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Post-Operative Rehabilitation Guidelines for Labral Repair/SLAP Repairs

WOUND CARE:

- Remove outer dressing on post operative day #1, keep steri-strips on (white band-aids).
- It is normal for some bleeding to occur, if blood soaks through the dressing do not be alarmed, reinforce with additional dressing.
- Keep surgical incisions clean and dry. Cover with plastic bag or Saran wrap for showering. DO NOT immerse the operative site.

MEDICATIONS:

- If you have had a nerve block, it will wear off in several hours. Start taking the pain medication before the nerve block has lost its effectiveness.
- Take your narcotic pain medication only as needed and refer to direction on the bottle.
- Nausea and drowsiness are common side effects of narcotic medications, to decrease these effects, take medication with food.
- DO NOT drive, drink alcohol or take Tylenol products while taking narcotic pain medications.
- DO TAKE Ibuprofen 600mg (i.e. Motrin or Advil) in between taking narcotic pain medication. Take up to 600mg 3 times daily (1800mg daily). This will reduce swelling and decrease narcotic use.

ACTIVITY:

- You will remain in the immobilizer post-operatively until the nerve block is ineffective and feeling and control returns to the arm.
- Do not engage in activities that increase pain or swelling (lifting or any repetitive above shoulder level activities) during the first 7-10 days following surgery.
- Your immobilizer or sling should be worn at all times except for hygiene and exercise for 4 weeks.
- You may return to sedentary work **ONLY** or school 3-4 days after surgery, if pain is tolerable.
- When sleeping or resting, reclined positions (reclining chair) may provide more comfort early in the post-operative period.
- No driving until instructed to by your physician.

ICE THERAPY:

- Begin immediately after surgery; use a large bag of ice every 2 hours for 20 minutes daily until the first post operative appointment.

EXERCISES:

- You may perform gentle range of motion exercises that include elbow flexion/extension, shoulder pendulums (see picture), wall crawls/walk-ups(see picture). Perform these as tolerated.
- **IT IS IMPORTANT** to move the shoulder early in the post-operative period to prevent stiffness.

EMERGENCIES (CALL THE OFFICE (518)453-9088 FOR THE FOLLOWING)

- Painful uncontrolled swelling or numbness
- Fever or chills (Fever over 101°F, it is common to have low grade fever for the first two days following surgery).
- Redness around incisions or color change in extremity.
- Continuous drainage or bleeding from incision site.
- Difficulty breathing or excessive nausea/vomiting.

***If you have an emergency after office hours or on the weekend, contact the office at (518)453-9088 and you will be connected to our page service, which will page one of our on-call providers.**

If you require immediate attention, proceed to the nearest Emergency Room.

Pendulum, Circular



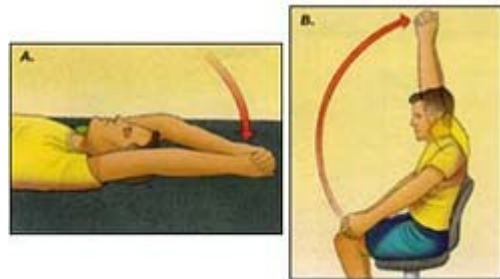
Bend forward 90 degrees at the waist, using a table for support.
Rock body in a circular pattern to move arm clockwise 10 times, then counterclockwise 10 times.
Do 3 sessions a day.

Shoulder Flexion (Assistive)

Clasp hands together and lift arms above head. Can be done lying down (drawing A) or sitting (drawing B). Keep elbows as straight as possible.

Repeat 10 to 20 times.

Do 3 sessions a day.



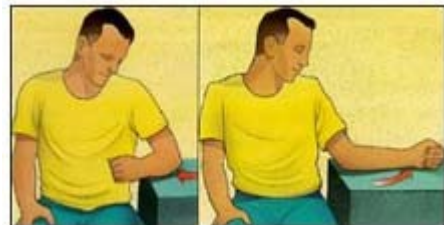
Shoulder Flexion (Assistive)

Supported Shoulder Rotation

Keep elbow in place and shoulder blades down and together.
Slide forearm back and forth.

Repeat 10 times.

Do 3 sessions a day.



Supported Shoulder Rotation

Walk Up Exercise (Active)

With elbow straight, use fingers to "crawl" up wall or door frame as far as possible.
Hold 10 seconds. Repeat 3 times.

Do 3 sessions a day.



Walk Up Exercise
(Active)

