

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 Arthroscope – Mr. Richard Dallalana

Surgery:

Many different procedures can be performed via shoulder arthroscopy. Superficially there are only small puncture marks made by the surgical instruments and these have been closed by steri-strips or a single stitch. Although this may seem only minor, the surgery inside the joint is more traumatic and must be given full opportunity to recover. This recovery is greatly dependent on your post-operative routine.

Use of Sling:

You may or may not have a sling, depending on your surgeon's preference. If you find you have a sling it is required to rest and support the shoulder for a period of 2-3 days following surgery. During this time you must remove your arm from the sling 4-5 times per day to perform the exercises below as demonstrated by your physiotherapist. The sling may be removed when resting in bed/sleeping. You may like to use the sling for a little while longer 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 4-5 times each day. They will prevent stiffness about the arm and shoulder joints. Do not push any of the exercises to the point of pain.

1.Elbow, Wrist and Hand Movements – Day 1 onwards

Be sure to keep the elbow, wrist and hand mobile by bending and straightening all joints. It is much easier to keep these joints moving now than to let them get stiff. You can also begin gripping a rolled towel or tennis ball to keep your arm muscles strong and begin activity around the shoulder.

2.Pendular Swings - Day 1 onwards

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 10 times, side to side 10 times and in circles 10 times.



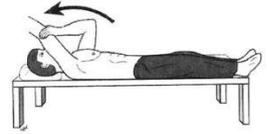
3.Shoulder (scapula) retraction – Day 1 onwards

Pull shoulder blades back gently and pinch them together. Keep shoulders down away from ears. Hold for 5 seconds and repeat 10 times.



4. Assisted shoulder flexion – Day 1/ 2 onwards

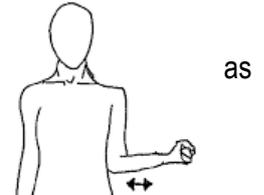
Lying on your back, cradle your operated arm in your uninjured arm. Raise both together in front using the uninjured arm to assist the injured arm. Move only to the point of pain. Make sure that you don't let your shoulder "hitch" upwards when elevating the arm. Repeat this 10 times.



5. Active shoulder external rotation – Day 2 onwards

Keeping your elbow tucked into your side, gently rotate your arm outwards. Be careful not to turn your torso. Take the movement as far comfortable only.

Return to starting position. Repeat 10 times



6. Assisted shoulder internal rotation – Day 2 onwards

Gently, with your palm facing backwards, reach your arm up behind your back. If stiff, use your other arm to guide it further into range. To progress, use a towel (picture) to gently assist in the movement. Only go as far as comfort allows.

Repeat 10 times



Bandage/ Dressings

The small puncture wounds will be covered by waterproof dressings prior to discharge from hospital. You need to leave these on until your review with your surgeon. Once the wound has healed sufficiently (7-10 days), you are able to shower without the waterproof dressings.

Pain:

All exercises should be done within limits of tolerable pain. Do not push into excessive pain or where pain is greatly increased post exercise.

Further Rehabilitation/ Return to Normal Activity

Often you will be required to attend physiotherapy for a progressive regime of exercises to mobilise and strengthen your shoulder for return to normal function and/ or sport. The shoulder is a complicated joint that requires intricate muscle function to perform normally, especially for the demands of overhead sporting or work activities, and physiotherapy can help guide your return to these activities. Your surgeon will advise you at the time of follow up review whether or not you will be required to have further physiotherapy.