



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

## Posterior Stabilization with Bone Graft 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 dressings have been removed you may shower allowing soap and water to run over the incision. Do not scrub the incisions 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 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 your therapy location of choice 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.

## POSTERIOR STABILIZATION WITH BONE GRAFT PT PROTOCOL

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Surgery \_\_\_\_\_

Frequency: 1 2 3 4 times/week

Duration: 1 2 3 4 5 6 Weeks

### Weeks 0-4:

- Sling in neutral rotation for 3 weeks (padded abduction sling)
- Codman exercises, elbow and wrist ROM
- Wrist and grip strengthening

### Weeks 4-6:

- Restrict to FF 90° /IR to stomach PROM > AAROM > AROM
- ER with arm at side as tolerated
- Begin isometrics with arm at side - FF/ER/IR /ABDI/ADD
- Start scapular motion exercises (traps/rhomboids/lev. scap/etc.)
- No cross-arm adduction, follow ROM restrictions
- Heat before treatment, ice after treatment per therapist's discretion

### Weeks 6-12:

- Increase ROM to within 20° of opposite side; no manipulations per therapist; encourage patients to work on ROM on a daily basis
- Once 140° active FF, advance strengthening as tolerated: isometrics > bands > light weights
  - (1-5 lbs.); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers with low abduction angles
- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Closed chain exercises

### Months 3-12:

- Advance to full ROM as tolerated
- Begin eccentrically resisted motions, plyometrics ( ex. Weighted ball toss), proprioception ( ex. body blade)
- Begin sports related rehab at 3 months, including advanced conditioning
- Return to throwing at 4 ½ months
- Push-ups at 4 ½ - 6 months
- Throw from pitcher's mound at 6 months
- MMI is usually at 12 months post-op

### Comments:

\_\_\_ Functional Capacity Evaluation \_\_\_ Work Hardening/Work Conditioning \_\_\_ Teach HEP

### Modalities:

\_\_\_ Electric Stimulation \_\_\_ Ultrasound \_\_\_ Iontophoresis \_\_\_ Phonophoresis \_\_\_ TENS \_\_\_ Heat before/after \_\_\_ Ice before/after \_\_\_ Trigger points massage \_\_\_