



P: (843) 353-3460 | F: (843) 353-3461

Laterjet Open Anterior Shoulder Stabilization Postoperative Instructions

Diet

- Begin with clear liquids and light foods (Jell-O, soups, etc.)
- Progress to your normal diet if you are not nauseated.

Wound Care

- Maintain your operative dressing, loosen bandage if swelling of the elbow, wrist, or hand occurs
- It is normal for the shoulder to bleed and swell following surgery – if blood soaks through the bandage, do not become alarmed – reinforce with additional dressing
- Remove surgical dressing on the **3rd** post-operative day – if minimal drainage is present, apply band-aids over incisions and change daily
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a large garbage bag over your sling starting the day after surgery
- Once the surgical dressing has been removed (day 3) you may place waterproof Band-Aids over the incisions and shower allowing soap and water to run over the arm. Do not scrub over the incision and pat to dry. NO immersion of operative arm (i.e. bath)

Medications

- Pain medication is injected into the wound and shoulder joint during surgery – this will wear off within 8-12 hours
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle
- Primary Medication = (Oxycodone)
 - Take 1 – 2 tablets every 4 – 6 hours as needed
 - Max of 12 pills per day
 - Plan on using it for 2 to 5 days, depending on level of pain
 - Ondansetron (Zofran) take as needed for nausea
 - Docusate sodium (Colace) as needed for constipation
- Meloxicam two times a day for 2 weeks
- Tylenol 1000mg three times a day for two weeks
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed

- Do not drive a car or operate machinery while taking the narcotic medication

Activity

- When sleeping or resting, inclined positions (i.e. reclining chair) and a pillow under the forearm for support may provide better comfort
- Do not engage in activities which increase pain/swelling (lifting or any repetitive above shoulder level activities) over the first 7-10 days following surgery
- Avoid long periods of sitting (without arm supported) or long distance traveling for 2 weeks
- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

Immobilizer

- Your immobilizer should be worn at all times except for hygiene and exercise

Ice Therapy

- Begin immediately after surgery
- Use ice machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first post-operative visit – remember to keep arm supported while icing
- DonJoy Ice Machine may be used.
 - Use unit as frequently as tolerated x 14 days
 - Unit is programmed hour on/hour off continuous of compression and ice alternating
 - If braced* - Loosen brace to avoid added pressure
- If issues with ice machine device, please contact Dr. Gehrman.

Exercise

- No exercises or shoulder motion until after your first post-operative visit unless otherwise instructed
- You may begin elbow, wrist, and hand range of motion on the first post-operative day about 2-3 times per day
- Formal physical therapy (PT) will begin 7-10 days after surgery. Please contact your therapy office of choice 2-3 days after surgery to schedule appointments.

Emergencies

- Contact Dr. Gehrman or his clinical assistant at (843) 353-3460 if any of the following are present:

- Painful swelling or numbness
- Unrelenting pain
- Fever (over 101°F - it is normal to have a low grade fever for the first day or two following surgery) or chills
- Redness around incisions
- Color change in wrist or hand
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting
- **If you have an emergency after office hours or on the weekend, contact the same office number 843-353-3460 and you will be connected to our page service – the will contact Dr. Gehrman or one of his colleagues if he is unavailable. Do NOT call the hospital or surgical center.
- **If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

Follow Up Care + Questions

- A member of Dr. Gehrman's team will call you 24 to 48 hours after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please call the office at 843-353-3460.
- Typically the first post-operative appointment following surgery is 10-14 days following surgery.
- If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours (843-353-3460) and ask for appointment scheduling.
- The first post-operative appointment will be with myself or one of the Physician Assistants. They will assess the wound, go over post-operative protocol, and answer any questions you may have regarding the procedure.

LATERJET OPEN ANTERIOR SHOULDER STABILIZATION

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery _____

Frequency: 1 2 3 4 times/week

Duration: 1 2 3 4 5 6 Weeks

Phase I MAXIMAL PROTECTION (0-4 Weeks Post-Op)

- Immobilization for 4 weeks using sling.
- Elbow A/AAROM: flexion and extension.
- Protect anterior and posterior capsule from stretch, but begin passive ROM
- Limit FE (supine forward elevation in the scapular plane) to 90 degrees
- Limit ER (external rotation) to neutral 30 degrees
- Do Not perform Pendulums.
- Modalities (i.e. CryoCuff) PRN(as needed).
- Wrist and gripping exercises.
- Begin Deltoid/Cuff isometrics
- Removal of sling for showering: maintain arm in sling position.

Phase II MODERATE PROTECTION (4-6 Weeks Post-Op)

- A/AAROM Limit FE (forward elevation in the scapular plane) to 140 degrees
- A/AAROM Limit ER (external rotation) to 45 degrees
- Progress from AAROM to AROM:
- Quality movement only-avoid forcing active motion with substitution patterns.
- Remember the effects of gravity on the limb, do gravity eliminated motions first i.e. Supine elevation in the scapular plane.
- Deltoid isometrics
- Elbow AROM
- Continue with wrist exercises
- Modalities PRN.
- Discontinue sling at 4-6 weeks.

Phase III MINIMAL PROTECTION / MILD STRENGTHENING (6-12 Weeks Post-OP)

- A/AAROM No Limit FE (forward elevation in the scapular plane)
- A/AAROM No Limit ER (external rotation)
- 10-12 weeks, AIAA/PROM to improve ER with arm in 45 degree abduction.
- AROM all directions below horizontal, light resisted motions in all planes.

- AROM activities to restore flexion, IR, horizontal ADD as tolerated.
- Deltoid, Rotator Cuff isometrics progressing to isotonic.
- PRE's for scapular muscles, latissimus, biceps, triceps.
- PRE's work rotators in isolation (use modified neutral).
- Emphasize posterior cuff, latissimus, and scapular muscle strengthening, stressing eccentrics.
- Utilize exercise arcs that protect anterior and posterior capsule from stress during PRE's.
- Keep all strength exercises below the horizontal plane in this phase.

Phase IV STRENGTHENING (12-16 Weeks Post-Op)

CRITERIA:

1. Pain-free AROM
2. Pain-free with manual muscle test
3. Progress by response to treatment
 - AROM activities to restore full ROM.
 - Restore scapulohumeral rhythm.
 - Joint mobilization.
 - Aggressive scapular stabilization and eccentric strengthening program.
 - Initiate isotonic shoulder strengthening exercises including: side lying ER, prone arm raises at 0, 90, 120 degrees, elevation in the plane of the scapula with IR and ER, lat pulldown close grip, and prone ER.
 - Dynamic stabilization WB and NWB.
 - PRE's for all upper quarter musculature (begin to integrate upper extremity patterns). Continue to emphasize eccentrics and glenohumeral stabilization.

All PRE's are below the horizontal plane for non-throwers.

1. Begin isokinetics.
2. Begin muscle endurance activities (UBE).
3. High seat and low resistance
4. Must be able to do active shoulder flexion to 90 degrees without substitution
5. Continue with agility exercises.
6. Advanced functional exercises.
7. Isokinetic test.
8. Functional test assessment.
9. Full return to sporting activities.