

Brian Forsythe, M.D.
Sports Medicine
Shoulder, Elbow, Knee Arthroscopy
Shoulder Replacement Surgery

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MIDWEST
ORTHOPAEDICS
at RUSH



Midwest Orthopaedics at Rush
1611 W. Harrison St, Ste 400
Chicago, IL 60612

Munster Indiana Office
9200 Calumet Avenue
Munster, IN 46321

Rush Oak Brook
2011 York Road, Ste 1500
Oak Brook, IL 60523

DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL:

Arthroscopic Superior Capsular Reconstruction

With or Without Biceps Tenodesis

- ❖ Initial recovery after shoulder surgery entails healing, controlling swelling and discomfort and regaining some shoulder motion. The following instructions are intended as a guide to help you achieve these goals until your 1st postoperative visit.

- ❖ **COMFORT**

- **Cold Therapy**

- If you elected to receive the **circulating cooling device**, this can be used continuously for the first 3 days, (while the initial post-op dressing is on). After 3 days, the cooling device should be applied 3 times a day for 20-30 minute intervals.
- If you elected to receive the **gel wrap**, this may be applied for 20 minutes on, 20 minutes off as needed. You may apply this over the post-op dressing. Once the dressing is removed, be sure to place a barrier (shirt, towel, cloth, etc.) between your skin and the gel wrap.
- If you elected to use **regular ice**, this may be applied for 20 minutes on, 20 minutes off as needed. You may apply this over the post-op dressing. Once the dressing is removed, be sure to place a barrier (shirt, towel, cloth, etc.) between your skin and the gel wrap.

- **Medication**

- **Pain Medication-** Take medications as prescribed, but only as often as necessary. Avoid alcohol and driving if you are taking pain medication.
 - You have been provided a narcotic prescription postoperatively. Use this medication sparingly for moderate to severe pain.
 - **You are allowed two (2) refills of your narcotic prescription if necessary.**
 - When refilling pain medication, weaning down to a lower potency or non-narcotic prescription is recommended as soon as possible.
 - Extra strength Tylenol may be used for mild pain.
 - Over the counter anti-inflammatories (Ibuprofen, Aleve, Motrin, etc.) should be **avoided** for the first 4 weeks following surgery.
- **Anti-coagulation medication:** A medication to prevent post-operative blood clots has been prescribed (Aspirin, Lovenox, etc.) This is the only medication that **MUST** be taken as prescribed until directed to stop by Dr. Forsythe.

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- **Nausea Medication** – Zofran (Odansetron) has been prescribed for nausea. You may take this as needed per the prescription instructions.
- **Constipation Medication** - Colace has been prescribed for constipation. Both your pain medication and the anesthesia can cause constipation. Take this as needed.
- **Driving** – Driving is NOT permitted as long as the sling is necessary.

❖ ACTIVITIES

- You are immobilized with a sling and abductor pillow, full time, for approximately the first 5-6 weeks. Your doctor can tell you when you can discontinue use of the sling at your 1st postoperative visit. The sling may be removed for exercises.
- **Range-of-Motion Exercises**
 - While your sling is off you should **PASSIVELY** flex and extend your elbow and wrist as tolerated **with assistance from your opposite hand** – (3x a day for 15 repetitions) to avoid elbow stiffness.
 - You can also shrug your shoulders.
 - Ball squeezes should be done in the sling (3x a day for 15 squeezes).
 - You may NOT move your shoulder by yourself in certain directions. NO active flexion (lifting arm up) or abduction (lifting arm away from body) until Dr. Forsythe or your therapist gives permission. These exercises must be done by someone else (Passive Range of Motion).
 - Physical therapy will begin approximately 1-2 weeks after surgery. Make an appointment with a therapist of your choice for this period of time. You have been given a prescription and instructions for therapy. Please take these with you to your first therapy visit.
 - Athletic activities such as throwing, lifting, swimming, bicycling, jogging, running, and stop-and-go sports should be avoided until cleared by Dr. Forsythe.
- ***IMPORTANT***: If you underwent a **biceps tenodesis**, avoid any resistive twisting motions of your wrist and forearm. These include opening jars, using a screwdriver, opening doorknobs, wringing out towels, etc. **These motions may put you at risk of injuring your biceps tenodesis.**

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❖ WOUND CARE

- **Bathing** - Tub bathing, swimming, and soaking of the shoulder **should be avoided** until allowed by your doctor - Usually 2-3 weeks after your surgery. Keep the dressing on, clean and dry for the first 3 days after surgery.
 - You may shower 3 days after surgery with **WATERPROOF** band-aids on. Apply new band-aids after showering.
- **Dressings** - Remove the dressing 3 days after surgery. You may apply band-aids to the small incisions around your shoulder
- **Biceps Tenodesis Incision** – If you underwent a biceps tenodesis, you will have a small incision in your armpit that is sealed with a special adhesive. Do **not** peel away or pick at the incision. When allowed to shower, you can cover this area with a band-aid. Do not soak the area.

❖ EATING

- Your first few meals, after surgery, should include light, easily digestible foods and plenty of liquids, since some people experience slight nausea as a temporary reaction to anesthesia

❖ CALL YOUR PHYSICIAN IF:

- Pain in your shoulder persists or worsens in the first few days after surgery.
- Excessive redness or drainage of cloudy or bloody material from the wounds (Clear red tinted fluid and some mild drainage should be expected). Drainage of any kind 5 days after surgery should be reported to the doctor.
- You have a temperature elevation greater than 101°
- You have pain, swelling or redness in your arm or hand.
- You have numbness or weakness in your arm or hand.

❖ RETURN TO THE OFFICE

- Your first return to our office should be within the first 1-2 weeks after your surgery. You can find your appointment for this first post-operative visit in the post op instruction folder.

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**SUPERIOR CAPSULAR RECONSTRUCTION
POST-SURGICAL REHABILITATION PROTOCOL**

POST-OP DAYS 1-14

- Immobilizer abduction pillow-even while sleeping
 - Place pillow under shoulder / arm while sleeping for comfort
- Hand squeezing exercises
- Elbow and wrist active motion with shoulder in neutral position
- Supported pendulum exercises
- Shoulder shrugs / scapular retractions without resistance
- Stationary bike (must wear immobilizer)
- Ice pack

GOALS

- Pain control
- Protection of graft/surgical sites
- Maintenance of wrist/elbow range of motion, grip strength

WEEKS 2-3

- Begin PROM
- Pendulums
- Table Slides

GOALS

- PROM
 - Flexion to 90°
 - Abduction to 90°
 - ER to 30°

WEEKS 3-6

- Discontinue sling at 4-6 weeks
- Continue appropriate previous exercises
- Begin isometrics of the shoulder at 4-6 weeks

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- Pendulum exercises

GOALS

- PROM
 - Flexion to 130
 - Abduction to 90

WEEKS 6-9

- Continue appropriate previous exercises
- Begin AAROM/AROM around 6 weeks
 - AAROM-Flexion and Abduction > 90° (pulleys, supine wand)
 - ER as tolerated (wand doorway stretch)
- Theraband IR/ER
- Standing rows with theraband
- Prone scapular retraction exercises without weights
- Biceps and triceps exercises without weight
- Stairmaster
- Treadmill-walking progression program
- Pool walking/running

GOALS

- AAROM Flexion and Abduction to 150°
- PROM
 - Flexion to 160-170°
 - External rotation to 60°
 - Abduction to 90°

WEEKS 9-12

- Begin strengthening rotator cuff in neutral around 8-9 weeks
 - Without resistance
 - Side-lying ER
- Continue appropriate exercises
- Seated row with light weight

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-
- Body Blade at side
 - Ball on wall (arcs, alphabet)
 - Ball toss with arm at side using light ball
 - Elliptical

GOALS

- AAROM, AROM through functional range without pain

WEEKS 12-16

- Light or un-resisted rotator cuff exercises
- Push up on wall

GOALS

- Maintain AAROM/AROM
- Protect graft during re-vascularization (decreased strengthening exercises)

MONTHS 4-6

- Begin increasing resistance on theraband exercises as tolerated
- Push up progression (table to chair)
- Light plyometric exercises
- Body blade with abduction

GOALS

- Functional AROM
- Normal rotator cuff strength

MONTHS 6-8

- Weight training with light resistance
- Regular push ups
- Sit ups
- Running progression to track
- Transition to home/gym program

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GOALS

- Return to all activities
- Range of Motion
 - Elevation: 115°-180°
 - External Rotation: 23°-57°
 - Internal Rotation to L1
- Strength
 - Abduction: 5- or greater
 - External Rotation: 5- or greater
 - Internal Rotation: 5 or greater