ROBERT PETTIT, MD

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ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

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FELLOWSHIP-TRAINED · BOARD CERTIFIED (ABOS) · MAKO ROBOTICS CERTIFIED · CINCINNATI REDS TEAM PHYSICIAN

SHOULDER · PREPARING FOR SURGERY

Preparing for Your Shoulder Lysis of Adhesions & Manipulation

A Guide to Your Surgery

PROCEDURE	SETTING	ANESTHESIA	RECOVERY
Knee surgery	Typically outpatient — most patients go home the same day	General or regional — reviewed with anesthesia	Personalized week-by-week protocol

01 A MESSAGE FROM DR. PETTIT

Thank you for the opportunity to take part in your care. Our number one goal, along with our team at Beacon Orthopaedics and Sports Medicine, is to improve your quality of life through our knowledge, skill, experience, and — most importantly — compassionate care. Shoulder Lysis of Adhesions & Manipulation is a highly effective procedure, but we recognize that surgery can be stressful, and we hope to make this process as smooth as possible.

This guide is a resource to help you and your loved ones understand your upcoming surgery, prepare for the day of surgery, and know what to expect during your recovery. Please keep it with you up to your date of surgery and beyond. Our team is always here to answer your questions — please do not hesitate to contact us about anything.

Sincerely,
Robert J. Pettit, MD

02 ABOUT YOUR SHOULDER LYSIS OF ADHESIONS & MANIPULATION

This procedure treats a frozen or post-surgical stiff shoulder that has plateaued despite therapy. Arthroscopically, the thickened, contracted capsule is released under direct vision; a gentle manipulation then restores the remaining motion. You wake with the range your shoulder mechanically allows — keeping it is the mission of the following two weeks.

03 IS THIS THE RIGHT PROCEDURE FOR YOU?

Surgery is recommended when shoulder motion remains severely limited after months of committed stretching, therapy, and usually injections — classically in adhesive capsulitis that has stopped improving, or stiffness after surgery or injury. Diabetics are more prone to recalcitrant frozen shoulder and benefit particularly from timely release.

04 RISKS TO UNDERSTAND

Serious complications are uncommon, and we take specific steps to prevent each of these — but you should know them:

- Recurrent stiffness if early motion is not maintained — the main risk, largely in your control
- Infection (under 1%)
- Nerve stretch symptoms (temporary tingling) from restored motion
- Fracture or cuff injury from manipulation (rare; release-first technique minimizes force)
- Persistent partial limitation in long-standing cases
- Blood clots and anesthesia risks

05 IN THE WEEKS BEFORE SURGERY

— Complete your pre-operative clearance. Depending on your age and health, you may need lab work, an EKG, or a visit with your primary care doctor or cardiologist. Our surgery scheduler will tell you exactly what is required

— Review your medications with us. Blood thinners (such as warfarin, Eliquis, Xarelto, Plavix, or aspirin) and certain supplements may need to be stopped before surgery

— but never stop a prescribed medication without instruction from the prescribing doctor

— Stop nicotine. Smoking and vaping slow healing. Stopping even a few weeks before surgery improves your recovery

— this is especially important for tendon, ligament, cartilage, and bone healing

— Arrange a ride and a helper. You cannot drive yourself home after anesthesia. Plan for a responsible adult to drive you and to stay with you the first night

— Prepare your home. Set up a comfortable recovery area with everything within reach, clear tripping hazards and loose rugs, and stock easy meals. If you will use crutches, a walker, a sling, or a brace, practice with it ahead of time

— Fill prescriptions early. If Dr. Pettit sends pain medication or other prescriptions before surgery, fill them ahead of time so they are ready when you get home.

— Stop NSAIDs and blood thinners as directed

— Arrange a ride home and help for the first few days

— Follow fasting instructions before surgery

06 THE DAY OF SURGERY

Sandy Evans, our surgery scheduler, will give you your exact arrival time and location, and will tell you when to stop eating and drinking — generally nothing to eat or drink after midnight the night before, unless you are told otherwise. Take only the medications we tell you to take, with a small sip of water. Leave jewelry and valuables at home, wear loose, comfortable clothing, and bring your photo ID, insurance card, and this guide. Most of our procedures are outpatient, meaning you go home the same day. You will meet the anesthesia team before your procedure to review your anesthesia plan and answer any questions.

07 WHAT TO EXPECT AFTER SURGERY

You will go home the same day — with the arm intentionally NOT in a sling except briefly for comfort.

- Therapy begins the same day or next morning, daily for the first 1–2 weeks.
- An interscalene nerve block typically covers the first hours; use the comfort window to move.
- Home stretching several times daily — sleeper and cross-body stretches, pulleys, wand exercises as instructed.

08 POST-OP QUICK REFERENCE

- **Weight-bearing / arm use:** Use the arm for daily activities immediately; no heavy lifting for 2–4 weeks.
- **Brace / sling:** None — slings make stiffness; brief comfort use only.
- **Physical therapy:** Daily for 1–2 weeks, then tapering. Protocol: robertpettitmd.com/protocols/manip-arm.html
- **Driving:** When off opioids and the arm moves comfortably — usually within days.
- **Follow-up:** 7–14 days to verify motion is holding.

09 COMMON QUESTIONS

Will the motion I wake up with last?
That depends almost entirely on the first two weeks of stretching and therapy. Patients who commit keep nearly all of it.

How painful is recovery?
Expect deep stretching soreness for 1–2 weeks — uncomfortable but different from the frozen-shoulder pain, and it fades as motion becomes routine.

Could it freeze again?
Recurrence after a complete arthroscopic release is uncommon with maintained motion; diabetics warrant extra vigilance.

10 QUESTIONS & SCHEDULING

Once you and Dr. Pettit decide on surgery, **Sandy Evans**, our surgery scheduler, will handle your surgery date, insurance authorization, pre-operative clearances, and exact arrival instructions. **Maria Dodd, PA-C** helps manage your recovery — medications, imaging, and questions — throughout.

Surgery scheduling & direct office line: (513) 441-5639 · Main office: (513) 354-3700

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/prepare/shoulder-loa-mua.pdf

This guide is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.