



In Partnership with



# SHOULDER ARTHROSCOPY PATIENT HANDBOOK

## Physical/Occupational Therapy

25501 Chagrin Blvd., Suite 200  
Beachwood, OH 44122

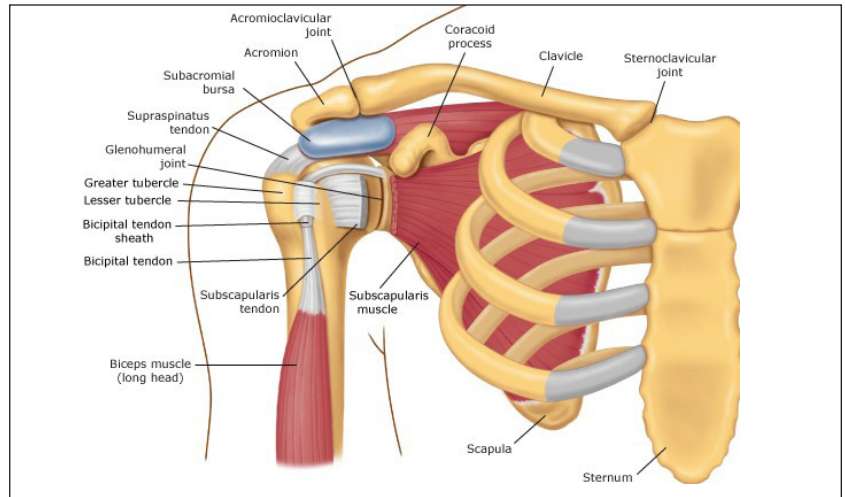
216-342-6045

Therapist: \_\_\_\_\_

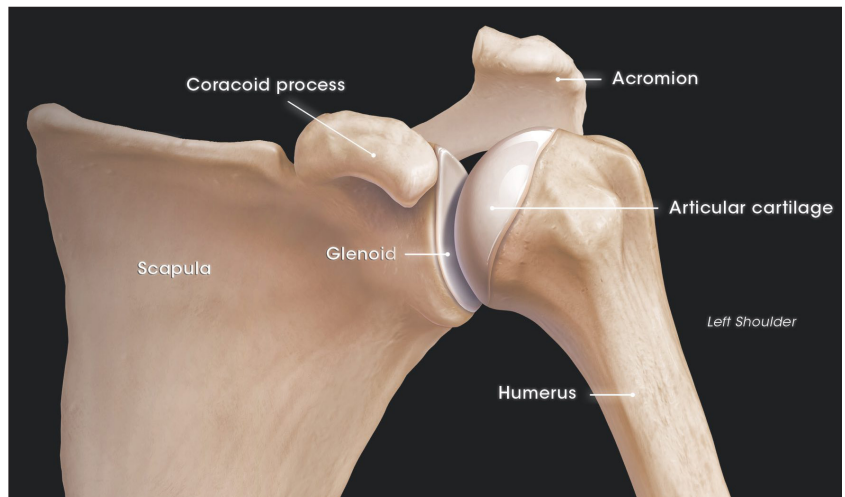
Post-Op Visit: \_\_\_\_\_

# Anatomy and Function of the Shoulder

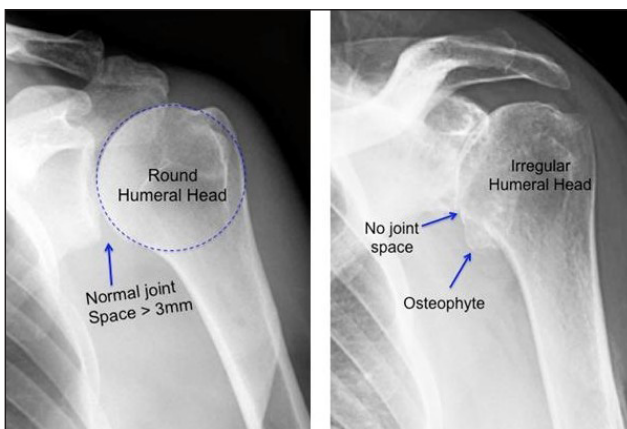
The shoulder functions by means of four bony joints: the glenohumeral joint, acromioclavicular joint, sternoclavicular joint and the scapulothoracic joint. The main group of muscles that helps to control the shoulder's movement and keep it stable are called the rotator cuff muscles. The rotator cuff consists of the supraspinatus, infraspinatus, subscapularis and teres minor.



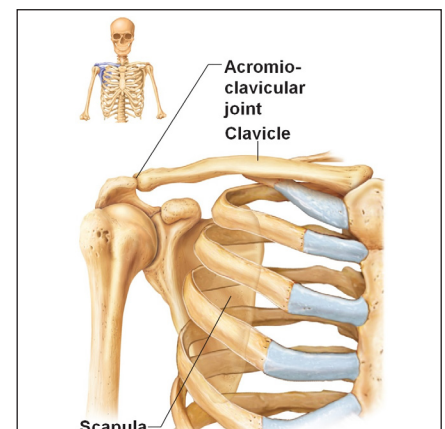
The main shoulder joint is the glenohumeral joint and is described as a ball and socket joint. The ball portion is comprised of the upper arm bone (humerus) and the socket is a part of the shoulder blade (scapula). In a healthy joint, there is cartilage covering the surfaces of the humeral head and the glenoid. These surfaces are smooth and allow for minimal wear and friction on the underlying bones.



## ARTHRITIC SHOULDER



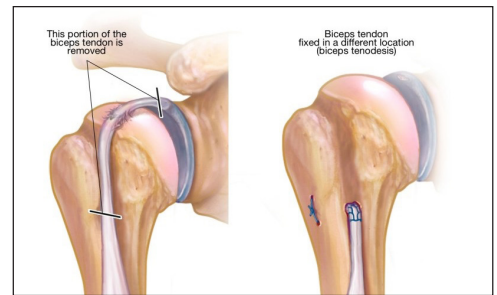
## CLAVICLE



# Shoulder Arthroscopy Procedures

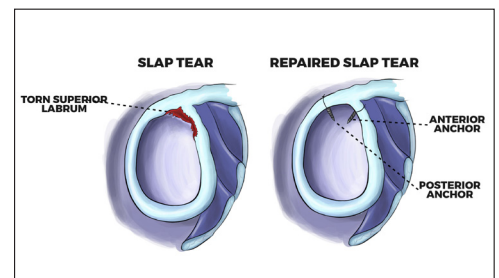
## Biceps Tenodesis

Biceps tenodesis is a procedure during which the surgeon cuts the attachment of the biceps tendon to the labrum (cartilage around shoulder socket) and reattaches it to the humerus (upper arm bone). Removing the painful part of the biceps usually resolves symptoms and restores normal function. Depending on your situation, your surgeon may choose to do this procedure arthroscopically or through a small open incision.



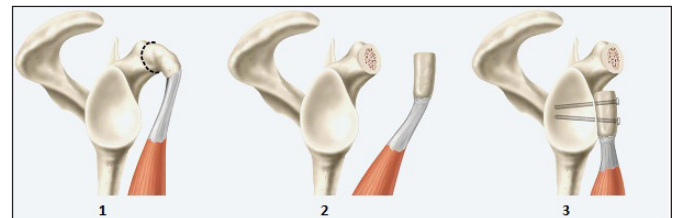
## Labral Repair

A SLAP lesion (superior labrum, anterior [front] to posterior [back]) is a tear of the rim above the middle of the shoulder socket that may also involve the biceps tendon. A tear of the rim below the middle of the shoulder socket that also involves the inferior glenohumeral ligament is called a Bankart lesion. Tears of the shoulder socket rim often occur with other shoulder injuries, such as a dislocated shoulder (full or partial dislocation). During arthroscopic surgery, the doctor will examine the rim and the biceps tendon. If the injury is confined to the rim itself, without involving the tendon, the shoulder is still stable. The surgeon will remove the torn flap and correct any other associated problems.



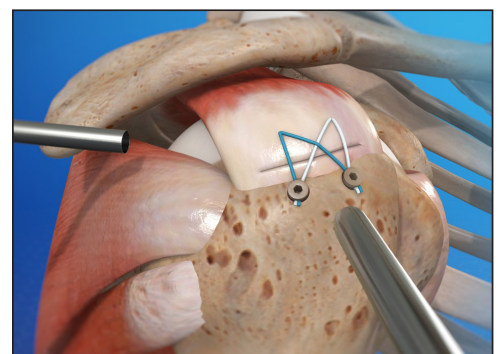
## Latarjet Procedure

Traumatic shoulder dislocation or chronic shoulder dislocation/subluxation can cause damage to or fracture of the shoulder socket rim. The resulting bone loss leads to anterior instability that cannot be corrected with soft tissue/labral repair alone. Thus, a Latarjet (Coracoid process transfer) is performed based on pre-operative diagnostic imaging and arthroscopic evaluation of the percentage of bone loss. The increase in bone area by securing the coracoid to the glenoid and resultant soft tissue sling from tendon attachments on the coracoid leads to a stabilized shoulder joint. Depending on your situation, your surgeon may choose to do this procedure arthroscopically or through a small open incision.



## Rotator Cuff Repair

Surgery to repair a torn rotator cuff most often involves re-attaching the tendon to the head of humerus. A partial tear, however, may need only a trimming or smoothing procedure called a debridement. A complete tear is repaired by stitching the tendon back to its original site on the humerus. Advancements in surgical techniques for rotator cuff repair include less invasive procedures. While each of the methods available has its own advantages and disadvantages, all have the same goal: getting the tendon to heal. The type of repair performed depends on several factors, including the size of your tear, your anatomy, and the quality of the tendon tissue and bone. The surgical repair can be done on an outpatient basis and do not require you to stay overnight in the hospital.



# Shoulder Arthroscopy Procedures

## What can I expect after an arthroscopic procedure?

In most cases, you will be able to return home after a short stay in the hospital. You will need a companion to drive you home.

You may want to have someone stay with you for the first 24 hours. Your arm will be placed in a sling. The shoulder will be a bit stiff and sore, but these symptoms will get better quickly. The incision on your shoulder will be held closed by internal stitches and a Dermabond (skin glue) type dressing. Both dissolve on their own and do not require you to come to the office for removal. Leave the steri-strips (surgical tape) in place until your first office visit.

You can shower the next day, but do not soak the shoulder under water. You may remove the sling daily to move the elbow, wrist and hand in order to prevent swelling which is very common in the arm right after surgery. Patients will typically wear a sling for one to two weeks.

An office visit with your physician will be scheduled one to two weeks after your surgery to assess that your wounds and surgical repair are healing properly and all is going well. You'll have additional follow-up appointments six weeks later and again three months after surgery. Most patients do not require further visits.



## Arthroscopy Surgery Risks

As with any surgery, shoulder arthroscopy carries some risk, however, it has been shown to be safe with few complications.

### Risks from arthroscopy

- Bleeding
- Infection
- Nerve damage
- Blood clots

### Risks from anesthesia

- Allergic reaction to medication
- Problems breathing

### Additional Risks

- Stiffness or limitations of movement
- Failure of the surgery to relieve symptoms
- Failure of the repair to heal
- Loosening of prosthesis
- Weakness of the shoulder
- Re-injury





# Shoulder Arthroscopy Procedures

## What problems should I contact my doctor about?

Complications following surgery are rare, however, should any of the following things occur, contact your physician immediately.

- Drainage from the wound for more than 24 hours
- Redness or a foul odor develops around the wounds
- Pain cannot be controlled with medication
- Your temperature is above 101 F

Prolonged nausea and vomiting may be a sign of adverse reaction to medication, anesthesia or pain medication. Your physician should be contacted in this case.

## How do I relieve pain?

1. Wear your sling as directed and follow all precautions given to you by your surgeon.
2. Take prescribed medications as directed. Don't wait for the pain to get bad before you take them.
3. Ice at least 3 times/day for 15-20 minutes at a time. A crushed ice pack, commercial cold pack or bag of frozen vegetables all work well as sources of cold. Put a thin cloth between your skin and the ice source. Cold/ice can be used in cases of acute inflammation (hot, red and swollen) for relief of pain and muscle spasm, and after an exercise session.



## How long until full recovery?

The time it takes to return to unlimited activity following surgery will depend on:

- The nature of the original problem
- The type of surgery that was performed
- The amount of repair that was done
- The individual patient

Usually, at least six weeks of recovery time is required. General light activity will be limited but this gradually improves as the range of motion and strength becomes more equal to the other arm.

## When will I begin physical therapy?

Physical therapy will begin within the first few weeks after your surgery, most likely at the time of your post-operative visit with the doctor. The initial focus of physical therapy will be on pain management as well as range of motion of the shoulder and surrounding joints to avoid stiffness. Physical therapy is often the most important part of treatment. Chances of a full recovery increase when the exercises are done regularly.



# Home Exercise Program: Shoulder



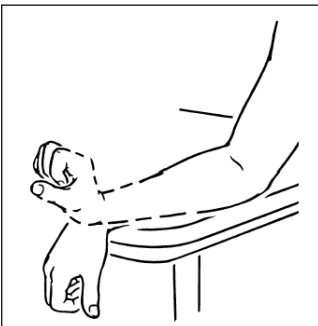
## Pendulum Sway

1. Sway your whole body slowly to move arm forward and backward. Do not let the arm tense up. Use only your body movement to begin the motion - not your arm muscles.
2. Repeat, with the arm moving side to side.
3. Repeat, with the arm moving in circular patterns, clockwise and counter clockwise.
4. 15 repetitions, 2 sets, 3-5 times/day.



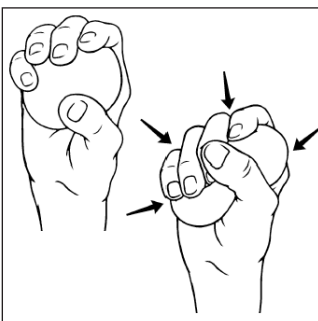
## Elbow Flexion/Extension

1. Stand with arm straight, palm of hand facing forward.
2. Bend elbow, raising hand up towards shoulder
3. 15 repetitions, 2 sets, 3-5 times/day.



## Wrist Extension

1. Bend wrist as shown.
2. 15 repetitions, 2 sets, 3-5 times/day.

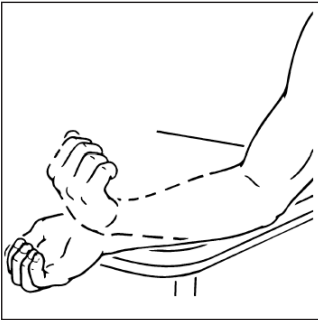


## Ball Squeeze

1. Hold ball as shown.
2. Squeeze ball as firmly as you can.
3. Hold for 3-5 seconds
4. 15 repetitions, 2 sets, 3-5 times/day.

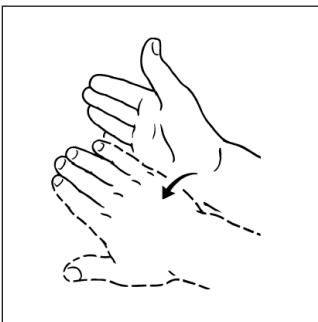


# Home Exercise Program: Shoulder



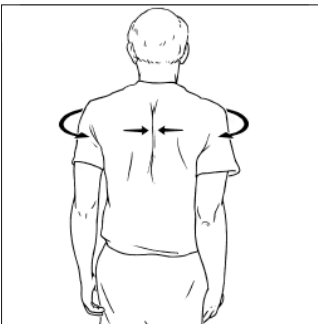
## Wrist Flexion

1. Bend wrist as shown.
2. 15 repetitions, 2 sets, 3-5 times/day.



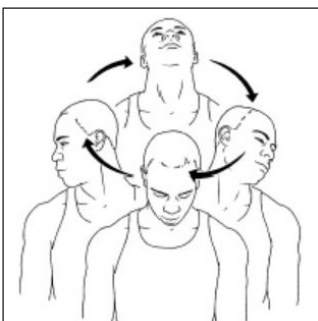
## Pronation/Supine

1. Begin with palm facing down.
2. Turn palm upward.
3. 15 repetitions, 2 sets, 3-5 times/day.



## Shoulder Squeeze

1. Assume upright posture with shoulders relaxed.
2. Pinch shoulder blades together as shown.
3. Hold for 3-5 seconds.
4. 15 repetitions, 2 sets, 3-5 times/day.



## Neck Range of Motion

1. Sit with back straight, head in a comfortable, centered position.
2. Slowly roll head in a full circle 10 times in one direction.
3. Repeat 10 times in opposite direction.





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The Gobezie Shoulder Institute treats patients with all types of shoulder and elbow disorders resulting from traumatic injuries, arthritis, instabilities, rotator cuff and sports-related injuries. Led by nationally recognized Orthopedic Surgeon Reuben Gobezie, MD, the institute provides both surgical and non-operative treatments.

Dr. Gobezie is one of the country's top specialists in advanced arthroscopic and open surgical techniques and a leader in outpatient shoulder surgery. He is also one of the most experienced and highest volume shoulder surgeons in the country. A number of studies have shown that surgical volume, the number of surgeries a surgeon performs each year, is a strong predictor of patient outcome. The more surgeries that a doctor and his surgical team performs, the better the results for patients. In a typical year, Dr. Gobezie performs more than 400 shoulder replacements and 600 arthroscopic procedures. For comparison, most general orthopedic surgeons typically perform around 20 shoulder surgeries per year.

Dr. Gobezie is actively involved in significant clinical research and links to his published studies can be found on [clevelandshoulder.com](http://clevelandshoulder.com). With the knowledge he gains from this work, Dr. Gobezie employs the most current surgical techniques to manage shoulder and elbow disorders. Dr. Gobezie and his research team have been recognized with numerous national awards including the prestigious Neer Award from American Shoulder & Elbow Surgeons, the highest honor in shoulder research; the Zimmer/Orthopaedic Research and Educational Foundation Award; the Pfizer Innovative Scientific Centers for Orthopaedic and Pain Management Excellence Research Award; the Arthroscopy Association of North America's Research Grant and the Massachusetts General Hospital Physician Scientist Award. He provides lectures on his studies at many prominent venues nationally and around the world.

Dr. Gobezie pioneered the first cartilage transplant procedure for the shoulder performed arthroscopically. He has also developed advanced new techniques for treating biceps and tendon injuries in athletes. Along with Dr. Laurent Lafosse, a world leader in arthroscopic shoulder reconstruction, Dr. Gobezie developed a minimally invasive total shoulder replacement in France.

In 2010, Dr. Gobezie was elected to American Shoulder and Elbow Surgeons, the most prestigious specialty society in the United States for shoulder and elbow surgeons. He also received the Patients' Choice Award, given to physicians who have received near perfect scores as voted by patients. Dr. Gobezie is a multiple year Patient's Choice award winner, the result of online patient ratings of their medical care. Achieving this designation more than five years in a row is an honor bestowed upon less than 1% of physicians nationally. Additionally, Dr. Gobezie is consistently ranked on the Top Doctors list nationally by Castle Connolly through peer nomination and extensive screening. In August, 2019, Dr. Gobezie joined the rapidly growing independent-physician collective, NOMS Healthcare, to manage his practice.

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