



MR RONAN MCKEOWN
M.D. FRCSI(T&O). MFSEM.
Consultant Orthopaedic Surgeon

The Newry Clinic
Windsor Avenue
Newry
BT34 1EG

T: (028) 3025 7708
F: (028) 3026 6291
R.O.I. prefix (048)

www.shoulderandkneesurgeon.com
info@shoulderandkneesurgeon.com

Therapist Information and Guidelines Anterior Shoulder Stabilisation

This operative procedure is performed to correct recurrent anterior dislocation of the shoulder. It involves soft tissue and/or bony reconstruction. The pathology may include:

Bankart Repair:

Re-attachment of the detached antero-inferior labrum (Bankart lesion) to the glenoid with minimal restriction of external rotation.

SLAP Repair:

Repair of the damaged origin of the long head tendon of the biceps muscle. The lesion is a tear of the Superior Labrum Anterior and Posterior (S.L.A.P) to the long head of biceps.

Hill-Sachs Lesion:

A complication of shoulder dislocation. When the shoulder dislocates, the smooth cartilage surface of the humeral head is impinged/impacted against the glenoid causing a compression fracture.

Surgery is performed either 'open' or 'arthroscopically'. External rotation of the shoulder beyond the neutral position should be avoided for 6 weeks to allow time for healing.

Open surgery

involves detachment and reattachment of the subscapularis muscle from its insertion on the lesser tuberosity. It is important to allow this repair to heal, therefore extreme care should be taken to avoid external rotation of the shoulder beyond the neutral position for at least 6 weeks.

Arthroscopic surgery

does not require detachment of the subscapularis but external rotation beyond neutral should still be avoided for 6 weeks.

Post Op

These guidelines are for Arthroscopic shoulder stabilisation procedures.

- * No combined Abduction and External Rotation for 3 months.
- * No External Rotation beyond neutral for 6 weeks.

Day 1

Patient wears a polysling, normally for 4 weeks.
Finger, wrist, and RU joint exercises.
Assisted elbow flexion / extension.
Teach postural awareness.
Scapular setting exercises in neutral.
Commence passive flexion to 90° (neutral rotation) and passive external rotation to neutral only: Teach family member or carer to continue with this daily.

3 Weeks

Commence pendular exercises:
Flexion / Extension and circumduction only.

4 Weeks

Wean off sling.

6 Weeks

*Commence active assisted ROM exercises.
Progress to active ROM exercises as able.
Commence isometric rotator cuff strengthening exercises in neutral, initially.
Progress to isotonic strengthening as able, gradually increasing resistance and range as scapula stability allows.
Continue with scapula stability exercises.
Commence proprioceptive exercises.
Manual therapy if indicated to treat any stiffness.*

Return to Functional Activities

These are approximate guidelines only as each patient will progress at a different rate. These should be seen as the earliest that these activities may commence.

Driving: 8 Weeks.

Swimming: Breaststroke: 8 weeks.

Freestyle: 3 months.

Golf: 3 months.

Lifting: Light lifting: 3 weeks.

Heavy lifting: Avoid for 3 months.

Return to work: Sedentary job: as tolerated.

Light duties: as tolerated after 6 weeks.

Heavy duties: 3 months - discuss with Mr McKeown.

Contact sports: 6 months:

sports including horse riding, football, martial arts, racquet sports and rock climbing.

Should be avoided by the Mr McKeown