

BAR / Superior Capsule Reconstruction Shoulder Surgery
Physio and Activewrap Advice Sheet

- **Wounds** - Nursing staff will advise on wound care. Please monitor your wound and surrounding area for any significant adverse changes in colouration, sensation, temperature or odour. If you have any concerns please seek immediate medical advice.
- **Sling** – Your sling should be worn for up to 3 weeks and your outpatient physiotherapist will discuss this with you. You should aim to wear **a sling for a maximum of 5 hours during the day**. You can support your arm in your lap or on the arm of a chair / sofa during the day but do use it if you are going outside. It is essential that your arm is positioned correctly in the sling (your elbow should be at 90°). Ensure at least 4 times a day you remove your arm from the sling to complete your exercises.
- **Sleeping** – You should wear the sling whilst sleeping and it may be more comfortable to sleep on your back initially using a pillow to support the operated arm.
- **Washing** – Bend forward allowing your operated arm to hang in front of you, this will allow you to wash under your arm.
- **Upper Body Dressing** – Bend forward allowing you operated arm to hang in front of you. Always feed your operated arm into clothing first, using your un-operated arm to assist. Loose fitting and front fastening clothes are best (i.e. button up shirts/blouses, cardigans)
- **Lower Body Dressing** – Loose fitting, elastic waist trousers or skirts are best, as you will need to be able to manage clothing with one hand. Regular socks and slip on shoes are also beneficial. You will require assistance with tights or compression stockings.
- **Kitchen Tasks** – You will need to perform all kitchen tasks (i.e. hot drink, snack, simple meal) using the unaffected hand during the first week. It is helpful to look for containers that are easy to open or microwavable meals. Tins, food that require chopping or slicing, or use of the cooker should be undertaken with caution. Please be careful with kitchen tasks if you are not wearing your sling as discussed above within the sling section.
- **Ice** – Your physiotherapist will provide you with an Activewrap, this should be worn for 15 minutes every 2 hours. Ensure you do not freeze the gel packs for more than 1 hour and always wear a layer of clothing under the wrap. Failure to comply with instructions could result in an ice burn.
- **Out-Patient Physiotherapy** – Your consultant requests that you have an out-patient physiotherapy appointment at approximately 3-7 days post-op. Your physiotherapist will discuss this with you.
- If you have any queries please contact your physiotherapist
 on 0161 495 7034 (Please use option 3 for Physiotherapy, followed by option 1 to reschedule an appointment or option 2 to leave a message for your physiotherapist)

Exercise Sheet 1.

POSTURAL ADVICE



Although wearing a sling is a useful way to help you rest your shoulder after your surgery, it often pulls your shoulder into a less natural forward position. This can affect the way the muscles work around your shoulder. It is therefore helpful to think about bringing your shoulders gently back into a less forward position, both when you are wearing your sling and also during your exercises.

To do this, think about gently drawing the shoulder down and away from your ears or gently "widening your collar bones." Be careful not to over squeeze or brace – the movement may feel strange but it should not feel like you are fixing excessively or moving rigidly!

EXERCISES

You will be expected to perform the following exercises when you leave hospital.

All exercises 10 repetitions 4 times daily.

Hand & Wrist - Keep your arm in the sling and move your hand up and down at the wrist.

Forearm - With your arm in the sling and the elbow bent at your side, turn the hand to face the ceiling and then the ground.

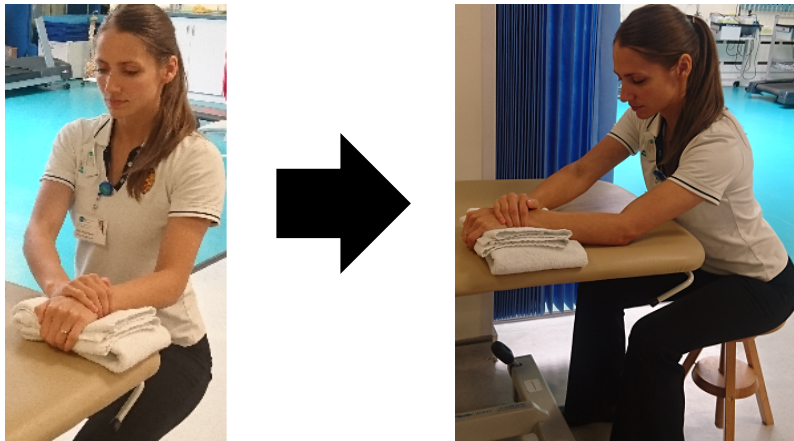
Elbow - With your arm out of the sling bend and straighten the elbow.

Exercise Sheet 4.

All exercises 10 repetitions 4 times daily.

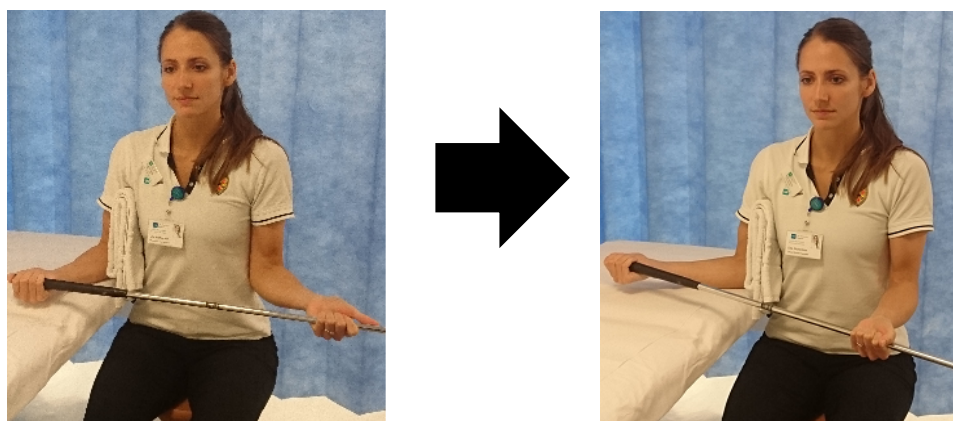
A. Seated Flexion

Sit yourself at your dining table. Allow your affected forearm to rest upon the table and place a duster / tea towel under your forearm. Your palm should be flat against the duster / tea towel with your fingers pointing straight ahead. Using your un-affected, slide your affected arm forwards in a straight line then slide it backwards by leaning back and using your unaffected arm to assist. Your forearm and elbow should always be in contact with the table. Your shoulder should also be relaxed and not pushed upwards or forwards.



B. Seated External Rotation.

Sit side on to your dining table, ensuring your operated arm is supported by the table. Allow you affected forearm to rest upon the table and place a duster / tea towel under your forearm (you may find a pillow useful to rest your arm on if your table is too low – you don't need to use a duster / tea towel if this is the case) Place a folded up hand towel under your arm. Use a rolling pin / broom handle to gently rotate your arm outwards. Your forearm and elbow should always be in contact with the table / pillow and relaxed, allowing your unaffected arm to do the work. Your shoulder should also be relaxed and not pushed upwards. Do not twist your torso during this exercise.



NOTE: Exercises should not be painful but there may be a degree of discomfort during them. It is important that this discomfort is an acceptable level to you and does not worsen the more repetitions you do. Ideally you should feel freer and more comfortable the more repetitions that you complete. Do not force stretches at this early stage.

Insert Patient Sticker

Please remove this sheet and attach it to the therapy database for the outpatient department.

	Pre-op Range of Movement
Flexion	
Abduction	
Internal Rotation	
External Rotation	