

PRE-OP & INPATIENT PHYSIOTHERAPY GUIDELINES

Posterior Stabilisation of the shoulder (for post instability)

This operation is **done infrequently** in comparison to Anterior stabilisation procedures. The shoulder will be dislocating predominantly postero-inferiorly. Conservative care (physiotherapy) is the first line of treatment. The shoulder problems can be complicated in this group of patients, often involving pain & elements of abnormal muscle patterning.

The operation normally involves tightening the capsule to try and prevent posterior dislocation. This involves a) a capsular tightening repair and b) posterior putti-platt procedure. A glenoid osteotomy may also be done if necessary to provide a posterior bony buttress. Infraspinatus will be shortened (the equivalent of subscapularis in the anterior stabilisation procedure). **Medial rotation, flexion & adduction will 'stretch' the repair.**

Therefore the shoulder **may need** to be *immobilised in abduction and external or 0° rotation immediately after the operation*. The exact amount of this will be dependent on the instability of the individual shoulder. A general guide is 15° flex, 0° rotation, 40° abduction, but it may be more or less.

Pre-admission clinic (PAC)

Baseline assessment

Liaise with Dr's re informing splinting department (e.g. Bridget Mackay) re operation date as splint will need to be organised post-op.

Patient must be told some form of splint will be worn for a minimum of 4 weeks.

Inpatient

Patient will return from theatre with a temporary immobiliser (pillow and strapping) in optimal position for their shoulder.

Splint will then be made (either custom or less often the adjustable aeroplane) through splinting department – to maintain optimal position.

Splint will remain for 4 weeks, possibly longer.

Sling off only for axilla hygiene (passive abduction & lateral rotation, rest arm and move body away)

Maintenance exercise for neck, scapula, elbow, wrist & hand

Discuss post-op management plan with doctors re earliest mobilisation dates, likely to be after shoulder clinic appointment.

Arrange outpatient physiotherapy appointment if date of mobilisation known – 4 weeks (or longer). Send guidelines.