

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



**MIDWEST  
ORTHOPAEDICS  
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**Midwest Orthopaedics at Rush**  
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## **DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL: Arthroscopic Assisted Acromioclavicular/Coracoclavicular Joint Reconstruction**

❖ 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 1<sup>st</sup> postoperative visit.

❖ **COMFORT**

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○ **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** (5-10/10 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 (1-5/10 pain). (Daily **maximum is 4,000mg** of Tylenol. Please be aware that your narcotic prescription has 325mg of Tylenol in each tablet.)
  - 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 (DVT, PE) 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 6-8 weeks. Your doctor can tell you when you can discontinue use of the sling at your 1<sup>st</sup> postoperative visit. The sling may be removed for exercises.
- **Range-of-Motion Exercises** – Your sling may be removed for gentle elbow and wrist range-of-motion exercises.
  - While your sling is off, you should flex and extend your elbow and wrist – (3x a day for 15 repetitions) to avoid elbow stiffness. You can 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 forward) or abduction (lifting arm towards your side) 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 2-4 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.

#### ❖ 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 the incision sites. Apply new band-aids after showering. Incisions should remain clean and dry.
- **Dressings** - Remove the post op dressing 3 days after surgery. You may apply band-aids to the small incisions around your shoulder. Please keep clean and dry.

#### ❖ EATING

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- 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:**

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- 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**

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- 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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**REHABILITATION PROGRAM:  
Arthroscopic Assisted Acromioclavicular/Coracoclavicular Joint Reconstruction**

- **SLING:** 8 Weeks in sling with 30 degree abduction pillow and support under elbow to keep repair without stress

- **0 to 6 Weeks:**

**PROM:** ER in the plane of scapula, forward elevation (FE) to 90°

**Avoid** – Any position or motion that causes accessory movement of the scapula (IR, elevation past 90°, and horizontal adduction)

- **6 to 12 Weeks:**

**PROM:** FE past 90° as tolerated and IR in the plane of the scapula **supervised** to prevent any accessory motion of the scapula (no IR towel stretching)

**AAROM:** ER as tolerated FE to 90°

**ISOMETERICS:** Initiated at 10 weeks

**Avoid** – towel IR stretching (stressful to reconstruction), horizontal abduction

- **12 Weeks and Beyond:**

**AROM:** gradually progression of FE in the plane of the scapula as tolerated – initiate IR towel stretching

**Resistive Exercise:** Theraband exercise to rotator cuff and parascapular musculature