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Diagnostic Shoulder Arthroscopy ONLY Protocol

Procedure Summary

Only follow this advice where the procedure is purely a shoulder arthroscopy which may be done for an examination under anaesthetic (EUA) or washout. Progress through stages as tolerated by patient.

Protocol

In first instance follow the post-op instructions.

Sling

Required for comfort only, discard as soon as comfortable.

Day One:

- Importance of pain control.
- Ice pack use + +
- Sling use.
- Sleeping position (e.g remove sling and use body strap for support).
- Washing and dressing.
- AROM of unaffected joints eg fingers, wrist and elbow.
- Postural advice and scapular setting.
- Encourage waist level ADL's (e.g. brushing teeth, eating).

Exercises taught on the ward (if no restrictions):
Pendulum
AA shoulder flexion
AA shoulder ER
Hand, wrist and elbow ROM

Follow-up Physiotherapy

Arranged if / as needed, the degree of urgency can be decided on assessment unless stated by the consultant.

Phase 1 Aim: to increase joint ROM passive to active

Range of movement progressing gradually through the following

1a Passive ROM (controlled by the patient)
1b Active assisted ROM
1c Active ROM

NOTE - encourage SCAPTION rather then pure abduction.

- progress using short to long lever principles.

Phase 2 Aim: Stretching at end of range and strengthening

2a Stretches at end of range

- encourage stretches to be done by the patient using a broom handle etc rather than by physiotherapist
- attention to posterior capsule stretch (within relevant restrictions).

2b Strengthening against resistance only once patient is achieving functional AROM and no pain to resisted muscle testing.

- include strengthening of rotator cuff, UFT, LFT, serratus anterior, biceps, triceps, deltoid as per assessment.

Phase 3 Aim: full active rehab/ higher level function

Start sport specific rehab.

Patients can return back to competitive sports when achieving full AROM and normal strength.

General guidelines

Consultant post op follow up
All patients are normally followed up in clinic with consultant at 2-6/52 post op