

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

Lee DeDore, PA-C, ATC
Sincer Jacob, PA-C
Jessica Morin, ATC
Deanna Cozzi, ATC
Maryellen Gebien
708-236-2782

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, 1500
Oak Brook, IL 60523

DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL:
Lower Extremity Fractures – Full Weightbearing

Recovery after surgery entails controlling swelling and discomfort, healing, return of range-of-motion, regaining strength in the muscles and a gradual return to activities. The following instructions are intended as a guide to help you achieve these individual goals and recover as quickly as possible after your surgery.

❖ **COMFORT**

- **Elevation**
 - Elevate your knee and ankle above the level of your heart. The best position is lying down with two pillows lengthwise under your entire leg. This should be done for the first several days after surgery.
- **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 ice.
- **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.

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

Lee DeDore, PA-C, ATC
Sincer Jacob, PA-C
Jessica Morin, ATC
Deanna Cozzi, ATC
Maryellen Gebien
708-236-2782

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, 1500
Oak Brook, IL 60523

- Extra strength Tylenol may be used for mild pain.
- Over the counter anti-inflammatories (Ibuprofen, Aleve, Motrin, etc.) shoulder 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.
- **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.

A. ACTIVITIES:

1. **Weightbearing** – You are allowed to put all of your weight on your operative leg. Do this within the limits of pain. Two crutches may be used as needed and may be discontinued when comfortable.
2. **Athletic Activities** – Athletic activities, such as swimming, bicycling, jogging, running and stop-and-go sports, **should be avoided** until allowed by your doctor.
3. **Return to Work** – Return to work as soon as appropriate. Your ability to work depends on a number of factors – your level of discomfort and how much demand your job puts on your knees. If you have any questions, please call your doctor.

C. WOUND CARE:

1. Tub bathing, swimming, and soaking of the knee **should be avoided** until allowed by your doctor – Usually 2-3 weeks after your surgery. Keep the dressing on, clean and dry until your first operative visit. Showering will begin after your first postoperative visit.
2. Ask your nurse or Dr. Forsythe's staff regarding showering postoperatively.

D. EATING:

1. 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.

E. CALL YOUR PHYSICIAN IF:

1. Pain in your knee persists or worsens in the first few days after surgery.
2. 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.

Brian Forsythe, M.D.

Sports Medicine
Shoulder, Elbow, Knee Arthroscopy
Shoulder Replacement Surgery

Lee DeDore, PA-C, ATC

Sincer Jacob, PA-C

Jessica Morin, ATC

Deanna Cozzi, ATC

Maryellen Gebien

708-236-2782

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, 1500
Oak Brook, IL 60523

3. You have a temperature elevation greater than 101°
4. You have pain, swelling or redness in your calf.
5. You have numbness or weakness in your leg or foot.

F. 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.