



Rotator Cuff Repair, Subacromial Decompression, Distal Clavicle Excision

Discharge Instructions

Comfort

- Discomfort increases 1-2 days after surgery due to the nerve block wearing off. This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first three days.
 - You may use it 20 minutes on, 20 minutes off, as often as you wish.
 - Always keep a cloth barrier, such as a towel, between the cold and your skin.
- **Medication**
 - For **anticoagulation** – you **MUST** take one 81mg aspirin daily for two weeks to help prevent blood clots. This is the only mandatory medication.
 - For **nausea** – Zofran (ondansetron) as needed.
 - For **constipation** – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
 - For **pain**
 - A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. **Use only if needed.** Try to manage your pain with ice, ibuprofen, and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such as constipation, nausea and cognitive impairment may occur. Tylenol and ibuprofen can be used as step-down medications and are recommended as soon as possible. It is very common to use the pain medication at night to help sleep better or around the time of therapy so you can participate more comfortably.

Activity

- Sling for 4-6 weeks post-op
- Periodic standing and walking is encouraged to decrease the risk of blood clots.
 - If seated, perform ankle pumps and circles to promote lower extremity blood flow.
- Physical therapy usually begins within 2-4 weeks of surgery (after your first post-op)
- Driving – At a minimum, no driving until you have stopped taking the narcotic.
 - Please bear in mind we want you to be safe and comfortable when you return to driving - this is a sliding scale depending on your progress.

Wound Care

- Your incisions are covered by several absorbent pads, gauze, and foam dressing.
 - Do not get the bandages wet the first week after surgery—so this means covering it for showering, sponge bath only, etc.
 - The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision.
- After 1 week, you can take off the dressing to check on the incision. Keep the surgical incisions clean, dry and covered. If you have any concerns about the incision (redness, draining, swelling, pain), you can call us and send a picture to info@genesisortho.com

Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.



Call your physician if:

- You develop a temperature over 100.3 degrees.
- You notice any drainage of the incisions 5 days or later after surgery.
- The shoulder becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- You have persistent pain and / or swelling in your calf.
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

Physical Therapy protocol

- 1-4 weeks
 - Sling immobilization
 - Active ROM elbow, wrist and hand
 - Passive ROM of shoulder only
 - Pendulums
 - Supine elevation in scapular plane to 140
 - ER to tolerance with arm at side
 - Minimal goal 40 degrees
 - Sidelying scapular stabilization
 - Deltoid isometrics in neutral as ROM improves
 - No pulley/canes until 6w post-op as these are active ROM
- 4-6 weeks
 - Begin to wean sling
 - Active assist ROM and advance to active ROM as tolerated
 - Elevation in scapular plane and ER as tolerated
 - NO internal rotation until 6w
 - Cuff isometrics at 6w with arm at the side
- 6-12 weeks
 - Active assist ROM and advance to active ROM as tolerated
 - Elevation in scapular plane and external rotation as tolerated
 - Begin IR as tolerated
 - Light stretching at EROM
 - Cuff isometrics with arm at the side
 - Upper body ergometer
- 3-12 months
 - Full ROM as tolerated with passive stretching at EROM
 - Strengthening as tolerated
 - Isometrics progress to bands progress to light weights
 - 8-12 reps/2-3 sets per RC, deltoid and scapular stabilizers
 - Strengthening limited to 3x/week to avoid tendinitis
 - Begin eccentrically resisted motions, plyometrics (i.e. weighted ball toss), proprioception (i.e. body blade)
- Return to sport
 - Can begin sports related rehab at 4.5 months
 - Return to throwing at 6 months
 - Throw from pitcher's mound at 9 months
 - Collision sports at 9 months
 - MMI at 12 months post-op