Post-Operative Therapy following Anterior Soft Tissue GHJ Stabilisation

This is a guideline of rehabilitation; there may be patient specific limitations and restrictions recorded in the operation note and these should take precedence. If the procedure is open and more structures are disrupted progress will be slower and this will be specified. Please consider the patient’s individual needs and use clinical reasoning. Time frames are approximate; progress as clinically indicated, only moving onto the next phase once the patient can comfortably achieve phase appropriate exercises and tasks, unless the operation note specifies otherwise. The exercises offer ideas rather than being a prescription.

Stabilisation surgery; this can be open or arthroscopic and usually involves small sutures being placed to stabilise the relevant soft tissue structures. If a bone block has been carried out there may be some delays which will be indicated in the operation note and different timescales will be in place.

<table>
<thead>
<tr>
<th>0-6 weeks</th>
<th>6-12 weeks</th>
<th>12 weeks plus</th>
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</thead>
<tbody>
<tr>
<td>PHASE 1: PROTECTION</td>
<td>PHASE 2: MUSCLE ACTIVATION</td>
<td>PHASE 3: PROGRESS LOADING &amp; NORMAL MVT</td>
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### Advice
- **Sling 4-6/52 depending on op note.** Can be removed for exercises, washing & dressing with use of collar & cuff (unless unstable).
- No arm behind back for 6/52.
- For 6/52 do not let arm fall back beyond body midline. Use pillow.
- Encourage good posture.

### Advice
- Progress weaning from sling – starting in the home. Increase time out of sling as comfort allows.
- Start with light use only at waist/chest height, as patient feels safe – e.g. hold mug/plate, buttering bread, brushing teeth, washing face, writing for short periods. Pace activities.
- Encourage good posture with an emphasis on normal movement and address any altered scapula-humeral rhythm.
- Restrict ER to 50% of contralateral side until 12/52. Otherwise aim for FAROM by 12/52 (ensure good cuff activation, with no compensatory movement or abnormal motor patterning).
- Check op note for specifics.
- Do not force movements; stability and motor control is the priority. Caution in anterior apprehensive position.

### Exercises (SHOULD NOT EXACERBATE PAIN or APPREHENSION)
- Neck mvt/trunk rotation (in sling)
- Scapula rolls/shrugs.
- Elbow/forearm/wrist/finger movements.
- AAROM GHJ Flexion to 90 (in IR)
- AAROM GHJ ER at waist to neutral.
- Isometric cuff (not IR) and deltoid within comfort.
- Keep lower body active e.g. Walking, squats, bridging, recumbent static bike.

### Exercises (SHOULD NOT EXACERBATE PAIN or APPREHENSION)
- **Progress Cuff control:** dynamic rotation control through comfortable range with arm supported in neutral e.g. Crook lying or sitting. Consider arm supported 0 towards 90 degrees abduction. To progress consider strength (0 - 1.5kgs), speed, endurance (10-30) reps, timing.
- **AAROM:** progress as comfort allows with normal mvt. e.g. roll ball on table, hand up wall.
- **Functional AROM:** can progress range naturally, as comfort allows, if has good cuff activation and normal mvt.
- **Functional closed chain weight-bearing activities:** if stable can use this to help with scapula exercises. E.g. Table lean, wall lean +/- marching, can build to 4 point kneel.
- **Build global fitness as appropriate:** core stability, low level swimming, fast walk to slow jog as able, static bike.

### Exercises (SHOULD NOT EXACERBATE PAIN or APPREHENSION)
- **Progress Cuff control (strength, speed, endurance, timing):** dynamic (conc/ecc) control through unsupported ranges. Aim low weight (0.5-2kgs), 30-40 reps for endurance. Focus on cuff control in apprehensive positions.
- **AROM/PROM:** address any passive restriction with stretching or manual therapy ensuring control in gained range.
- **Weight bearing/ballistic/kinetic chain:** throw/catch, crawling, press ups, flies, planks, balance point, combined movements etc
- **Power/strength:** including biceps, triceps, deltoid, rhomboids, traps etc
- **Activity specific fitness:** sprints, change direction, swimming etc.
<table>
<thead>
<tr>
<th><strong>Possible Complications:</strong></th>
<th><strong>Symptoms:</strong></th>
<th><strong>Action:</strong></th>
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</thead>
<tbody>
<tr>
<td>Infection</td>
<td>Pain, fever, redness, wound oozing, rash, itching, general feeling of malaise.</td>
<td>Contact RNOH surgical team +/− GP.</td>
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<tr>
<td>Failure/instability</td>
<td>Pain, sudden loss of range and power, sulcus.</td>
<td>Contact RNOH surgical team for clinic plan and therapy team for advice. If able continue light exercise in safe range.</td>
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<tr>
<td>Dislocation</td>
<td>Altered appearance (possible visible sulcus or abnormality), possible altered NVS.</td>
<td>Local A&amp;E → Likely X-ray. Contact RNOH surgical team.</td>
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<tr>
<td>Neurovascular compromise</td>
<td>Altered sensation, loss of power, colour changes in limb.</td>
<td>Neurovascular tests → if loss of pulse send to A&amp;E. → if newly reduced sensation/power → advise patient to monitor &amp; contact RNOH surgical team.</td>
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<tr>
<td>Failure to progress through phases</td>
<td>Decreased muscle activation (consider cuff integrity), pain, lacking ROM/stiffness.</td>
<td>Contact RNOH therapy team to discuss treatment plan.</td>
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**Desired Outcome: (may take up to 12 months)**
- Stable pain free shoulder with near full AROM.
- Able to tolerate most activities at head height.
- Return to work and sports depending on history and nature of activity.

**Telephone numbers:**
- Therapy Team (PT and OT) 0208 909 5310/5820
- Clinical Nurse Specialist 0208 385 3024 Bleep 622 (Tues-Fri)
- Shoulder Unit Secretaries Office 5727/5107

**Secretaries to:**
- Mr Falworth 0208 385 3025 Miss Higgs 0208 909 5457
- Mr Majed 0208 909 5565 Mr Rudge 0208 909 5671

There is no consensus or national guidance on how to manage post-operative shoulder instability. This is guidance only. This is based on evidence, therapist experience and clinical reasoning. Our guidelines are more conservative than other centres as often these are revision procedures or involve other complex factors including collagen deficiency. References include;

**Lead author:** Christina Liasides
**In collaboration with:** RNOH Shoulder and Elbow Team
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