

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

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MIDWEST
ORTHOPAEDICS
at RUSH



Midwest Orthopaedics at Rush
1611 W. Harrison St, Ste 400
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Munster Indiana Office
9200 Calumet Avenue
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2011 York Road, Ste 1500
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DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL

Pectoralis Major Repair

- ❖ 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 1st postoperative visit.

- ❖ **COMFORT**

 - **Ice** – Ice controls swelling and discomfort by slowing down the circulation in your shoulder. Place crushed ice in plastic bag over your shoulder for no more than 20 minutes, 3 times a day.
 - **Sling** – A sling has been provided for your comfort and to stabilize your shoulder for proper healing. Continue wearing the sling for a period of approximately six weeks or until Dr. Forsythe directs you to stop
 - **Medication**
 - **Pain Medication-** Take medications as prescribed, but only as often as necessary. Avoid alcohol and driving if you are taking pain medication.
 - **Antibiotic Medication** – If an antibiotic has been prescribed, start taking the day of your surgery. The first dose should be around dinnertime. Continue taking until the prescription is finished.
 - **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 weeks. Your doctor can tell you when you can discontinue use of the sling at your 1st postoperative visit. The sling may be removed for exercises.
 - **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.
 - 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 up) or abduction (lifting arm away from body) 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 3-4 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.

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- 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 5 days after surgery with band-aids on. Apply new band-aids after showering.
- **Dressings** - Remove the dressing 3 days after surgery. The steri-strips (small white tape that is directly on the incision areas) should be left on until the first office visit. You may apply band-aids to the small incisions around your shoulder

❖ 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

❖ CALL YOUR PHYSICIAN IF:

- 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

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:
Pectoralis Major Repair**

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

Phase I - Protect Repair

Weeks 0 – 2

Goals

- Pain control
- Protect repair
 - Shoulder sling/immobilizer for 6 weeks
 - Elbow / wrist / hand AROM exercises, shoulder in neutral position
 - Stationary bicycle, with shoulder sling on

Weeks 2 – 4

Goals

- Pain control
- Protect repair
 - Continue shoulder sling/immobilizer for 6 weeks
 - Continue previous exercises
 - Pendulum shoulder exercises

Phase II – Range of Motion

Weeks 4 – 6

Goals

- Supine PROM flexion to 90°
- Protect repair
 - Continue shoulder sling/immobilizer for 6 weeks
 - Continue previous exercises
 - PROM and supine AAROM forward flexion up to 90°, with arm in adduction
 - Shoulder shrugs, scapular retraction, no resistance

Weeks 6 – 8

Goals

- AROM flexion to 120°, abduction to 90°
- Discontinue sling / immobilizer
- Continue previous exercises
- AAROM

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- o Flexion > 90°
- o Abduction and external rotation to tolerance
- o Internal rotation and extension, arm behind back

Submaximal isometrics

Treadmill walking

Elliptical trainer without arm motion component, lower extremity only

Phase III – Early strengthening

Weeks 8 – 12

Goals

Full AROM

Continue previous exercises

AROM, AAROM through full motion

Light theraband exercises for external rotation, abduction, extension

Biceps / tricep PRE

Prone scapular retraction exercises, no weights

Standing wall push-ups, no elbow flexion >90°

Elliptical trainer, upper and lower extremities

Months 3 – 4

Goals

Begin light strengthening

Continue previous exercises

Full ROM

Light theraband exercises - add internal rotation, adduction, flexion

Push-up progression – wall → table → chair, no elbow flexion >90°

Very light resistive weight training, no pect flies, bench press or pull downs

- o No elbow flexion >90°

- o Seated rows

- o Single arm pulleys/cables for internal rotation, forward elevation, adduction

- o Rotator cuff and periscapular

Treadmill running

Ball toss with arm at side, light weight

Phase IV – Advanced strengthening

Months 4 – 6

Goals

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-
- Maintain painfree full ROM
 - Advance strengthening
 - Gradual return to functional activities
 - Continue previous exercises with increasing resistance
 - Overhead ball toss
 - Full running program
 - Swimming
 - Weight training with increasing resistance
 - o No bench press
 - o May start pull downs and pect flies with light resistance only

Phase V – Return to full activity

Months 6+

Goals

- Maintain painfree full ROM
- Gradual return to recreational sports and/or strenuous work activities
 - Full activities as tolerated
 - Continue previous exercises with increasing weight / resistance
 - May perform bench press, light weight and high repetition
 - o Advance weight as tolerated
 - o Recommend indefinitely avoiding high weight, low repetition