Shoulder Manipulation-Arthroscopy (Frozen Shoulder)
Post-operative Instructions

The challenge with frozen shoulder release surgery is keeping the range of motion we are able to achieve in the OR. Early aggressive ROM and OT are key to success.

---Dr. J Toman

ACTIVITY:
- Go home and rest today.
- If you received sedation or general anesthesia, you may feel tired and drowsy. Therefore, you should not drive a car, operate any machinery, drink alcoholic beverages, or make any legal decisions for 24 hours, or while taking the narcotic medication.
- Thereafter, it is critically important that you move your shoulder. Start with pendulums out of the sling (swinging the arm to gravity), and advance as tolerated. Weight-bearing as tolerated to your operative upper extremity. The results of this surgery will not be as successful if you do not move your shoulder.
- I will send you to physical therapy to help with full ROM and strengthening. This should start prior to your first follow-up visit.
- Motion of your hand, wrist and elbow, along with the shoulder, will help the arm recover from surgery
- You will have had a nerve block with surgery. As anesthesia has mentioned, this will last for up to 24 hours or longer until if an indwelling catheder was placed. Use this period to move your shoulder as much as possible.
- Physical therapy (call the Vereen Center or other provider the day of surgery to schedule an appointment for tomorrow).

I. Criteria for physical therapy
   A. Active range of motion, goal ROM below
   B. Manageable shoulder pain or tenderness
   C. Satisfactory clinical examination

II. Goals
   A. Improve shoulder strength, power, and endurance
   B. Rotator cuff strengthening with theraband and home protocol
   C. Improve neuromuscular control and shoulder proprioception
   D. Prepare for gradual return of functional activities
   E. Establish a home-exercise maintenance program that is performed at least 3 times per week for strengthening
   F. Stretching exercises should be performed daily
III. Motion
   A. Achieve motion equal to contralateral side
   B. Utilize passive, active assisted, and active ROM exercises
   C. Passive capsular stretching at end ranges of motion, especially cross-body (horizontal) adduction and internal rotation to stretch the posterior capsule

IV. Muscle strengthening
   A. Strengthening of the rotator cuff
   B. Begin with closed-chain isometric strengthening

• In the OR, we achieved the following range of motion. It will be our goal to keep and improve upon this post-operatively.

CARE OF PROCEDURE SITE:
• You will go home from the hospital with your arm positioned in a sling. Remove the sling tomorrow and begin to move your shoulder, as tolerated. Continue to wear for comfort for 2-3 days, and then discontinue. Physical therapy will be scheduled around the time of your follow up appointment with your doctor, in 1-2 weeks.
• Apply ice to shoulder area for 20 minutes at a time and repeat 4-6 times a day. Repeated use of the ice pack will decrease your swelling and pain.
• DO NOT apply cream or salves to your incision; they increase the risk of infection/contamination, and do not help with healing.
• Shoulder arthroscopy involves pumping fluid into your shoulder at high pressures. This can cause bruising, and sometimes even bruising extending down the arm. This is normal, and will resolve.
• You may shower in 3 days, keep the bandages on when you shower. Do not immerse in water for at least one week, however. After showering, change the bandages and cover the incisions with • bandaids or • other: ________________________________.

MEDICATIONS:
• Resume all medications, as prescribed, unless otherwise advised. Stop NSAIDs previously prescribed as new medications will take their place in the immediate post-op period.
• Take pain medication, as prescribed only as needed. Narcotic pain medication can cause constipation: colace is prescribed, and drink plenty of water to help with constipation. Regular Tylenol can be substituted for the narcotic medication when able. The first 24-48 hours are the most uncomfortable.
• Some patient’s report having pain after surgery that is quite manageable, other patients report a significant amount of discomfort. The response to the surgery over the first 5 days is quite individual. Do not hesitate to take 2 tablets of the pain medication every 3 hours if needed. Of course, rest, ice and taking it easy for the first few days will have a significant impact on your recovery.

DIET:
• Resume your normal diet, as tolerated.

REASONS TO NOTIFY MD:
• The risk of infection is very low, about 1-2 per 2000 patients. However, signs of concern include increasing redness, drainage or swelling at incision site; or fever, unrelated to a cold or illness.
• Foul drainage from incision or bleeding through the bandage
• Pain, unrelieved by prescribed medication or numbness and/or tingling, pale, blue or cold arm.

If you have any of the above problems or other questions, please call SouthActive.

• Swelling/bruising in the shoulder/arm is common and may persist for several days after surgery
  This is normal

FOLLOW-UP APPOINTMENT: Please follow-up 10-14 days after your procedure. Call the above number to schedule follow-up appointment at your convenience.

• Return to clinic on DATE: _______________ TIME: _______________
  LOCATION: Vereen Center on Wednesdays – call the above number for a follow-up appointment