



# *ADVANTAGE ORTHOPAEDICS, P.C.*

**William O. Thompson, MD**

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## **POST-OPERATIVE INSTRUCTIONS** **ARTHROSCOPIC LABRAL AND ROTATOR CUFF REPAIR**

1. Rest the day of surgery. Your arm will be in sling following surgery. Continue the sling at all times except when doing your exercise. **DO NOT** use your operative arm for **ANYTHING** away from your body until the doctor allows you. You will only stress the suture repair and it may fail, leading to an unsatisfactory result ☹. Apply Ice Packs as often as possible the first 3-4 days (20 minutes per each hour) as necessary to reduce pain and swelling. Continue to ice after Physical Therapy sessions.
2. Take an Anti-Inflammatory Medication (Advil, Naprosyn or Vioxx, ect.) with food as directed whether or not you are experiencing pain. You may take a prescription or an over-the-counter Anti-Inflammatory at your preference. **If you have a history of problems with Anti-Inflammatory Medications, you should not take any.**  
Pain Medication (Narcotic: Vicoden or Percocet) should be taken as needed with a small amount of food. If you have any side affects from a medication, discontinue its use and call our office.
3. Remove the outer dressing and gauze wrap after 24-48 hours and cover the steri-strips loosely with band-aids. If you have a pain pump, keep the pump catheter covered, and redress the wound with gauze daily until it is removed. Do not use bacitracin or any ointments under band-aids. Keep your incisions clean and dry. If you wish to shower cover your shoulder with plastic or water proof band-aids (sealed on 4 sides) to keep area dry. After five days, if there has been no drainage, you may shower without band-aids, but keep direct water off the wounds and pat the area dry.
4. Notify the doctor if you develop a fever (101.5), chills, excess incision drainage, or increased numbness in arm. (Small amounts of blood tinged drainage, numbness at incision site with swelling and bruising of upper arm area to the elbow are normal findings following surgery) With a pain pump it is common and expected that there will be moderate, bloody appearing drainage. It is simply blood tinged pump fluid that leaks out around the catheter.
5. Return to (sedentary) work or school the day after surgery, only if pain is tolerable. Returning to heavy labor or excessive lifting or reaching work will be determined by the physician.
6. You will be more comfortable if you sleep in a recliner or propped up on pillows for the first few days to weeks after surgery. It will also keep tension off the surgical site if you keep your elbow forward (in front of you) as much as possible.
7. Begin the exercises as marked on the enclosed sheet the day after surgery as tolerated.
8. Please call our office to schedule an appointment to check your shoulder 12 -14 days after surgery. If you have a pain pump, return 3-6 days post op to remove the pump catheter. If you have any questions **PLEASE** feel free to call the office.



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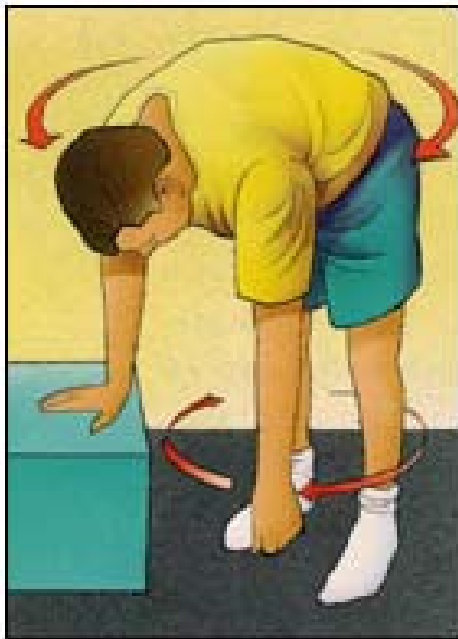
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## THE FOLLOWING STRUCTURES HAVE BEEN REPAIRED/RECONSTRUCTED:

<input type="checkbox"/> SUPRASPINATOUS	<input type="checkbox"/> SUBSCAPULARIS	<input type="checkbox"/> INFRASPINATOUS
<input type="checkbox"/> ACROMIOPLASTY	<input type="checkbox"/> DISTAL CLAVICLE	<input type="checkbox"/> BICEPS TENODESIS
<input type="checkbox"/> SUPERIOR LABRUM	<input type="checkbox"/> PAIN PUMP	<input type="checkbox"/> CAPSULAR SHIFT
<input type="checkbox"/> POSTERIOR INFERIOR LABRUM	<input type="checkbox"/> ANTERIOR INFERIOR LABRUM	



### *Pendulum, Circular*

- Bend forward 90 degrees at the waist, using a table for support.
- Rock **body** in a circular pattern to move arm clockwise 10 times, then counterclockwise 10 times.
- Your arm will dangle and your body motion will generate the rotation, as if it is a pendulum.
- Do 3 sessions a day.

### *Supported Shoulder Rotation*



- Keep elbow in place and shoulder blades down and together.
- Rotate forearm to the outside. (30°-40°)
- Rotate arm to abdomen.
- Slide forearm back and forth using a stick or cane for assistance.
- Repeat 10 times. Do 3 sessions a day.

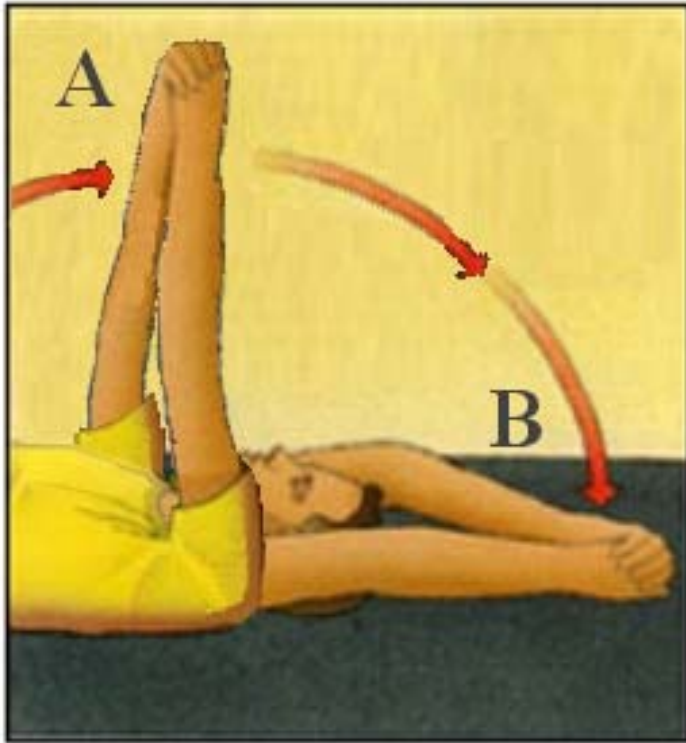


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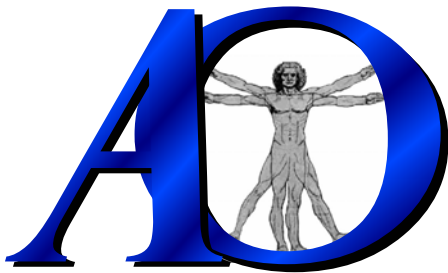
### ***Shoulder Flexion (Passive)***

- Clasp hands together and lift arms above head. Use the Non-operative arm to lift the operative arm. DO NOT use the operative arm to lift,
- Should be one lying down. Keep elbows as straight as possible.
- Stop at **A** for the first 2 weeks if labral repair, Without labral repair go to **B** as comfortable.
- Repeat 10 to 20 times. Do 3 sessions a day.



### ***Shoulder External Rotation (Isometric)***

- Stand with the involved side of your body against a wall.
- Bend your elbow 90 degrees and keep it at your side.
- Push your forearm into the wall.
- Hold for 5 seconds and then relax. Repeat 10 times.
- Do Not Do if you have an Infraspinatus tendon repair.
- Do NOT move the elbow forward; keep at your side during this exercise.



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### ***Shoulder Internal Rotation (Isometric)***



- Stand at a corner of a wall or in a door frame.
- Place the involved arm against the wall around the corner, bending your elbow 90 degrees.
- Push your arm into the wall. Hold for 5 seconds and then relax. Repeat 10 times.
- Do Not Do if you have a subscapularis tendon repair.
- Do NOT move the elbow forward; keep at your side during this exercise.

- Do the above exercises as tolerated, if you experience severe pain you should stop.
- Soreness the next day is to be expected, but should not last more than a day.
- Passive range of motion of the shoulder promoted by the above exercises is the key to a rapid recover.
- Your restoration of shoulder motion will allow formal physical therapy to begin later in the recovery. This is beneficial if your insurance coverage for physical therapy is limited by your HMO.