

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
Munster, IN 46321

Rush Oak Brook
2011 York Road, Ste 1500
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DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL: Proximal Hamstring Repair

- ❖ Recovery after your surgery entails controlling swelling and discomfort, healing, return of range-of-motion of the hip joint, regaining strength in the muscles around the hip joint, 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 hamstring repair.

- ❖ COMFORT

- **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-inflammatory medications (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 for six weeks following surgery.

❖ ACTIVITIES

- **Range-of-Motion** – Your range of motion will be limited by your brace for the first 4-6 weeks. Motion of your hip will begin once physical therapy has been prescribed. You are encouraged to move your foot and ankle as tolerated.
- **Brace** – A Hip Flexion Brace has been applied. Wear this at all times including during sleep. You may remove it briefly to bathe and dress. This brace will be used for approximately 4-6 weeks. Brace locked at 20 degrees.
- **Exercises** – These will help to prevent complications such as blood clotting in your legs. Point and flex your foot and wiggle your toes. Thigh muscle tightening exercises should begin the day of surgery and should be done for 10 to 15 minutes, 3 times a day, for the first few weeks after surgery.
- **Weightbearing** – You are allowed to put partial weight on your operative leg with only your toe touching the ground. Walk using two crutches or a walker. You may touch your foot on the floor for balance. Do this within the limits of pain.
- **Physical Therapy** – PT should be started 1-2 weeks after surgery. You should call the physical therapist of your choice for an appointment as soon as possible after surgery. A prescription for physical therapy, along with physical therapy instructions (included in this packet) must be taken to the therapist at your first visit. You will see Dr. Forsythe prior to starting physical therapy.
- **Athletic Activities** – Athletic activities, such as swimming, bicycling, jogging, running and stop-and-go sports, should be avoided until allowed by your doctor.
- **Return to Work** – Return to work as soon as possible. Your ability to work depends on a number of factors – your level of discomfort and how much demand your job puts on your leg. If you have any questions, please call.

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❖ WOUND CARE

- **Bathing** - Tub bathing, swimming, and soaking of the incision **should be avoided** until allowed by your doctor - usually 4-6 weeks after your surgery. Keep the dressing on, clean and dry for the first 3 days after surgery.
- **Dressings** - Remove the dressing 3 days after surgery. Your incision is covered with Derma Bond, a surgical glue meant to protect the wound. This will remain for 2-3 weeks. Do not scrub this area. The glue will slowly dissolve.
 - You may shower 3 days after surgery with waterproof band-aids over your incision.
 - Sterile gauze is recommended to cover your incision for the first 2-3 weeks. You may apply this with tape or Tegaderm, which is the bandage you had immediately following surgery. This may be purchased at your local drug store.

❖ 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 knee 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 calf.
- You have numbness or weakness in your leg or foot.

❖ 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: Proximal Hamstring Repair

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

Phase I (Weeks 1-4)

- TTWB approximately 10-14 days
- 25% WB at 14 days and increasing 25% per week until off crutches at Week 5
- PROM as tolerated, starting in Week 2, with hip and knee ROM
- Initiate gentle AROM around Week 3 or 4
- Discontinue brace approximately 4-6 weeks after surgery depending on repair strength

Phase II (Weeks 4-8)

- FWB is permitted if the patient demonstrates normal gait patterns
- Aquatic walking and ROM
- Closed chain emphasis with limited ROM
- Isotonics in limited range-of-motion, avoid terminal range of extension
- PROM knee extension and hip flexion
- Initiate core pelvic strength training

Phase III (Weeks 8-12)

- Progress isotonic strength training
- Advanced dynamic training
- Concentrate on core pelvic training
- Strength evaluation at 10 weeks – isometric mode only at 60° of knee flexion

Phase IV (Weeks 10-24)

- Begin dry land jogging/running
- Full isokinetic evaluation at 60°, 120° and 180°/sec, bilateral comparison
- Functional hop testing
- Sport specific activities
- Sport specific training

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Phase V

- Return to activity