

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

**Lee DeDore, PA-C, ATC**  
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9200 Calumet Avenue  
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## **DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL: ECRB Tendon Repair**

- ❖ Initial recovery after shoulder surgery entails healing, controlling swelling and discomfort and regaining some elbow 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 sling 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.
- **Range-of-Motion Exercises** – Your sling may be removed for gentle range-of-motion exercises for your shoulder and hand only. This should be done 3x a day /15 repetitions.
  - 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.

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❖ 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:  
ECRB Tendon Repair**

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

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## **LATERAL EPICONDYLITIS POST-OPERATIVE REHABILITATION PROTOCOL**

	<b>RANGE OF MOTION</b>	<b>IMMOBILIZER</b>	<b>THERAPEUTIC EXERCISE*</b>
<b>PHASE I 0-6 weeks</b>	Passive ROM as tolerated	Worn for first 7-10 days post-operative	Gentle hand/wrist/elbow/shoulder stretching, isometric hand/wrist/elbow/ shoulder strengthening - avoid wrist extension
<b>PHASE II 6 - 8 weeks</b>	Increase range of motion to full, begin active wrist extension	None	Advance strengthening exercises in phase I to resistive, maintain flexibility/ ROM, begin gentle active wrist extension exercises
<b>PHASE III 8 - 10 weeks</b>	Full and pain-free	None	Advance phase II activities, gradual progression toward return to full activity

\*NO active wrist extension for 6 weeks post-operative