pushing against the wall.



Isometric Abduction - 13

The patient stands with the operated arm against a wall or other flat surface with the elbow flexed to 90 degrees. Abduction is attempted by pushing the elbow against the wall. The patient should not allow the shoulder girdle to elevate, and this is aided by the patient attempting to push the elbow downwards as well as away from the body.



ISOMETRIC (I)

Isometric Extension

Method A - I4(a)

The patient lies with both arms resting on the bed with the elbows flexed to 90 degrees. The elbows are then pushed downwards and backwards into the bed.



Doing the exercise bilaterally prevents rotation of the patient towards the operated limb and aids shoulder girdle retraction.

Method B - I4(b)

The patient stands with the back to the wall, the arms by the sides and the elbows flexed to 90 degrees. The elbows are pushed backwards against the wall. Doing the exercises bilaterally prevents rotation of the patient towards the operated limb and aids shoulder girdle retraction.



RESISTANCE (R)

R/C Internal Rotation - R1

Standing or sitting in readiness position. Attach tubing at elbow level from same side of body. Hold tubing out away from body, keeping elbow bent to 90 degrees and tight to the side. Pull tubing toward stomach keeping elbow against side. Repeat.



Bilateral Shoulder Extension Rotation - R21

Stand with elbows against side of body and elbows bent 90 degrees, palms facing each other. Hold tubing in each hand. Pull hands away from each other, rotating arms outward and keeping elbows tight to sides. Slowly return to starting position.



R/C External Rotation - R3

Standing or sitting in readiness position. Attach tubing at elbow level from opposite side of body. Pull tubing out away from body keeping elbow tight to side. Repeat.



RESISTANCE (R)

Flexion - R4

Again rotate your body 90 degrees, push your arm forward 45 degrees and hold it in that position as shown in position B.



Extension - R5

After rotating your body 90 degrees, pull your arm back into 45 degrees of extension as shown in position B.



Lateral Raise / Shoulder Abduction - R6

Standing in readiness position. Step on tubing and hold tubing down at side keeping elbow slightly bent. Raise arm up and away from side toward shoulder level. Avoid shrugging shoulder. Hold, lower and repeat. (Would help if in front of mirror).



Post Deltoid Row - R7

Sitting, holding tubing front of body at shoulder height. Pull tubing bringing elbows back, keeping arms level with the shoulders. Sit tall and avoid shrugging the shoulders. Keep mid back tight while returning to start position. Repeat. (Would help if in front of mirror).



RESISTANCE (R)

Boxing Punch' - R8

Attach tubing from behind body and stand holding at side with elbow bent 90 degrees. Pull tubing as if to punch straight forward, raising arm to shoulder level and extending elbow. Slowly return to start position and repeat.



Horizontal Shoulder Pull - R9

Attach tubing so that it is at shoulder level coming from beside the body. Standing, raise hand to opposite shoulder and grasp tubing at shoulder level. Pull tubing straight across chest toward shoulder keeping elbow up at shoulder level. Hold, return to start position and repeat.



Shoulder Horizontal Adduction - R10

Place tubing at shoulder height. Sitting (or standing), hold tubing out to one side with thumb pointing up. Pull tubing in toward midline keeping elbow straight and arm at shoulder level. Slowly return to starting position.



RESISTANCE (R)

Horizontal Abduction - Seated R11

Sitting tall. Attach tubing off toward one side of body at shoulder level. Hold tubing straight out in front keeping elbow slightly bent and palm facing inward. Keeping arm at shoulder level, bring arm backward in an arc like motion. Hold, return to start and repeat.



Shoulder Adduction - R12

Standing in readiness position. Attach tubing slightly above shoulder level. Hold tubing out to one side at shoulder level keeping elbow slightly bent and palm facing down. Slowly pull tubing straight down across body to midline. Hold, return to start and repeat.



PULLEY SYSTEM

Your pulley system can be assembled as shown in the picture below. If required the length of the rope can be shortened at either end where it attaches to the hand pieces.



Assembled Pulley System



Assembled Pulley System
Close up



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