**Arthroscopic shoulder stabilisation- Rehabilitation programme**

## **0 – 6 weeks after surgery**

* Wear sling 23X7 till wound review by surgeon at 2 weeks. Can take out for shower. After 2 weeks use when walking or travelling
* With the arm supported on a chair, table or pillow: Use the arm for eating, computer and paperwork etc
* 3 times a day, wrist and hand exercises with a squeeze ball, but the arm must be kept internally rotated during these exercises.
* Physiotherapy to teach isometric muscle contraction of deltoid and scapular stabilizers, elbow and hand movement.
* Cover the wounds with a water proof dressing to shower, support the arm in a cloth / paper sling or on the soap dish.

## **6 – 12 weeks after surgery**

* Begin formal rehabilitation under physiotherapy guidance
* No more sling, except if in a rowdy crowd situation.
* Begin passive motion 0- 90 forward flexion supine
* External rotation from internal to 0 at 12 weeks
* Full external rotation is not allowed as this will stress the anterior capsule and labral repair.

No abduction until all other movements are full as premature abduction whilst the shoulder is stiff including abnormal scapulo-thoracic rhythm can result in impingement

## **12 – 16 weeks after surgery**

* Continue passive forward elevation 0-180
* Begin work on internal and external rotation passive range of movement.
* Begin formal strengthening forward elevation / internal / external rotation,
* retraining of scapulo-thoracic rhythm and proprioception.
* Patient may walk / jog and swimming (breaststroke only)

## **16 – 24 weeks after surgery**

* Continue strengthening and stretching of the shoulder.
* Sports specific strength and endurance training
* (Tennis overhead serve, freestyle swimming, surfing) when fully rehabilitated with respect to motion, strength & proprioception

This usually does not occur until 6 months, 9 months for throwing.

Patient may feel more comfortable with shoulder taped or strapped for sports.