



## Posterior Labral Repair

### *Discharge Instructions*

#### Comfort

- Discomfort increases 1-2 days after surgery due to the nerve block wearing off. This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first three days. You may use it 20 minutes on, 20 minutes off, as often as you wish. Always keep a cloth barrier, such as a towel, between the cold and your skin.
- **Medication**
  - For **anticoagulation** – you **MUST** take one 81mg aspirin daily for two weeks to help prevent blood clots. This is the only mandatory medication.
  - For **nausea** – Zofran (ondansetron) as needed.
  - For **constipation** – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
  - For **pain** – A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. **Use only if needed.** Try to manage your pain with ice, ibuprofen, and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such as constipation, nausea and cognitive impairment may occur. Tylenol and ibuprofen can be used as step-down medications and are recommended as soon as possible. It is very common to use the pain medication at night to help sleep better or around the time of therapy so you can participate more comfortably.

#### Activity

- Please keep the shoulder immobilized in the sling at all times until otherwise directed.
  - You can expect to need the sling for 6 weeks.
- Wear the sling while sleeping. You may find sleeping in a recliner to be more comfortable for the first month.
- You may remove the sling several times per day to perform range of motion with your elbow and wrist to avoid stiffness.
  - Keep your elbow close to your body as you flex and extend it.
  - Do not lift your arm in front of you or away from your side..
- Periodic standing and walking is encouraged to decrease the risk of blood clots.
  - If seated, perform ankle pumps and circles to promote lower extremity blood flow.
- Physical therapy usually begins 4 weeks after surgery.
  - Please call your insurance company for a list of facilities in your area and choose one by the time you come to your 1 month post-op appointment.
- Driving – At a minimum, no driving until you have stopped taking the narcotic.
  - Please bear in mind we want you to be safe and comfortable when you return to driving - this is a sliding scale depending on your progress.

#### Wound Care

- Your incisions are covered by several absorbent pads secured with foam tape. Please leave this in place until your first post-op visit.
  - The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision.
- No showering until after your first post-op visit.

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#### Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.

#### Call your physician if:

- You develop a temperature over 100.3 degrees.
- You notice any drainage of the incisions 5 days or later after surgery.
- The shoulder becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- You have persistent pain and / or swelling in your calf.
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

#### *Recovery milestones:*

PT will be 3x per week, starting one month after your surgery. Once you begin PT, you must do the exercises **daily**.

#### Overview:

- Week 1 – Perform hand, wrist, elbow ROM to prevent stiffness. Perform passive ROM per protocol with a helper.
- Week 4 – Begin physical therapy.
- Week 6 – Discontinue sling.
- Week 8 – Full ROM restored
- Month 6 – Begin throwing program

## *PT Protocol*

### PHASE I: Week 0-4

- Perform hand, wrist, and elbow ROM to prevent stiffness
- Sling to be worn at all times except when performing exercises, showering, and dressing
- No active shoulder elevation or rotation for the first month

The following exercises are to be performed 2x / day with the help of a friend or family member. These activities should be performed with a **relaxed arm**. Do not activate the muscles of your shoulder. Instead, allow your helper to move your arm for you. Only move within limits of the pain.

#### **Week 1**

##### *Exercises:*

- External rotation to 30 degrees
- Flexion to 90 degrees
- No internal rotation

#### **Week 3**

##### *Exercises:*

- Continue as above
- Add internal rotation to 15 degrees

#### **Week 4**

##### *Exercises:*

- External rotation 45-60 degrees
- Internal rotation to 35 degrees
- Flexion to tolerance
- Abduction to 0 degrees

### PHASE II: Week 4-8

- Begin formal physical therapy.
- Discontinue sling at Week 6.

#### **Week 4-6**

##### *Exercises:*

- Progress passive ROM in all directions to tolerance
- Begin wand active assisted ROM
- Shoulder shrug exercises
- Isometric IR/ER with elbow flexed to 90 as tolerated
- Progress to active ER with resistance as tolerated
- Active horizontal abduction while lying prone

#### **Week 6-8**

##### *Exercises:*

- Continue PROM and AAROM
- Wall climbs for flexion and abduction
- Progress ER with free weights while side-lying with arm at side. - Limit IR to protect posterior capsule
- Supraspinatus exercises **if** pain-free 0-90 ROM is achieved
- Active IR with weight while supine and elbow flexed to 90
- Active flexion as tolerated
- Active abduction to 90 degrees

### PHASE III: Week 8-16

- Full ROM should be achieved

#### *Exercises:*

- Continue ROM
- Initiate capsular stretching as needed
- Begin wall push ups at 3 months
  - Should be pain-free with shoulders at 80 degrees abduction
- Progress to floor push ups as tolerated
  - Shoulders must remain below the scapular plane to protect the posterior capsule
- Isotonic strengthening of RC and Deltoid
- Active IR with band
  - Avoid stress on posterior capsule by limiting ROM

### PHASE III: Month 4-6

- Progress to functional activities

#### **Month 4**

#### *Exercises:*

- Progress weight as tolerated
- Add active horizontal adduction
- Arm ergometer for endurance exercises
- Isokinetic strengthening and endurance exercises for IR/ER with arm at side and for horizontal abduction
  - Must be pain-free

#### **Month 5**

#### *Exercises:*

- First isokinetic test – IR/ER arm at side, horizontal abduction, and abduction / adduction
- Progress isotonic and isokinetic exercises
- Add isokinetics for flexion / extension and abduction / adduction
- Add military press
  - Weight over or behind the head with low weight
- Continue arm ergometer
- Add total body conditioning for strength and endurance and flexibility

#### **Month 6**

#### *Exercises:*

- Second isokinetic test
  - IR/ER at 80-90 degrees abduction should have 80% strength and endurance of opposite side before targeted activity / skill training
- Continue total body conditioning
- Skill mastery – Begin throwing program if indicated