

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
Chicago, IL 60612

Munster Indiana Office
9200 Calumet Avenue
Munster, IN 46321

Rush Oak Brook
2011 York Road, Ste 1500
Oak Brook, IL 60523



DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL:

Reverse Total Shoulder Arthroplasty

- ❖ 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**

- **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.
 - **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.

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- **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 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. You can also shrug your shoulders.
 - 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.
 - Physical therapy will begin approximately 6 weeks after surgery. Please do not start formal Physical Therapy until instructed to do so by Dr. Forsythe.
 - 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.
- **Showering**- You are cleared to shower 1 day following surgery. The sling may be removed for showering with your arm rested at your side. A shower chair or bench is highly recommended to prevent falls. Pat your dressing dry with a clean towel. Resume the sling immediately after showering.
- **Post op Dressing** – Your dressing will remain in place until the first postoperative visit and will be removed by our staff. The dressing is waterproof, however it is recommended that you refrain from submerging the dressing.
- **Bathroom/Personal Hygiene** – Placing your arm behind your back may predispose you to injuring your shoulder. Avoid tucking in your shirt or performing bathroom personal hygiene with the involved arm until you are cleared by Dr. Forsythe.

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❖ 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.

❖ DENTAL PROPHYLAXIS

- Following arthroplasty/joint replacement procedure, it is recommended that you take antibiotics prior to any dental visit or colonoscopy.
- This is a **lifelong** recommendation following surgery.
- You may contact our office for the prescription, or your dentist can also prescribe. Please make sure the dentist is aware of your surgical history.
 - In patients who are not allergic to Penicillin, we recommend:
 - Amoxicillin: 2 grams taken 1 hour before procedure.
 - In patients who are allergic to Penicillin, we recommend one of the following:
 - Clindamycin: 600 mg taken 1 hour before procedure.
 - Erythromycin: 750 mg taken 1 hour before procedure.
 - Keflex: 1000 mg taken 1 hour before procedure.

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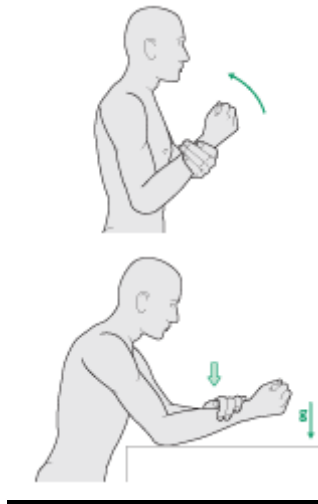
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POST SURGICAL EXERCISES: Reverse Total Shoulder Arthroplasty

- **IMMEDIATE POST SURGICAL EXERCISES**
 - As indicated above, you are allowed to move your elbow and wrist as tolerated immediately following surgery.
 - You may flex your elbow and wrist (as shown below) for 15 repetitions, 2-3 times per day.



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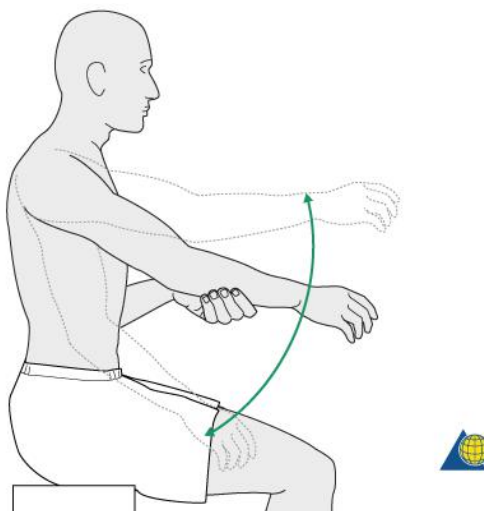


- **1 WEEK POST SURGICAL EXERCISES**

NOTE: The following home exercises may be started after your first postoperative appointment. These may be performed 2-3 times per day.

Formal Physical Therapy may be initiated following your 6 week post operative visit. Please do not begin formal physical therapy until instructed to do so by Dr. Forsythe.

- **HOME EXERCISES - May begin following your 1st postoperative visit**



- **Passive shoulder flexion**
 - Using your non-operative arm, gently elevate your surgical arm. You may elevate the arm up to shoulder level as shown above.
 - You may perform this motion for 10-12 repetitions 2-3 times per day.
 - This exercise is meant to maintain motion and prevent stiffness in the shoulder.

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- **Passive shoulder rotation**



- Using your non-surgical arm, gently elevate the surgical arm, bringing your hand to the opposite shoulder. Lower the arm and then bring your hand up to the surgical shoulder as shown above.
- You may perform this motion for 10-12 repetitions 2-3 times per day.
- This exercise is meant to maintain motion and prevent stiffness in the shoulder.