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

Lee DeDore, PA-C, ATC
Amanda Rey, PA-C
Bridget Williams, PA-C
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, Ste 1500
Oak Brook, IL 60523

DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL: Arthroscopic Rotator Cuff Repair With or Without Biceps Tenodesis

- 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 bulky post op 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.) shoulder 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 as long as the sling is necessary.

❖ ACTIVITIES

- You are immobilized with an abduction pillow sling, full time, for the first 4 weeks following surgery. After 4 weeks, you may remove the pillow that is attached to the sling. You will wear the simple sling for an additional 2 weeks. We will discuss the details of weaning out of the sling at your 1st postoperative visit. The sling may be removed for exercises.
  - Weeks 0-4 in the abduction sling
  - Weeks 4-6 in the simple sling

- **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. These exercises must be done by someone else (Passive Range of Motion).
  - Physical therapy will begin approximately 1-2 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.
  - Athletic activities such as throwing, lifting, swimming, bicycling, jogging, running, and stop-and-go sports should be avoided until cleared by Dr. Forsythe.
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- ***IMPORTANT*: If you underwent a biceps tenodesis,** avoid any resistive twisting motions of your wrist and forearm. These include opening jars, using a screwdriver, opening doorknobs, wringing out towels, etc. **These motions may put you at risk of injuring your biceps tenodesis.**

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❖ 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 sites clean and dry.
- **Biceps Tenodesis Incision –** If you underwent an open biceps tenodesis, you will have a small incision in your armpit that is sealed with a special adhesive. Do not peel away or pick at the incision. When allowed to shower, you can cover this area with a band-aid. Do not soak the area.

❖ 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 will 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. If it needs to be changed, please contact the office.

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REHABILITATION PROGRAM:
Arthroscopic Rotator Cuff Repair

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

***IMPORTANT*: If patient underwent a biceps tenodesis,** avoid any resistive twisting motions of your wrist and forearm. These include opening jars, using a screwdriver, opening doorknobs, wringing out towels, etc. **These motions may increase risk of injuring the biceps tenodesis.**

2 -5 WEEKS POST-SURGERY

1. Patient to continue sling using abductor pillow
2. Use of modalities as needed (heat, ice, electrotherapy)
3. Continue passive range-of-motion exercises
4. Add joint mobilization as needed
5. Isometric exercises – internal/external rotation, abduction, flexion, extension
6. Active internal/external rotation exercises with rubber/surgical tubing (as tolerated)
7. Active shoulder extension lying prone or standing (bending at the waist) – avoid the shoulder extended position by preventing arm movement beyond the plane of the body
8. Active horizontal adduction (supine) as tolerated
9. At 4 weeks: Active-assistive (wall climbs, wand). Remove abduction pillow. Wear simple sling
10. At 5-6 weeks: Active ROM exercises may be added

6 - 8 WEEKS POST-SURGERY

1. Discontinue use of sling
2. Continue shoulder ROM exercises (passive, active-assistive and active) as needed
3. Continue active internal/external rotation exercises with rubber tubing – as strength improves, progress to free weights
   External Rotation: is performed lying prone with arm abducted to 90° or side-lying with the arm at the side – perform movement through available range
   Internal Rotation: performed supine with the arm at the side and elbow flexed at 90°
4. Active shoulder abduction from 0° - 90°
5. Add supraspinatus strengthening exercise, if adequate ROM is available (0° - 90°) – the movement should be pain free and performed in the scapular plane (approximately 20° - 30° forward of the coronal plane)

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6. Active shoulder flexion through available range-of-motion (as tolerated)

2 - 3 MONTHS POST-SURGERY

1. Continue shoulder ROM exercises (as needed) – patient should have full passive and active ROM
2. Continue isotonic exercises with emphasis on eccentric strengthening of the rotator cuff
3. Add push-ups – movement should be pain free – begin with wall push-ups – as strength improves, progress to floor push-ups (modified – hands and knees, or military – hands and feet) as tolerated. Add shoulder bar hang exercise to increase ROM in shoulder flexion and abduction (as needed)
4. Active horizontal abduction (prone)
5. Add strengthening exercises to the elbow and wrist joint (as necessary)
6. Upper extremity PNF patterns may be added – shoulder flexion/abduction/external rotation and extension/adduction/internal rotation diagonals are emphasized
7. Add upper body ergometer for endurance training
8. Add gentle Plyometrics

4 MONTHS POST-SURGERY

1. Add advanced capsule stretches, as necessary
2. Continue to progress isotonic exercises
3. Add military press exercise
4. Add progressive Plyometrics including stair-stepper and tilt board
5. Add pitch-back beginning with a light ball
6. Add total body conditioning program

5 MONTHS POST-SURGERY

1. Continue strengthening program – emphasis may be placed on exercising the shoulder in positions specific to the sport
2. Continue total body conditioning program with emphasis on the shoulder (rotator cuff)
3. Skill mastery – begin practicing skills specific to the activity (work, recreational activity, sports, etc.) – *for example, throwing athletes (e.g., pitchers) may proceed to throwing program*
4. May add progressive shoulder throwing program – advance through the throwing sequence as tolerated