

Sports Therapy
Manual Therapy
Electrotherapy
Manipulation
Rehabilitation
Pre-habilitation
Clinical Pilates
Pre-Season Screening
Exercise Prescription
Massage

Partners

Chris Ward
B.App.Sc. (Physio)

Charlie Schall-
Riaucour
B.Physio (Hons.),
B.App.Sc. (Phys.Ed.),
Post Grad Dip (Exs for
Rehab)

Physiotherapists

Richard Webber
B.App.Sc (Physio)

Sarah Tulloch
B. Health Sc., M.
Physio

Eleanor Dwyer
B. Sc., M. Physio

Daniel Ford
B. Physio

Elsa Gales
BSc. (Physio)

Practice Manager

Anne Mellor
BA (Hons)



AUSTRALIAN
PHYSIOTHERAPY
ASSOCIATION

Member

POST-OPERATIVE PHYSIOTHERAPY INFORMATION

SHOULDER MANIPULATION

Surgery:

Your surgeon has manipulated your shoulder under anaesthetic and it is important that you try to use your arm as normally as possible following surgery to help prevent it stiffening again. Your recovery is greatly dependent on your post-operative routine.

Use of Sling:

It is recommended that you avoid using a sling for your shoulder following surgery as we want to encourage normal movement. You may like to use the sling whilst in crowds if your shoulder remains painful as a “warning sign” for others to keep clear!

Exercises:

The following exercises are to be performed 5-6 times each day i.e. every hour or two. The exercises are aimed at preventing stiffness in any of the arm joints and maintaining the shoulder movement achieved in surgery. These exercises are expected to hurt a bit, but this is not a sign of tissue damage. You can minimise this pain by taking regular analgesia in the first few days post op.

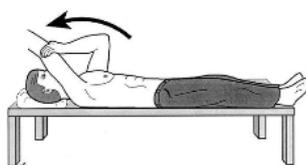
1. Pendular Swings

Stand beside a table/ bench and support yourself firmly with your uninjured arm. Bend forward from the hips to allow your injured arm to hang free. Swing the arm gently forward/ backwards, side to side and in circles. Repeat 10 times each.



2. Assisted shoulder flexion

Cradle your injured arm in your uninjured arm. Raise both together in front using the uninjured arm to assist the injured arm. Make sure that you don't let your shoulder “hitch” upwards when elevating the arm. You can look in the mirror to monitor this. Repeat 10 times.



LYING ON BACK



STANDING

Malsen Fig. 2-32

3.Active shoulder flexion, abduction and external rotation with stick

FLEXION: With arms extended straight, hold a broomstick with both hands and lift the stick forwards and as high as possible letting your unaffected shoulder take control and lead the movement. Repeat 10 times

ABDUCTION: Keeping your arms in the same plane as your body using the broomstick push your operated arm out to the side as high as you can go leading with your unaffected arm. Repeat 10 times

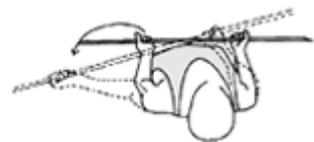
EXTERNAL ROTATION: keep operated elbow tucked into your side. Place end of broomstick in palm of your hand. Use unaffected arm to rotate arm outwards (Elbow MUST stay touching body). Repeat 10 times.



FLEXION



ABDUCTION



EXTERNAL ROTATION

Lying on back Standing

Lying on back Standing

Lying on back Standing

Further Rehabilitation/ Return to Normal Activity

It is important to see a physiotherapist following your shoulder manipulation. The procedure will have greatly increased your range of movement but you need to do the exercises regularly to maintain this gain. The exercises given on this sheet are a great start but your physiotherapist can progress the exercises where needed to maximise the outcome of your surgery. Your surgeon will guide you as to when to start further physiotherapy, however it is usually within the first week of leaving hospital