

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

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2011 York Road, Ste 1500
Oak Brook, IL 60523

DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL: Arthroscopic SLAP 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**

- **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 medication (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 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** – Your sling may be removed for gentle elbow and wrist 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 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.

❖ 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.

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- **Dressings** - Remove the dressing 3 days after surgery. 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:
Arthroscopic SLAP Repair**

1 WEEK POST-SURGERY

- Sling immobilization with abductor pillow at all times; gentle elbow, wrist and hand exercises started the day after surgery and continued throughout rehab period

2 TO 4 WEEKS POST-SURGERY

- Continue sling immobilization with abductor pillow.
- Codman circumduction exercises; gentle passive range-of-motion within pain-free range avoiding external rotation beyond neutral and extension of arm behind body

4 TO 10 WEEKS POST-SURGERY

- Discontinue sling and abductor pillow.
- Progressive passive range-of-motion to full, as tolerated in all planes; begin passive posterior capsular and internal rotation stretching; begin passive and manual scapulothoracic mobility program; begin external rotation in abduction exercises; begin protected biceps, rotator cuff and scapular stabilizer strengthening; allow use of operative extremity for light activities of daily living.

10 TO 16 WEEKS POST-SURGERY

- Begin biceps, rotator cuff and scapular stabilizer resistance exercises; begin sport-specific exercise program.

16 TO 24 WEEKS POST-SURGERY

- Begin interval-throwing program on level surface; continue stretching and strengthening programs with special emphasis on posterior capsular stretching

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24 TO 28 WEEKS POST-SURGERY

- Begin throwing from the mound.

AFTER 28 WEEKS POST-SURGERY

- Allow full velocity throwing from the mound; continue strengthening and posterior capsular stretching indefinitely; since occult posterior capsular tightness had a significant role in the original S.L.A.P. Lesion, stretching this area will limit the chances of recurrence.