MR. IBRAHIM – UPPER LIMB POST-OP PATHWAYS

THAMES Shoulder & Elbow

PROCEDURE	PROTOCOL	DAY SURGERY OR WARD	OUTPATIENT POST-OP
ROTATOR CUFF REPAIR **+/- LHB TENODESIS** **Small, medium and large tears** **Open or arthroscopic**	**0-4 weeks:** Polysling day and night • Sling may be removed for passive exercises, eating, washing and dressing • No active movement • Pendular exercises and passive shoulder abduction and flexion • Active neck, scapula, elbow, wrist and hand movements **LHB tenodesis:** No biceps loading for 6 weeks **4-6 weeks:** • Wean off sling • Progress to assisted then active motion • Work on scapula control • Hydrotherapy may be helpful **6 weeks:** • Isometric exercises for posterior deltoid, posterior cuff, latissimus • **8 weeks:** • Resisted exercises for posterior deltoid, posterior cuff, latissimus • Isometric/functional only for pec major and anterior/middle deltoid Resisted exercises involving pec major and anterior/middle deltoid are discouraged until 6 months and must always be balanced with resisted exercises of the other muscles	Check operation note Teach week 0-4 exercises to patient Advise on functional activities: Washing/dressing, toileting, meal preparation Confirm plan for outpatient physiotherapy location and timing	10-14 days to follow protocol **Additional notes:** Approx return times Driving – 6 weeks Office jobs – 4 weeks Manual jobs – 3 months Sport – 3 months Contact sport – 6 months

02037615987 | admin@thamesshoulderandelbow.co.uk |
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PROCEDURE	PROTOCOL	DAY SURGERY OR WARD	OUTPATIENT POST-OP
MASSIVE ROTATOR CUFF REPAIR **Partial repair (+/- balloon interposition or superior capsule reconstruction)** **Open or arthroscopic**	**0-6 weeks:** Polysling day and night • Sling may be removed for passive exercises, eating, washing and dressing • No active movement • Pendular exercises and passive shoulder abduction and flexion • Active neck, scapula, elbow, wrist and hand movements **6-10 weeks:** • Wean off sling • Progress to assisted then active motion • Hydrotherapy may be helpful **10 weeks:** • Isometric exercises for posterior deltoid, posterior cuff, latissimus, trapezius and rhomboids may be started **12 weeks:** • Resisted exercises for posterior deltoid, posterior cuff, latissimus, triceps, trapezius and rhomboids • Isometric only for pec major and anterior/middle deltoid • Resisted exercises involving pec major and anterior/middle deltoid are discouraged until 6 months and must always be balanced with resisted exercises of the other muscles	Check operation note Teach week 0-6 exercises to patient Advise on functional activities: Washing/dressing, toileting, meal preparation Confirm plan for outpatient physiotherapy location and timing	10-14 days to follow protocol **Additional notes:** Approx return times Driving – 10 weeks Office jobs – 4 weeks Manual jobs – 4 months Sport – 6 months Contact sport – 9 months

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FROZEN SHOULDER **Manipulation under anaesthesia (MUA)** **Arthroscopic capsular release**	ACTIVE RANGE OF MOTION ON ALL PLANES AS SOON AS POSSIBLE Intensive physiotherapy	Check operation note Teach week active exercises to patient Advise on functional activities: Washing/dressing, toileting, meal preparation Confirm plan for outpatient physiotherapy location and timing	ASAP within 10 days to follow protocol

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PROCEDURE	PROTOCOL	DAY SURGERY OR WARD	OUTPATIENT POST-OP
SHOULDER REPLACEMENTS **Elective or trauma (proximal humerus fracture)** **Hemiarthroplasty** **Total anatomic** **Reverse**	**0-2 weeks:** Polysling for comfort only from day 1 • Sling is removed for exercises, self care and light functional use within 'Safe Zone' • 'Safe Zone' = hand in front of body, elbow at side, no external rotation beyond neutral e.g. making snack, use computer, self-care • Pendular exercises • Active neck, scapula, elbow, wrist and hand movements • Active assisted flexion to 90 and external rotation to 30 degrees within boundaries of pain **2-4 weeks:** • Active assisted abduction exercises can be added **4-6 weeks:** • Wean off sling • Progress to active shoulder motion • Isometric exercises for all muscle groups may be started • Hydrotherapy may be helpful **6 weeks:** • Resisted exercises throughout range as pain allows • Rehab for reverse focuses on graded deltoid strengthening	Check operation note Teach week 0-2 exercises to patient Advise on functional activities: Washing/dressing, toileting, meal preparation Confirm plan for outpatient physiotherapy location and timing	10-14 days to follow protocol Contact surgeon directly if there is wound leakage or breakdown **Additional notes:** Approx return times Driving – 8 weeks Office jobs – 4 weeks Manual jobs – 3 months Sport – 3 months

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PROCEDURE	PROTOCOL	DAY SURGERY OR WARD	OUTPATIENT POST-OP

SOFT TISSUE STABILISATION
 	
Anterior labral repair (Bankart repair)
 	
Posterior labral repair
	0-4 weeks:
	Polysling day and night
	• Sling may be removed for exercises, eating, washing and dressing
	• Pendular exercises
	• Active neck, scapula, elbow, wrist and hand movements
	• Gentle active assisted shoulder abduction and flexion to 90 degrees and external rotation to 30 degrees
	
	4-6 weeks:
	• Wean off sling
	• Start full active movement
	  • External rotation is guided pain and not passively stretched
	  • Do NOT push ROM, end range of stretches should be avoided
	• Start weightbearing proprioception exercises
	
	6 weeks:
	• Start specific instability rehab programme
	  • Recommend Derby programme http://derbyshoulderunit.co.uk/physiotherapy/
		Check operation note
		
		Teach week 0-4 exercises to patient
		
		Advise on functional activities: Washing/dressing, toileting, meal preparation
		
		Confirm plan for outpatient physiotherapy location and timing
			10-14 days to follow protocol
			
			Additional notes:
			Approx return times
			Driving – 4 weeks
			Office jobs – 2 weeks
			Manual jobs – 3 months
			Sport – 3 months
			Contact sport – 6 months

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PROCEDURE	PROTOCOL	DAY SURGERY OR WARD	OUTPATIENT POST-OP
BONE BLOCK STABILISATION **Latarjet or posterior bone block**	**0-2 weeks:** Polysling day and night • Sling may be removed for exercises, eating, washing and dressing • Pendular exercises • Active neck, scapula, elbow, wrist and hand movements • Gentle active assisted shoulder abduction and flexion and external rotation within limits of pain **2-6 weeks:** • Wean off sling • Start full active movement within limits of pain • Isometric exercises as pain allows • Hydrotherapy may be useful if progression slow **6 weeks:** • Start specific instability rehab programme and resisted exercises throughout range • Recommend Derby programme http://derbyshoulderunit.co.uk/physiotherapy/	Check operation note Teach week 0-2 exercises to patient Advise on functional activities: Washing/dressing, toileting, meal preparation Confirm plan for outpatient physiotherapy location and timing	10-14 days to follow protocol **Additional notes:** Approx return times Driving – 4 weeks Office jobs – 2 weeks Manual jobs – 3 months Sport – 3 months Contact sport – 6 months

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ACJ STABILISATION **Acute stabilisation with sutures and/or anchor and/or tightrope** **Chronic stabilisation with artificial ligament (LARS or Surgilig)**	**0-2 weeks:** Polysling day and night • Sling may be removed for exercises, eating, washing and dressing • Active neck, scapula, elbow, wrist and hand movements • **NO** pendular exercises **2-4 weeks:** • Commence passive assisted abduction and flexion to 90 degrees • Active external rotation • Internal rotation to chest wall only **4-6 weeks:** • Wean off sling • Start full active movement within limits of pain • Isometric exercises as pain allows • Avoid lifting anything heavier than 1kg, weight-bearing on arm or traction on arm (carrier bags) **6-8 weeks:** • Resisted exercises through range as pain allows **8 weeks:** • Full functional strengthening • Focus of scapula retraction and posture	Check operation note Teach week 0-2 exercises to patient Advise on functional activities: Washing/dressing, toileting, meal preparation Confirm plan for outpatient physiotherapy location and timing	10-14 days to follow protocol **Additional notes:** Approx return times Driving – 6 weeks Office jobs – 4 weeks Manual jobs – 3 months Sport – 3 months Contact sport – 6 months

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PROCEDURE	PROTOCOL	DAY SURGERY OR WARD	OUTPATIENT POST-OP
MISCELLANEOUS SHOULDER PROCEDURES **Subacromial decompression (SAD)** **Bursectomy** **Denervation** **Acromioplasty** **Coracoplasty** **Debridement of irreparable massive cuff tear** **ACJ excision** **LHB tenodesis** **LHB tenotomy** **SLAP repair** **SLAP debridement** **Glenohumeral debridement**	**0-2 weeks:** Polysling for maximum of 2 days • Arm used for light function • Pendular exercises • Active neck, scapula, elbow, wrist and hand movements • Gentle active shoulder exercises **2-4 weeks:** • Aim for full ROM (unless intraop ROM limited) • Increase function within pain limits • Strengthen throughout range as pain allow **4-6 weeks:** • Functional higher level strengthening **Additional notes SAD/Acromioplasty/Coracoplasty:** Resisted exercises involving pec major and anterior/middle deltoid are discouraged until 3 months, always balanced with resisted exercises of post cuff, post deltoid and latissimus **Massive cuff tear debridement:** Will rehab slower. Recommend Torbay Programme. **LHB tenodesis:** No biceps loading for 6 weeks **SLAP repair:** No biceps loading 3 weeks then light resistance only. No heavy loading for 6 weeks	Check operation note Teach week 0-2 exercises to patient Advise on functional activities: Washing/dressing, toileting, meal preparation Confirm plan for outpatient physiotherapy location and timing	10-14 days to follow protocol **Additional notes:** Approx return times Driving – 2 weeks (6 weeks for LHB tenodesis or SLAP repair) Office jobs – 2 weeks Manual jobs – 6 weeks Sport – once adequate ROM and strength allows

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ELBOW STIFFNESS PROCEDURES **OK procedure** **Elbow contracture release** **Column procedure**	**0-4 weeks:** • Patients are admitted for 1 night for elevation and frontslab plaster splinting in extension • Intensive physiotherapy to work muscle groups actively from day 1 after removal of frontslab • Night splint in extension from day 1 **4 weeks:** • Increase activities and resisted movement as pain allows • Night extension splint can be continued/adjusted up to 3 months if tolerated and deemed beneficial	Check operation note Teach week 0-4 exercises to patient Advise on functional activities: Washing/dressing, toileting, meal preparation Confirm plan for outpatient physiotherapy location and timing Order night splint from orthotics and ensure proper fitting	ASAP within 7 days to follow protocol **Additional notes:** Approx return times Driving – 4 weeks Office jobs – 2 weeks Manual jobs – 6 weeks Sport – once adequate ROM and strength allows

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ELBOW ARTHROPLASTY **Elective total elbow replacement** **Total elbow replacement for trauma** **Hemiarthroplasty for trauma**	**0-4 weeks:** • Patients are admitted for up to 3 nights for elevation and monitoring of swelling • Dressings are reduced on day 1 and exercises started • Active flexion and passive extension in sagittal plain only • Gentle active pronation and supination • Rest hourly with elbow in extension • Protect triceps and avoid weight bearing **4-6 weeks:** • Light functional activities but no lifting **6 weeks:** • Resisted muscle work in available range with progressive triceps loading • Full functional activities Minimum aim is 100-degree arc of flexion-extension 3kg lifetime lift limit	Check operation note Teach week 0-4 exercises to patient Advise on functional activities: Washing/dressing, toileting, meal preparation Confirm plan for outpatient physiotherapy location and timing	ASAP within 7 days to follow protocol **Additional notes:** Approx return times Driving – 4 weeks Patients are typically not of working age but can return to desk work at 2 weeks 3kg lifetime lift limit

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