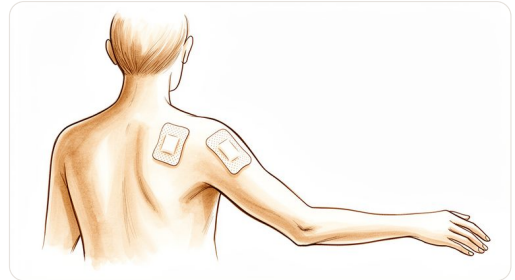


Shoulder Arthroscopy



Early free movement after keyhole (arthroscopic) shoulder surgery.

Kieran Hirpara 4.0

This protocol covers the rehabilitation after a simple or diagnostic shoulder arthroscopy with Dr Kieran Hirpara at Mater Private Hospital Rockhampton – keyhole surgery where the joint was inspected, washed out or tidied up (debrided), with nothing repaired. Because no repair needs protecting, this is one of the quickest shoulder operations to recover from: the aim is early movement and a prompt return to normal life. Bring this page or its PDF to your first physiotherapy visit so your rehabilitation stays coordinated.

This protocol applies when the arthroscopy involved no repair – debridement, washout or diagnostic assessment only. If something was repaired, decompressed or stabilised during your arthroscopy, follow the protocol for that procedure instead – for example, the [rotator cuff repair protocol](#) if your rotator cuff was repaired. If you are not sure what was done, check your operation note or ask the rooms before progressing.

If you have any concerns about your wound after surgery, get in touch with the rooms. It is often helpful to take a photo of the wound and email it for review.

What to expect

After an arthroscopy with no repair there is nothing inside the shoulder that needs protecting, so there are no strict movement restrictions – your shoulder is moved early and progressed on comfort, not on the calendar. A sling is provided for comfort only: most people use it for the first day or two and are out of it completely within the first week. Do not drive while you are wearing the sling.

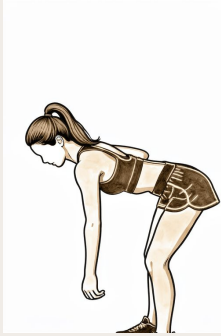
The journey at a glance:

- **Phase I – Early movement and settling** – roughly the first two weeks
- **Phase II – Restoring full movement and starting strength** – week 2–6
- **Phase III – Return to full activity** – week 6 onwards

Most people are back to desk-based work within a few days to a week, and back to driving within one to three weeks once the sling is off, pain has settled and they are confident controlling the car. Heavier manual work and sport typically take longer – usually somewhere between six and twelve weeks depending on the demands on

the shoulder. The shoulder often stays mildly achy for some weeks while the joint settles; this is normal and improves as movement and strength return.

Phase I – Early movement and settling (Week 0–2)

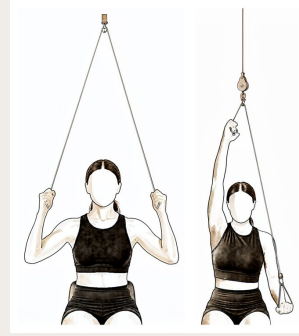


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Pendulum exercises

Lean forward, supporting yourself on a table with your other hand, and let the operated arm hang relaxed. Make small circles — clockwise, then anticlockwise — by gently rocking your body. The arm stays relaxed; the movement comes from your body, not the shoulder.

As guided by your physiotherapist

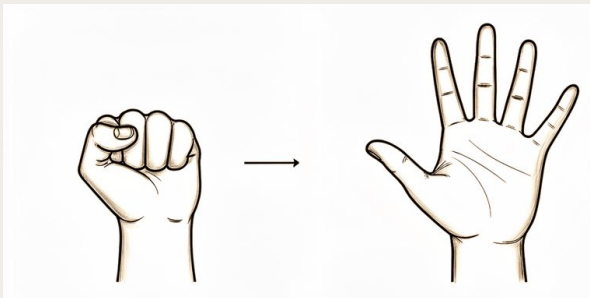


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Pulley-assisted movement

Sit beneath an over-door pulley. With the operated arm relaxed, pull down with your other hand so the rope gently raises the operated arm, then lower it slowly. Progress on comfort — easing back from sharp or lingering pain, not pushing through it.

As guided by your physiotherapist

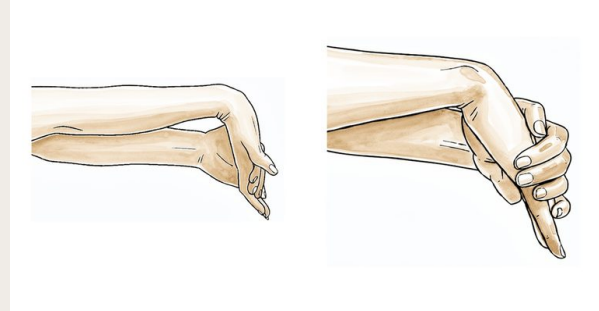


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Open and close hand

Make a tight fist or squeeze a soft ball, then open the hand fully. Move your hand, wrist and elbow freely from the start, and use the arm for light everyday tasks as comfort allows.

As guided by your physiotherapist

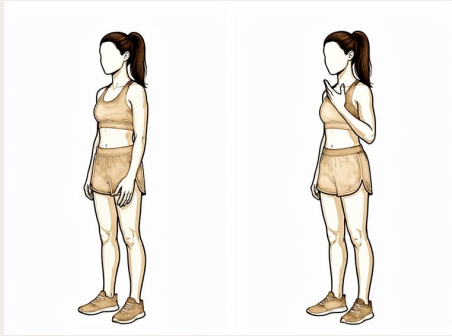


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Wrist movement

Keep your wrist moving by bending it forwards, backwards and side to side. Move the hand, wrist and elbow freely from the start so the whole arm stays working while the shoulder settles.

As guided by your physiotherapist

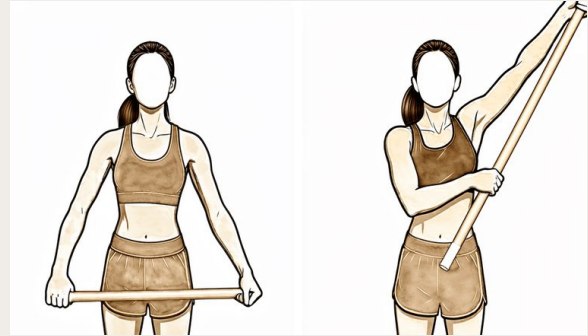


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Elbow bends

With your upper arm resting by your side, bend the elbow as far as it comfortably goes, then straighten it fully. Only the elbow moves — keep the shoulder relaxed.

As guided by your physiotherapist

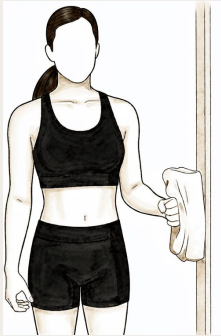


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Assisted movement with a stick

Hold a stick (cane or wand) in both hands and let your good arm guide the operated arm out to the side and forwards, taking it as far as comfort allows, then lower with control. This active-assisted movement keeps the shoulder moving early while it settles.

As guided by your physiotherapist

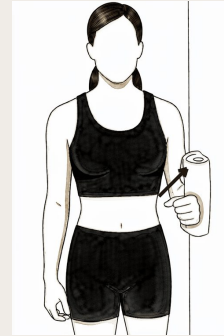


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Isometric external rotation

Stand with your elbow tucked at your side and bent to a right angle, the back of your hand against a wall or doorframe. Gently press outwards into it without letting the arm move, hold a few seconds, then relax. This gently switches on the rotator cuff without movement, as comfort allows.

As guided by your physiotherapist

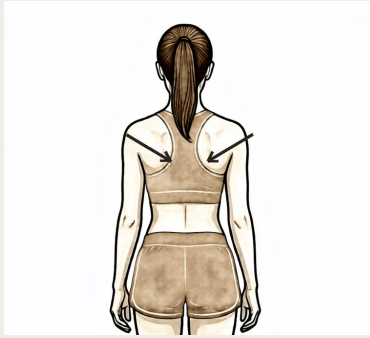


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Isometric abduction

Stand side-on to a wall with your elbow at your side and gently press the outside of your upper arm into the wall, as if lifting the arm out sideways, without letting it move. Hold a few seconds, then relax. This works the deltoid gently with no movement, as comfort allows.

As guided by your physiotherapist



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Scapular setting

Sitting or standing tall, gently draw your shoulder blades down and back together without moving the arms, hold for a few seconds, then relax. Keep your ears, shoulders and hips in line.

As guided by your physiotherapist

The first two weeks are about letting the shoulder settle while keeping it moving. Use the sling only while it is helping with comfort – typically the first day or two – and leave it off as much as possible; you do not need to sleep in it. Move your hand, wrist and elbow freely from the start, and use the arm for light everyday tasks such as eating, washing and dressing as comfort allows. Gentle shoulder movement starts straight away: pendulum exercises and assisted movements progressing to active movement as the shoulder allows. Ice and simple pain relief help keep the exercises comfortable. Your wound dressings are splash-proof rather than waterproof – keep them dry where you can, and they can come off about ten to twelve days after surgery.

For your physiotherapist:

Goals

- Settle pain and swelling
- Early range of motion progressing from assisted to active as tolerated
- Independence with light activities of daily living
- Wean from the sling within the first days

Management

- Sling for comfort only – encourage weaning over the first days and discontinuation within the first one to two weeks at the latest
- Pendulum exercises; active-assisted range of motion (pulley, cane or wand) progressing to active range of motion in all planes as tolerated
- Free movement of the hand, wrist and elbow; grip work as comfortable
- Scapular setting and postural work

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- Gentle rotator cuff and deltoid isometrics as comfort allows
- Cryotherapy and analgesia to support the exercise program

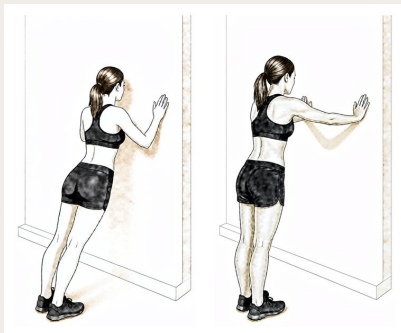
Precautions

- No driving while wearing the sling
- Movement is progressed on comfort – sharp or lingering pain means easing back, not pushing through
- Keep the dressings dry until removed at around 10–12 days; report excessive redness or discharge

Criteria to progress

- Out of the sling and comfortable with light daily activities
- Pain settled enough to work on range of motion actively

Phase II – Restoring full movement and starting strength (Week 2–6)

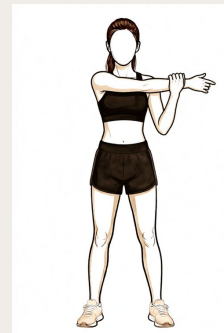


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Wall protraction

Stand with your hands flat on a wall at chest height and your arms straight. Without bending the elbows, push the wall away so your upper back rounds and the shoulder blades slide apart, then return with control.

As guided by your physiotherapist



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Cross-body stretch

If the back of the shoulder remains tight, use your other hand to draw the operated arm across your chest until you feel a stretch at the back of the shoulder. Hold briefly, then release. Stretch to firm discomfort only – it should not provoke pain that lingers.

As guided by your physiotherapist

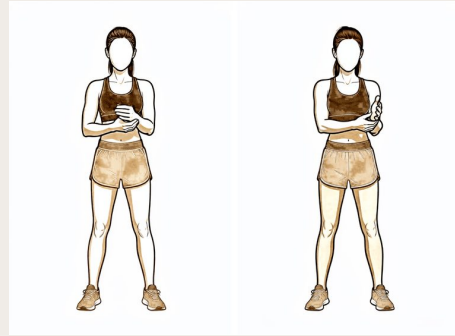


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Sleeper stretch

Lie on the operated side with the arm out in front and the elbow bent. Use your good hand to press the forearm gently down towards the bed until you feel a stretch deep in the shoulder, then ease off. This eases any residual tightness at the back of the shoulder.

As guided by your physiotherapist

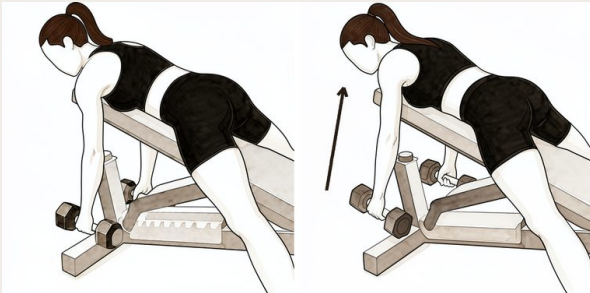


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Band external rotation (near neutral)

Stand with your elbow tucked into your side and bent to a right angle, holding an elastic band anchored across your body at waist height. Keeping the elbow at your side, rotate the forearm outwards to about the midline against the band, then return slowly. This begins the rotator cuff strengthening as you move on from the isometric holds.

Low resistance, as guided by your physiotherapist

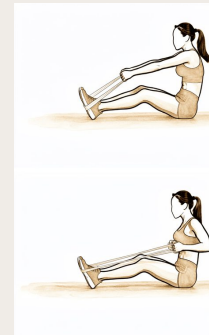


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Shoulder-blade squeeze with band

Holding a band anchored in front of you, draw your elbows back and squeeze your shoulder blades together and down, then return slowly. This strengthens the muscles that steady the shoulder blade as resistance is added through this phase.

As guided by your physiotherapist

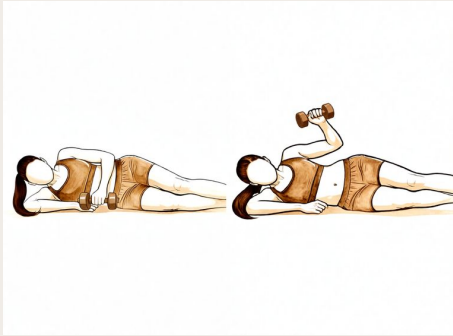


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Low row

Hold a band anchored in front of you at waist height. Keeping the arm fairly straight, pull it back and down towards your hip, squeezing the shoulder blade down and back, then return slowly. This builds the shoulder-blade depressors that support the cuff.

As guided by your physiotherapist



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Side-lying external rotation with weight

Lie on your non-operated side with the top elbow bent to a right angle and tucked against your body. Holding a light weight, rotate the forearm up towards the ceiling, then lower slowly. This is light isotonic cuff work — low weight and higher repetitions — from around week four as comfort allows.

Low load, higher repetitions, as guided by your physiotherapist



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External rotation at 90/90 (lying)

Lie on your back with the arm out to the side at shoulder height and the elbow bent to a right angle, supported on a pillow. Slowly rotate the forearm back towards the head as far as is comfortable, then return with control. This restores rotation in the raised position.

10 times, as guided by your physiotherapist



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Hand-behind-back reach

Standing, place the back of your operated hand against your lower back and gently slide it up your spine as far as is comfortable using your own muscles, then lower. Move only within a comfortable range and never force it.

As guided by your physiotherapist

With the shoulder settling, the focus turns to regaining full movement and beginning strengthening. Active movement is progressed in all directions towards full range, and resistance work starts gently — isometric holds progressing to elastic-band exercises for the rotator cuff and shoulder blade muscles as comfort allows. Most people return to desk-based work in the first week or two if they have not already, and to driving once the sling is off, pain has settled and they feel confident to control the car in an emergency — typically within one to three weeks of surgery. Lighter recreational activities resume during this phase as guided by your physiotherapist.

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For your physiotherapist:

Goals

- Full, or near-full, active range of motion in all planes
- Begin graduated strengthening of the rotator cuff and scapular stabilisers
- Return to normal daily activities, work and driving

Management

- Progress active range of motion in all planes towards full; typical interim targets are forward flexion beyond 140–160° and external rotation beyond 40–60°
- Progress from isometrics to elastic-band rotator cuff work (internal and external rotation near neutral), advancing as tolerated
- Scapular strengthening – shrugs, retraction, protraction and depression work progressing to resistance
- From around week 4, light isotonic strengthening with low weights and higher repetitions as comfort allows
- Manual therapy and stretching for any residual capsular tightness, including posterior capsule stretching where indicated

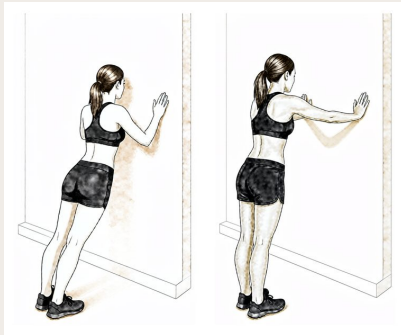
Precautions

- Strengthening stays within the comfortable range and should not provoke pain that lingers afterwards
- Build loaded rotation in abduction (90/90 positions) gradually – introduce once neutral rotation work is comfortable
- Avoid heavy lifting and forceful overhead work while strength returns

Criteria to progress

- Full or near-full active range of motion with minimal pain
- Band and light-weight strengthening tolerated without flare-up

Phase III – Return to full activity (Week 6 onwards)



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Push-up plus

From a push-up position — against a wall, on your knees, or full as strength allows — complete the push-up, then push a little further so your upper back rounds and the shoulder blades spread apart, then return. This closed-chain work builds control and strength as you return to full activity.

As guided by your physiotherapist

The final phase is a graduated return to heavier lifting, manual work, gym training and sport. Conventional weight training can usually restart from about six weeks, beginning light and progressing steadily, and overhead or contact sport typically resumes somewhere between six and twelve weeks depending on the sport and how the shoulder is performing. The benchmark for finishing rehabilitation is a comfortable shoulder with full movement and confident strength — most people are back to everything they want to do by about three months, and any residual aching continues to settle beyond that.

For your physiotherapist:

Goals

- Full, pain-free range of motion
- Restoration of strength, endurance and confidence for work and sport
- Graduated return to heavy manual work, gym training and sport

Management

- Progress to conventional resistance training from around week 6, advancing from machine to free weights as control allows
- Eccentric and closed-chain work as tolerated
- Sport-specific conditioning, including a staged throwing or overhead program where relevant
- Limit heavy rotator cuff strengthening to around three sessions per week to avoid overload tendinopathy

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Precautions

- Progression remains symptom-guided – pain that builds with load or lingers afterwards means stepping the load back
- Return to contact or overhead sport waits for full, pain-free range and adequate strength

Criteria to progress

- Full, pain-free range of motion with strength comparable to the other side for the intended activity
- Sport- or work-specific tasks performed without provocation

After your protocol

The phases above are adapted from published rehabilitation protocols for simple and diagnostic shoulder arthroscopy – Dr Jorge Chahla (Rush University Medical Center), Dr Benedict Nwachukwu (Hospital for Special Surgery), Dr Blake Obrock (orthopaedic sports medicine, Amarillo) and the Royal National Orthopaedic Hospital’s patient guide to diagnostic shoulder arthroscopy. The week ranges are typical rather than fixed, and your rehabilitation is guided individually by your physiotherapist, working with the practice, based on how your shoulder recovers. This page works alongside the practice’s general recovery advice – see [managing post-operative pain](#) and [wound care](#). For the operation itself, see [shoulder arthroscopy](#). The evidence behind this protocol – the early-motion rationale, the placebo-controlled surgical trials, and the published rehabilitation protocols it draws on – is summarised in the evidence section, available as a PDF from the top of this page.