



P: (843) 353-3460 | F: (843) 353-3461

Multidirectional Instability – Pan Capsular Plication Postoperative Instructions

Diet

- Begin with clear liquids and light foods (Jell-O, soups, etc.)
- Progress to your normal diet if you are not nauseated.

Wound Care

- Maintain your operative dressing, loosen bandage if swelling of the elbow, wrist, or hand occurs
- It is normal for the shoulder to bleed and swell following surgery – if blood soaks through the bandage, do not become alarmed – reinforce with additional dressing
- Remove surgical dressing on the 2nd post-operative day – if minimal drainage is present, apply band-aids over incisions and change daily
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a large garbage bag over your sling starting the day after surgery
- Once surgical dressing is removed (day 2) you may shower allowing soap and water to run over incision. Do not scrub over incision and pat to dry. NO immersion of operative arm (i.e. bath)

Medications

- Pain medication is injected into the wound and shoulder joint during surgery – this will wear off within 8-12 hours
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle
- Primary Medication = (Oxycodone)
 - Take 1 – 2 tablets every 4 – 6 hours as needed
 - Max of 12 pills per day
 - Plan on using it for 2 to 5 days, depending on level of pain
 - Ondansetron (Zofran) take as needed for nausea
 - Docusate sodium (Colace) as needed for constipation
- Meloxicam two times a day for 2 weeks
- Tylenol 1000mg three times a day for two weeks
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed.
- Do not drive a car or operate machinery while taking the narcotic medication.

Activity

- When sleeping or resting, inclined positions (i.e. reclining chair) and a pillow under the forearm for support may provide better comfort
- Do not engage in activities which increase pain/swelling (lifting or any repetitive above shoulder level activities) over the first 7-10 days following surgery
- Avoid long periods of sitting (without arm supported) or long distance traveling for 2 weeks
- NO driving until instructed otherwise by physician
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

Immobilizer

- Your immobilizer should be worn at all times except for hygiene and exercise.

Ice Therapy

- Begin immediately after surgery
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first post-operative visit – remember to keep arm supported while icing
- DonJoy Ice Machine “Game ready” device may be used.
 - Use unit as frequently as tolerated x 14 days
 - Unit is programmed hour on/hour off continuous of compression and ice alternating
 - If braced* - Loosen brace to avoid added pressure
 - If issues with ice machine, please contact Dr. Gehrman.

Exercise

- No exercises or shoulder motion until after your first post-operative visit unless otherwise instructed
- You may begin elbow, wrist, and hand range of motion on the first post-operative day about 2-3 times per day
- Formal physical therapy (PT) will begin 7-10 days after surgery. Please contact you PT office of choice after surgery to schedule appointments.

Emergencies

- Contact Dr. Gehrman or his clinical assistant at (843) 353-3460 if any of the following are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (over 101°F - it is normal to have a low grade fever for the first day or two following surgery) or chills
 - Redness around incisions
 - Color change in wrist or hand

- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting
- **If you have an emergency after office hours or on the weekend, contact the same office number 843-353-3460 and you will be connected to our page service – they will contact Dr. Gehrman or one of his colleagues if he is unavailable. Do NOT call the hospital or surgical center.
- **If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

Follow Up Care + Questions

- A member of Dr. Gehrman's team will call you 24 to 48 hours after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please call the office at 843-353-3460.
- Typically the first post-operative appointment following surgery is 10-14 days following surgery.
- If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours (843-353-3460) and ask for appointment scheduling.
- The first post-operative appointment will be with myself or one of the Physician Assistants. They will assess the wound, go over post-operative protocol, and answer any questions you may have regarding the procedure.

MULTIDIRECTIONAL INSTABILITY PT PROTOCOL

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery _____

Frequency: 1 2 3 4 times/week

Duration: 1 2 3 4 5 6 Weeks

Weeks 0-6:

- Slingshot / Gunslinger Brace for 6 weeks
- Isometrics in brace, gentle supported Codman exercises
- PROM only for 6 weeks
- Grip strengthening, elbow ROM, wrist ROM

Weeks 6-12:

- Sling at night, can discontinue using the sling during the day
- AROM only as tolerated to increase ROM; no PT stretching or manipulation
- Restrict to 140° FF/ 40° ER at side/ IR to stomach/ 45° Abduction
- Scapular stabilization exercises avoiding anterior capsule stress
- Begin light isometrics for rotator cuff and deltoid, with arm at the side
- Can begin stationary bike

Months 3-12:

- Advance strengthening as tolerated: isometrics - bands - light weights (1-5 lbs.); 8-12 reps/2-3 set per exercise for rotator cuff; deltoid, and scapular stabilizers
- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- If ROM lacking, increase to full with gentle passive stretching at end ranges
- Begin eccentric motions, plyometrics (ex. Weighted ball toss), and closed chain exercises at 16 weeks
- Begin sports related rehab at 4 ½ months, including advanced conditioning
- Return to throwing at 6 months
- Throw from pitcher's mound at 9 months
- No collision sports allowed
- MMI is usually at 12 months

NONOPERATIVE ADHESIVE CAPSULITIS PT PROTOCOL

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery _____

Frequency: 1 2 3 4 times/week

Duration: 1 2 3 4 5 6 Weeks

- Outpatient pain medication and modalities
 - Ice, heat, ultrasound, etc
- Apply modalities with shoulder at end range (comfortable) position (not arm at side)
- A/AA/PROM
 - No limitations, focus on IR and ER at 90° ABD in supine position.
 - Try to preserve as much IR and ER as possible.
- Emphasize GENTLE PROM to start
- Work in pain-free arc, but emphasize modalities to stretch.
- Work on full flexion and abduction.
 - Emphasize glenohumeral motion, block scapulothoracic motion with abduction/ flexion from 0-80°.
- Rotator cuff and scapular stabilization program exercises
 - Begin at 0° and progress to 45°/90° as tolerated pain-free
- Home Exercise program
 - Stretches to be done 3-4 times a day for 1-15 minutes per session