



## **Shoulder Arthroscopy ONLY Protocol (e.g. EUA, washout)**

### **Procedure Summary**

Only follow this advice where the procedure is purely a shoulder arthroscopy which may be done for an examination under anaesthetic (EUA) or washout.

### **Protocol**

In first instance follow the post-op instructions.

### **Sling**

Required for comfort only, discard as soon as comfortable.

### **Day One:**

- Importance of pain control.
- Ice pack use + +
- Sling use.
- Sleeping position (e.g remove sling and use body strap for support).
- Washing and dressing.
- AROM of unaffected joints eg fingers, wrist and elbow.
- Postural advice and scapular setting.
- Encourage waist level ADL's (e.g. brushing teeth, eating).

### **Exercises taught on the ward (if no restrictions):**

Pendulum  
AA shoulder flexion  
AA shoulder ER  
Hand, wrist and elbow ROM

### **Follow-up Physiotherapy**

Arranged if / as needed, the degree of urgency can be decided on assessment unless stated by the consultant.

### **Phase 1 Aim: to increase joint ROM passive to active**

Range of movement progressing gradually through the following



**1a** Passive ROM (controlled by the patient)

**1b** Active assisted ROM

**1c** Active ROM

**NOTE** - encourage SCAPTION rather than pure abduction.  
- progress using short to long lever principles.

## **Phase 2 Aim: Stretching at end of range and strengthening**

**2a** Stretches at end of range

- encourage stretches to be done by the patient using a broom handle etc rather than by physiotherapist
- attention to posterior capsule stretch (within relevant restrictions).

**2b** Strengthening against resistance only once patient is achieving functional AROM and no pain to resisted muscle testing.

- include strengthening of rotator cuff, UFT, LFT, serratus anterior, biceps, triceps, deltoid as per assessment.

## **Phase 3 Aim: full active rehab/ higher level function**

Start sport specific rehab.

Patients can return back to competitive sports when achieving full AROM and normal strength.

## **General guidelines**

### **Consultant post op follow up**

All patients are normally followed up in clinic with consultant at 6-8/52 post op (Stitches to be removed at 2/52 post op at GP practice).