

Instability/Cuff

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BASIC PROGRAMME FOR POST-OP PATIENTS

Pune Shoulder  
Rehab  
Programme  
**(PSRP)** Basic

SHOULDER ARTHROSCOPY

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## Post Op Rehabilitation Guide

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## Immediate Post Op

✍ *Six weeks after surgery. What not to do*

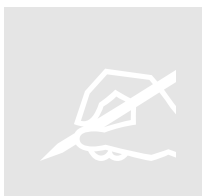
The most important thing is to understand what not to do. I do not formally immobilise patients though they should avoid extreme external rotation and abduction. In the first weeks the movement is likely to be slow but one will notice progressive improvement each week. Lifting heavy objects (anything heavier than a large mug of coffee) is to be avoided). Any jerk or sudden movement to the affected shoulder is not tolerated by the operated shoulder. Similarly bumps or potholes while traveling in a car will be poorly tolerated by the shoulder. Obviously driving a vehicle is not allowed for six weeks at least after surgery. Report immediately if there is any fever in the first 10 days after surgery.

AVOID FOR 6 WEEKS
✍ ? Lifting > 90?
✍ ? Heavy Weights
✍ ? Swimming / Sports
✍ ? Driving

### Exercises for the first 6 weeks

Simple pendulum exercises (FIGURE 21.1) in clockwise and anti clockwise manner for about 10 times each three to four times a day. Strictly avoid rapid jerky movements. Bracing

as in the **military position** with the shoulders thrust back and chest inflated to a count of ten and repeated ten times. While sitting one must make a constant attempt to improve posture by avoiding slouching and using the **military position**.



### Sling

The sling is to be used at most times when leaving home. Within the house you are allowed to take liberty provided the arm is not loaded and excessive

strain is not applied to the shoulder. During sleep it is best to use the sling essentially to prevent inadvertent overhead movement. If you are confident not to lift the arm above shoulder level then it can be done away with. The first six weeks are most crucial to allow healing of the repaired ligament or muscle. The movement and exercise are a priority of the second phase after six weeks. The sling helps deter other people from holding your operated arm. Do not rest on the operated arm to lift yourself out of the bed – you are then applying too much load on the shoulder joint.

## Graphic description of exercises

First Six weeks

1. Pendulum Exercises.

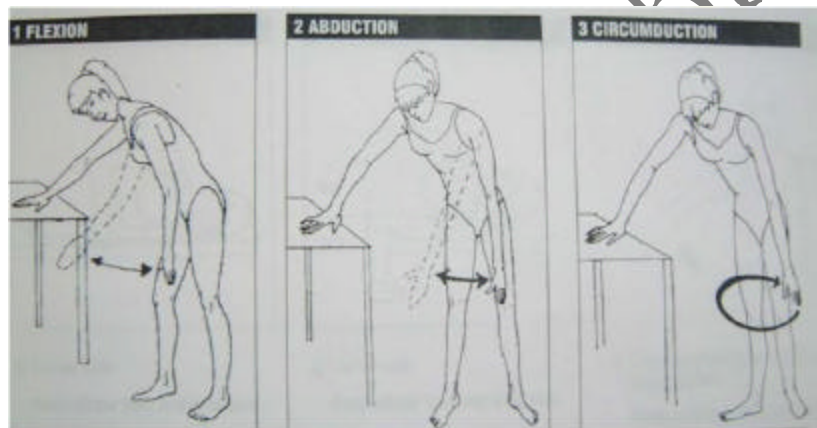


FIGURE 21.1 Lean on a table with uninvolved hand and first move the affected arm forward ten times slowly, then sideways slowly and finally round and round clockwise and anticlockwise. Avoid rapid jerky movements.

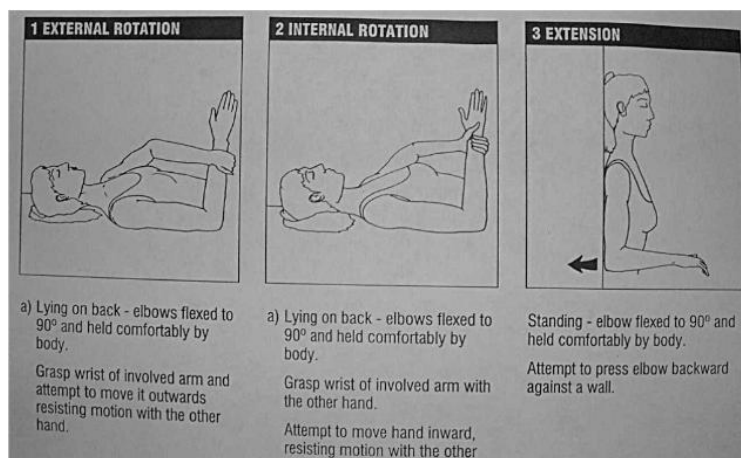
### From 3<sup>rd</sup> week onwards

Active assisted ex. With stick in forward & sideways direction.

Lift only till the shoulder allows. You must not have pain while doing this exercise.. IF it hurts then do not do it. CERTAINLY NOT TO LIFT BEYOND 90?.



### 3. Static Exercises



### After Six weeks

The patient must undergo a supervised rehab programme for ROM restoration with a shoulder physiotherapist. They are advised to strengthen Scapular muscles (Rhomboids & Serratus) & The Rotator cuff muscles with Therabands in an eccentric closed chain manner. The supervised rehab programme lasts for about two weeks after which the patient does the exercises at home for four weeks at least. Simultaneously they undergo gentle stretches for restoration of forward flexion and abduction and external & internal rotation. Attention to core stability is also mandatory during the supervised programme.

### Landmarks

After starting phase I six weeks after the date of surgery normally most patients would attend a supervised rehab programme under our accredited shoulder physiotherapist. Following that patients usually achieve a good range of movement and are essentially lacking in strength, Patients then leave for a Phase II home programme for a month to six weeks. Thus about three months after surgery they have usually achieved 90% of their movement and decent strength. Not all patients follow the charted path and there are differences depending on the extent of tear, the preceding duration of illness and age. If after Phase I patients are still not achieved 50% improvement and are still in pain should seek immediate consultation.

Dr. Ashish Babhulkar