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ARTHROSCOPIC (or OPEN) POSTERIOR STABILISATION

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 may be performed arthroscopically or through open surgery. The procedure improves the stability of the glenohumeral joint, improving pain, stability and function.

INPATIENT GUIDELINES:

Physiotherapy follow up appointment: an appointment should be arranged to attend the outpatient physiotherapy department 7 days after the procedure. Further follow up physiotherapy sessions will be arranged at 4 weeks post op.

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

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

Clinic follow up appointment: 3 weeks, 3 months, 6 months, 1 year

Sling use: Master-sling with abduction/external rotation wedge and body belt must be worn for 4 weeks. Body belt can be removed at 3 weeks.

Contraindications/ risks: 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 (4 weeks, body belt removed at 3/52)

Teach day 1 – week 3 exercises as per protocol

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 axillary 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)
Begin gentle pendular exercises

3 Weeks

Continue to wear master sling remove 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)

4 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

Consideration should always be given to the individual patients' ability. The patient will attend the first post-operative appointment 1 week after 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 6 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

To book a consultation or an appointment with Mr Giuseppe Sforza please get in touch

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