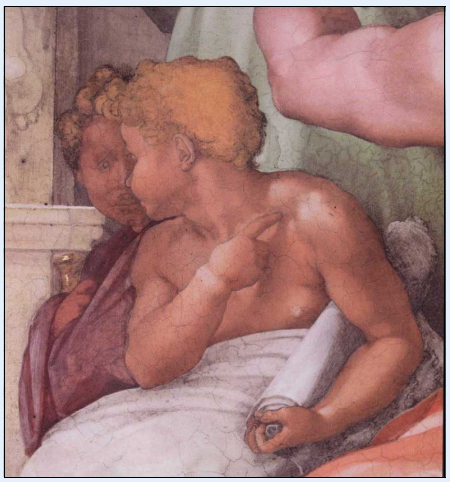
Royal Berkshire NHS
NHS Foundation Trust

ARTHROSCOPIC POSTERIOR STABILISATION

Shoulder & Elbow
Reading Shoulder Unit
Centre

A posterior stabilisation is designed to improve pain and function in cases of glenohumeral joint instability resulting in recurrent dislocations, subluxations or pain. The procedure will involve soft tissue, and/or bony reconstruction of any identified Bankart, SLAP or Hill-Sachs lesions. This is usually performed arthroscopically. The procedure improves the stability of the glenohumeral joint, improving pain, stability and function.



INPATIENT GUIDELINES:

Physiotherapy follow up appointment:

!!!!ALWAYS CHECK AN APPOINTMENT HAS BEEN MADE!!!!

Prior to admission an appointment should be arranged to attend a post operative group in the outpatient physiotherapy department 1-7 days after the procedure. Local physiotherapy will be arranged at 6 weeks post op from this class.

If this appointment has not been made an appointment needs to be made as soon as possible.

Clinic follow up appointment:

- 3 months

*** If patient not progressing as expected, arrange review prior to follow-up. ***

Sling use:

Master-sling with body belt must be worn for 6 weeks.

Body belt can be removed at 3 weeks

Contraindications/ risks (for 6 weeks):

- No abduction coupled with internal rotation until 3 months post op.
- Always be guided by the patient's pain. Do not force, stretch or stress the repair before protocol parameters.
- Ensure sling compliance.

Discharge summary/ Ward physiotherapist responsibilities:

- Ensure patient has a physiotherapy and clinic appointment arranged.
- Issue patient with advice on analgesia, contraindications and sling use (6 weeks, body belt removed at 3/52)
- Teach day 1 – week 3 exercises as per protocol

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Day 1	• Master-sling with abduction/external rotation wedge and body belt fitted in theatre • Ice packs applied to shoulder • Begin shoulder girdle, wrist and hand mobility exercises and postural awareness • Begin assisted elbow flexion and extension in standing (in sitting with SLAP lesion) • Ensure physiotherapy and clinic appointment arranged • Advise patient on analgesia use, contraindications and sling use.
Day 2 – discharge	• Continue to wear master sling with abduction/external rotation wedge and body belt • Continue to use ice packs • Teach auxiliary hygiene • Continue shoulder girdle, wrist and hand mobility exercises and postural awareness • Continue assisted elbow flexion and extension in standing (in sitting with SLAP lesion)
3 - 6 Weeks	• Continue to wear master sling remove abduction/external rotation wedge and body belt • Continue shoulder girdle, wrist and hand mobility exercises and postural awareness • Continue assisted elbow flexion and extension in standing (in sitting with SLAP lesion) • Begin gentle pendular exercises.
6 Weeks + (Review by Physiotherapist) (Consider patient for hydrotherapy)	• Wean out of sling • Continue shoulder girdle, wrist and hand mobility exercises and postural awareness • Continue assisted elbow flexion and extension in standing (in sitting with SLAP lesion) • Continue pendular exercises. • Begin passive flexion, extension, abduction, internal and external rotation; progress to active assisted, then active. Do not force or overstress movements, particularly internal rotation. • Begin rotator cuff isometric exercises; progress to open and closed exercises. • Begin proprioceptive exercises and core stability work as appropriate • Encourage progressive functional use of the arm

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Consideration should always be given to the individual patients' ability. The patient will attend the first available post-operative shoulder group (usually Friday following surgery) for education, advice, sling and wound checks. From here follow up treatment will be arranged.

The protocol is based on protecting the repair in the initial phase, gradually restoring mobility, strength and control in the later phase.

Progression should be tailored to the individual patient but the times quoted should be the earliest for mobility and strengthening exercises to begin.

Timings for returning to functional activities are approximate and will differ depending upon the individual. However, they should be seen as the earliest that these activities may commence:

- Driving 8 weeks
- Swimming breaststroke 8 weeks
- Swimming frontcrawl 3 months
- Golf 3 months
- Contact sport: 6 months
- Return to work: dependent upon the patient's occupation
  Sedentary jobs may return at 6 weeks
  Manual workers should be guided by the surgeon at 3 month follow-up

Note: These are guideline protocols only.

For questions or concerns please contact:
Jonathon Lee - ESP physiotherapist (Shoulders) *E-mail: Jonathon.lee@Royalberkshire.nhs.uk*
For further information: http://www.readingshoulderunit.com

Protocol for Prof O. Levy—Royal Berkshire Hospital
Protocol written by Jon Lee—ESP Physiotherapist—Royal Berkshire Hospital—October 2016