

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
Oak Brook, IL 60523



DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL: Subacromial Decompression, Glenohumeral Debridement, Distal Clavicle Resection

- ❖ Recovery after shoulder arthroscopy entails controlling swelling and discomfort, return of range-of-motion of the shoulder joint, regaining strength in the muscles around the shoulder 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 arthroscopic shoulder surgery.

- ❖ **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.) may be used as an alternative to your narcotic medication.

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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 or if taking narcotic pain medication.

❖ ACTIVITIES

- **Range-of-Motion Exercises** - Move your shoulder, elbow and wrist through a full range-of-motion as much as possible to prevent stiffness.
- **Sling** – You may use your sling as needed for comfort. It may be discontinued when you are able.
- **Daily Activities** – Use your shoulder and arm in activities of daily living as your level of comfort permits.
- **Physical Therapy** – If physical therapy is required, your doctor will give you a prescription. You may call the therapist of your choice and begin therapy 1-3 days after your surgery. Take the prescription to the therapist for your first appointment.
- **Athletic Activities** – Athletic activities, such as throwing, swimming, bicycling, jogging, running and stop-and-go sports, should be **avoided** until allowed by your doctor after your first follow-up visit.

❖ 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 post op dressing 3 days after surgery. You may apply band-aids to the small incisions around your shoulder. Keep incision sites clean and dry.

❖ 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.

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❖ 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:

Subacromial Decompression, Glenohumeral Debridement, Distal Clavicle Resection

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

- ❖ The purpose of the exercise program below is to more effectively treat patients' after an arthroscopic subacromial decompression procedure. This post-surgical rehabilitation program addresses anatomical, biomechanical, and healing time concerns. The treatment plan includes rest at the appropriate time (relative rest) and the use of non-steroidal anti-inflammatories. The attainment of full range-of-motion, proper training of the rotator cuff muscles for balance and to provide good scapulohumeral rhythm and conditioning of the rotator cuff and scapular muscles is critical for a successful outcome.
- ❖ This rehabilitation program is designed in phases. Each phase has a list of goals to be attained during that phase and there are concomitant precautions in each phase to avoid the inability to achieve the goals set for each phase. Along with the goals and precautions are some suggested exercises in order to achieve the goals within the limits of the precautions.

PHASE I – ACUTE PHASE (1-6 weeks)

- ❖ **Goals:**
 - Limit pain (relative rest – avoid pain provoking positions and movements)
 - Reduce swelling
 - Restore motion
- ❖ **Treatment Recommendations:**
 - Ice
 - Sling (if necessary)
 - E-Stim
 - Gentle mobilization (Grade I, Grade II)
 - Pendulum exercises
 - ROM (passive, active assisted and active – pain free)
 - Non-steroidal anti-inflammatory medication
- ❖ **Precaution:**
 - Relative rest is important – reduce inflammation

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PHASE II – SUBACUTE PHASE (6-12 weeks)

❖ Goals:

- Eliminate pain
- Restore full active motion
- Restore good glenohumeral and scapulohumeral rhythm
- 4/5 strength of upper extremity muscles including scapular muscles

❖ Treatment Recommendations:

- Continue to use modalities as needed
- Start with active range-of-motion through the available range
- Add isometrics below shoulder level
- Flexibility of the cervical, shoulder and scapular muscles
- Non-involved upper extremity and bilateral lower extremity exercises

❖ Precautions:

- All active and isometric exercises should be muscle specific
- All movements and activity increasing symptoms should be eliminated
- Isometrics are to be modified (position change) if patient's symptoms are made worse

PHASE III – STRENGTHENING PHASE (>10 weeks)

❖ Goals:

- Attain full pain free range-of-motion
- Achieve 5/5 strength in all shoulder girdle muscles, including distal extremity muscles
- Full pain free resistive range-of-motion
- Negative Neer sign
- Negative Hawkins sign
- Perfect symmetrical scapulohumeral rhythm

❖ Treatment Recommendations:

- Continue with the use of ice as necessary
- Continue with previous exercises
- Progress resistance to overhead and above horizontal
- Add resistance to scapular exercises
- Work on quality of motion, not just resistive training
- Work on balance of the rotator cuff muscles
- Start sport specific/work specific exercises
- Weightbearing upper extremity
- Water resistive activities

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- ❖ **Precautions:**
 - Do not forget entire body

PHASE IV – CRITERIA FOR RETURN TO WORK/SPORT (>16 weeks)

- ❖ **Goals:**
 - Full pain free range-of-motion
 - 5/5 strength in all upper extremity and scapular muscles
 - Normal scapulohumeral rhythm with and without resistance
 - Good trunk strength
 - Good lower extremity strength
 - Able to complete throwing sport specific or work tasks without pain, signs of instability or impingement

- ❖ **Precautions:**
 - It should be noted that time frames for these phases and overlap time frames for these phases cannot be given. It is based on exercise intensity, pain, underlying instability, acute vs. chronic conditions, healing time and strength.
 - Rehabilitation should be progressive, always achieving a pain free state and always acutely aware of the patient safety.