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Sports Medicine  
Shoulder, Elbow, Knee Arthroscopy  
Shoulder Replacement Surgery

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## **DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL: Distal Biceps Tendon Repair**

❖ Initial recovery after shoulder surgery entails healing, controlling swelling and discomfort, as well as regaining some very gentle 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.
  - **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.

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- **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.
- **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 splint full time for the first week. Your doctor can tell you when you can discontinue use of the sling at your 1<sup>st</sup> postoperative visit. You will be fitted with a hinged elbow brace at this time.
- **Range-of-Motion Exercises** – Your sling may be removed for gentle range-of-motion exercises for your shoulder and wrist only. This should be done 3x a day /15 repetitions.
  - Ball squeezes should be done in the sling (3x a day for 15 squeezes).
  - 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.

#### ❖ WOUND CARE

- **Bathing** - Tub bathing, swimming, and soaking of the elbow 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. Keep your dressing clean, dry and intact. You may need to wrap your arm or sponge bathe to keep it dry.
- **Dressings** – Remain in your splint until your 1<sup>st</sup> postoperative visit. You will be fitted with a removable brace at that time.

#### ❖ 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.

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❖ CALL YOUR PHYSICIAN IF:

- Pain in your elbow 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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## **REHABILITATION PROGRAM: Distal Biceps Tendon Repair**

**NOTE: The following instructions are intended for your physical therapist and should be brought to your first physical therapy visit.**

### **❖ Distal Bicep Tendon Repair- Rehabilitation Protocol**

- The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course for a patient that has undergone a distal biceps tendon repair. It is by no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient, they should consult with the referring surgeon.

### **❖ Initial Post operative Immobilization**

- Posterior splint, elbow immobilization at 90° for 5-7 days with forearm in neutral (Unless otherwise indicated by surgeon)
- **Hinged Elbow Brace**
  - Elbow placed in a hinged ROM brace at 5-7 days postoperative.

### **❖ Phase I (0-3 weeks)**

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- **ROM:** None
- **Immobilizer:** Locked in neutral – worn at all times
- **Therapeutic Exercise:** Gentle wrist and shoulder ROM

### **❖ Phase II (3-6 weeks)**

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- **ROM:** Active extension to 30 degrees in brace
- **Immobilizer:** Worn at all times (including exercise) – removed for hygiene
- **Therapeutic Exercise:**
  - Continue with wrist and shoulder ROM
  - Begin active and extension to 30 degrees
  - **NO** active flexion
  - Gentle joint mobilizations

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❖ Phase III (6-9 weeks)

- **ROM:** Active extension to 0 degrees
- **Immobilizer:** Worn at all times (including exercise) – removed for hygiene
- **Therapeutic Exercise:**
  - Continue to maintain wrist and shoulder flexibility
  - Begin rotator cuff/deltoid isometrics
  - Progressive active extension in brace
  - Begin active flexion.

❖ Phase IV (9-12 weeks)

- **ROM:** Gently advance ROM to tolerance
- **Immobilizer:** None
- **Therapeutic Exercise:**
  - Begin gentle flexion strengthening as tolerated and depending on motion
  - Advance strengthening in phase III to resistive
  - Maintain flexibility/ROM

❖ Phase V (12 weeks -6 months)

- **ROM:** Gradual return to full and pain free
- **Immobilizer:** None
- **Therapeutic Exercise:** Advance activities in phase IV

❖ Phase VI (6 months and beyond)

- **ROM:** Full and pain free
- **Immobilizer:** None
- **Therapeutic Exercise:** Return to full activity