

Postoperative Regime after Shoulder Surgery

I a Subacromial Detrapment, Mobilization in Anesthesia

Free functional exercises

- Isometric muscle training in all directions
- Keep the thoraco-scapular sliding plane free, posture training
- Exercises to decrease joint capsular tension and stretching of the joint capsular
- Therapy of Myogelosis
- Passive/assistive movements in the range of motion

CPM if pain free

- Isotonic training increasing up to general muscular full load-bearing
- PNF
- Training with TheraBand, medical training therapy etc.
- Swimming exercises

I b LBT-Tenodesis / (Reversed-Endoprosthesis)

- 2 weeks Gilchrist sling
- Passive/assistive movements in the range of motion
- Keep the thoraco-scapular sliding plane free, posture training
- Exercises to decrease joint capsular tension and stretching of the joint capsular

After 2 weeks:

Free functional exercises

- Isometric muscle training in all directions
- Keep the thoraco-scapular sliding plane free, posture training
- Exercises to decrease joint capsular tension and stretching of the joint capsular
- Therapy of Myogelosis
- Passive/assistive movements in the range of motion

CPM if pain free

- Isotonic training increasing up to general muscular full load-bearing
- PNF
- Training with TheraBand, medical training therapy etc.
- Swimming exercises

II Labrum-Ligament-Reconstruction

- Week 1-3
- Immobilization in a Gilchrist bandage
 - Passive/assistive practice up to 60° abd/elev
 - **No active external rotation**, however passive external rotation from the inner rotation position up to neutral 0 position is possible
 - Keep the thoraco-scapular sliding plane free, posture training
 - Lymph drainage

- Week 4-6
- Removal of shoulder immobilization bandage
 - Passive/assistive practice up to 90° abd/elev
 - Continuous no external rotation over the neutral 0 position
 - Other guidelines according to week 1-3

- Week 7 and following
- Free range of motion, initially active-assistive than active
 - Stepwise increase of external rotation
 - Muscle strength training with TheraBand, medical training therapy etc.
 - PNF
 - Manual Therapy

General Guidelines for both programs

- Active centering of the humerus head through the small shoulder muscles (pretension) before starting the specific exercise

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III Rotator Cuff Reconstruction (arthroscopic or mini-open)

- Day 0-2
- Immobilization in a Gilchrist bandage
 - NSAR
 - Ice packs
- Day 3-14
- Shoulder-arm abduction pillow (model by the Sports Clinic Stuttgart for 4 weeks)
 - Passive/assistive practice up to 60° abd/elev
 - No active external rotation, however passive external rotation from the inner rotation
position up to neutral 0 position is possible
 - Careful isometric centering exercises
 - Keep the thoraco-scapular sliding plane free, posture training
 - Lymph drainage
- Week 3-4
- Shoulder-arm abduction pillow
 - Passive/assistive practice up to 90° abd/elev
 - No active external rotation
 - Submaximal isometric centering exercises
 - Training of the scapula- and thoracic spine-musculature in the open system
 - Electotherapy (pain therapy, edema reduction)
 - Applications of heat
 - Manual therapy of the acromioclavicular joint, sternoclavicular joint
- Week 5-6
- Removal of shoulder-arm abduction pillow
 - Active assistive therapeutic exercises up to 120° abd/elev
 - External rotation up to 15°
 - Dynamic isometric centering exercises
 - Isometry
 - Manual therapy
- Week 7-8
- Free range of motion, initially active-assistive, then active
 - Muscular gain training for the shoulder blade muscles and rotation, also in the open system
 - PNF
 - Posture training
 - If need be, electrostimulation
- Week 9-16
- Eccentric and concentric muscle training, increasing up to general muscular full load-bearing
 - Training in movement, coordination, reaction and endurance
 - Trainings elements specific to a certain sport from the 12th week