GUIDELINES FOR PATIENTS HAVING A
SHOULDER MANIPULATION

Last Revised May 2011
Shoulder Manipulation

Table of Contents

1. Introduction
2. Anatomy
3. What is a Shoulder Manipulation?
4. Potential Complications
5. Physiotherapy
6. Your Rehabilitation Goals
7. General recommendations
8. Discharge Instructions
9. Conclusion
10. Individual Patient Notes

Introduction

This information booklet has been written to give you and your family a basic understanding of what is involved when you require a shoulder manipulation.

In this booklet we provide information, including things you should know before and after your operation.

Throughout your stay in UPMC Beacon Hospital, you will receive continuous advice and support from all members of the team.

What makes up the Shoulder Joint?

The shoulder is a combination of three bones: the humerus (upper arm bone), the clavicle (collarbone), and the scapula (shoulder blade).

The ball-like head of the humerus fits into the cup-like end of the scapula known as the glenoid.
Shoulder Manipulation

What is a Shoulder Manipulation

A shoulder manipulation is a procedure whereby the shoulder is gently moved through range of motion to separate adhesions that could not be loosened by the patient’s own efforts or even the physiotherapists working with this patient. When the adhesions are released and full range of motion is achieved, the consultant may decide to inject anti-inflammatory medication into your shoulder.

Potential Complications

The surgery is performed under general anaesthetic.

As with any surgery, there are also a small proportion of patients who fail to derive benefit from the surgery or who require further procedures.

Immediate post operative period: Manage Your Pain

Pain is a common occurrence following any orthopaedic procedure. It is imperative to keep your pain well controlled so you can mobilise comfortably, perform your physiotherapy exercises and resume normal activities after your procedure.

You will be asked to rate or score your pain regularly after your surgery. The score will depend on how your pain feels to you.

0= No Pain, 10= worst pain imaginable

(Please point to the number that best describes your pain)

Assign the number you feel best describes your pain. The nurses will administer appropriate treatments/medications depending on your pain score. The nurse will reassess your pain score after the treatment to make sure it has worked to reduce your pain.

In the first few weeks your shoulder will be sore although your movements will have improved. Do not be surprised if the soreness affects your daily activities. You should continue to move and use your arm normally. Over the weeks following your surgery you will notice a gradual improvement in movement and pain.

Physiotherapy

You will be seen by the physiotherapist day immediately after the procedure. The physiotherapist will commence gentle range of movement exercises with you. You should ensure that you have had adequate pain medication prior to seeing the physiotherapist. Please discuss any pain you might be experiencing with the nursing staff and ensure that you keep your pain under control.

The physiotherapist will teach you gentle neck and shoulder girdle movements and will advise you regarding regular elbow and hand/wrist movements to ensure that these joints do not become stiff post procedure. The exercises should not lead to excessive pain or discomfort.

It is important to follow your physiotherapist’s instructions carefully and only perform the movements taught to you by your physiotherapist.
Shoulder Manipulation

Exercise Program

**Frequency:** You will need to exercise at least three times a day to ensure you reach your rehabilitation goals.

Please be sure to read the exercises carefully and ask your physiotherapist any questions that you may have before you leave the hospital.

**Exercises for Patients after MUA**

1) Stand. Lean forwards. Let your arm hang down. Swing your arm forwards and backwards. Repeat 10 times. (Shown for the right shoulder).

2) Stand. Lean forwards. Let your arm hang down. Circle your arm clockwise & anti-clockwise. Repeat 10 times. (Shown for right shoulder).

3) Lying on your back. Support your operated arm with the other arm and lift it up overhead.

Last Revised May 2011
Shoulder Manipulation

Repeat 10 times.

(Shown for right shoulder).

4) Lying or sitting. Put your hands behind your head, and gently stretch the elbows towards the floor/backwards to feel a gentle stretch on the front of your shoulders. Repeat 5 times.

5) Take your affected arm across your body to rest the hand on the opposite shoulder. Grasp the elbow with your good hand and gently stretch the arm across your body. Repeat 5 times.

6) Standing with elbow flexed to 90 degrees. Hold the elbow close to your body, gently push the hand against a door frame, hold for 5 seconds. Repeat 10 times.
Shoulder Manipulation

7) Standing with your arms behind your back. Grasp the wrist of your operated arm and gently stretch the hand on your affected arm towards the opposite buttock. Then slide your hands up your back. Repeat 5 times.

8) Lying on your back. Grasp a stick in both your hands. Lift the stick up and gently take overhead until you feel a gentle stretch in your shoulder. Repeat 10 times.

9) Lying on your back, keeping the elbow to your side. Hold a stick in your hands. Move the stick sideways, gently pushing the hand on your operated arm outwards.

10) Standing with your arms behind your back and grasp a stick between them. Gently lift the stick up away from your body. Repeat 5 times.

During your recovery period it is very important that you adhere to the exercise program and advice regarding activities of daily living that is appropriate to each stage of rehabilitation. These exercises and advice have been carefully chosen to optimise your recovery.

Last Revised May 2011
Shoulder Manipulation

Your Rehabilitation Goals

- Independent in your home exercise programme
- Ensure that you have adequate pain control.
- Good understanding of the rehabilitation plan for your shoulder

General Recommendations

Driving

In order to be safe driving a motor vehicle, you must be in control of the wheel effectively. It is recommended that you do not drive a motor vehicle until you have complete control over your upper limb.

Returning to Work

Plan to take a day or two off work following your procedure. If your job requires a lot of manual labour, contact your consultant for appropriate work restrictions.

Discharge Instructions

When you leave the hospital you will be asked to make an appointment to see your consultant.

Follow up

You are advised where possible, to make an appointment to see a physiotherapist in Beacon Hospital within **two to three days** following the manipulation. Physiotherapy appointment can be made by contacting 01-2936692.

It is advisable to attend physiotherapy in the Beacon as the physiotherapists will have access to all of your medical notes. The Physiotherapy team also are in direct contact with your surgeon should a problem arise.

On discharge from hospital, your consultant may prescribe you some medications. One of the medications prescribed may be pain medications. Plan to take your pain medication 30 minutes before exercises. Preventing pain is easier than chasing pain. If pain control continues to be a problem, contact the orthopaedic centre or your general practitioner.

Conclusion

We hope that you have found this booklet useful and that it has helped to relieve some of your fears and anxieties regarding your surgery. During your hospital stay, your medical team will be available to answer any other queries you may have.

Last Revised May 2011
Shoulder Manipulation

**Individual Patient Notes:**

Consultant Name: ________________________________

Date of Procedure: ________________________________

Procedure Note: ________________________________