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Sports Medicine  
Shoulder, Elbow, Knee Arthroscopy  
Shoulder Replacement Surgery

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## **DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL: Clavicle Fracture Open Reduction Internal Fixation**

- ❖ Initial recovery after shoulder surgery entails healing, controlling swelling and discomfort. 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 as needed.
- **Driving** – Driving is NOT permitted as long as the sling is necessary.

#### ❖ ACTIVITIES

- You are immobilized with a sling, full time, for approximately the first 4-6 weeks. Your doctor can tell you when you can this at your 1<sup>st</sup> postoperative visit. The sling may be removed for exercises.
- Physical therapy will begin about 4-6 week after surgery.
- 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. 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. Keep incision site clean and dry.
- **Sling** – Your sling should remain on until your first postoperative appointment except when showering.

#### ❖ 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 extremity 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: Clavicle Fracture Open Reduction Internal Fixation**

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

### ❖ **INTRODUCTION**

The intent of this protocol is to provide the therapist with guidelines of the post-operative rehabilitation course after a clavicle fracture ORIF. It should not 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. The therapist should consult the referring physician with any questions or concerns.

### **PHASE I: 0-6 weeks**

#### **Range of motion**

**0-3 weeks:** None

**3-6 weeks:** Begin PROM

Limit flexion to 90°, external rotation to 45°, extension to 20°

#### **Sling**

**0-4 weeks:** Abduction sling

Immobilized at all times, day and night

May remove for hygiene and gentle exercise only

**4-6 weeks:** Simple sling for comfort

Wean out of sling as tolerated

#### **Exercises**

**0-3 weeks:** Gentle elbow/wrist/hand ROM, grip strengthening at home only

**3-6 weeks:** Begin PROM activities –pendulums, posterior capsule mobilizations; avoid stretch of anterior capsule and extension; closed chain scapula

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## **PHASE II: 6-12 weeks**

### **Range of motion**

Begin active/active assistive ROM, PROM to tolerance

Goals: Full extension rotation, 135° flexion, 120° abduction

**Sling** None

### **Exercises**

- Continue Phase I work; begin active assisted exercises, deltoid/rotator cuff isometrics at 8 weeks
- Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff\*
- \*Utilize exercise arcs that protect the anterior capsule from stress during resistive exercises, and keep all strengthening exercises below the horizontal plane

## **PHASE III: 12-16 weeks**

### **Range of motion**

Gradual return to full AROM

**Sling** None

### **Exercises**

- Advance activities in Phase II; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization
- Begin muscle endurance activities (upper body ergometer)
- Aggressive scapular stabilization and eccentric strengthening
- Begin plyometric and throwing/racquet program, continue with endurance activities
- Cycling/running okay at 12 weeks or sooner if given specific clearance

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#### **PHASE IV: 4-5 months**

##### **Range of motion**

Full and pain-free

**Sling** None

##### **Exercises**

- Maintain ROM and flexibility
- Progress Phase III activities, return to full activity as tolerated
- Limited return to sport