



Shoulder Manipulation/Lysis of Adhesions

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 constipation, nausea and cognitive impairment may occur. Tylenol and ibuprofen can be used as stepdown 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

- You should begin physical therapy to work on range of motion within 48-72 hours after surgery. It is normal to experience some sharp pain in the shoulder when moving the joint. You are not doing any damage by moving the shoulder and feeling this pain.
- Discontinue sling within 48h after block has worn off
- Encourage use of surgical arm in activities of daily living

Wound Care

- Your incisions are covered by several absorbent pads, gauze, and a foam dressing
 - Do not get the dressing wet the first week after surgery—so this means covering it when 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

PHASE I: Week 0-4

- Modalities to control pain and inflammation
- ROM
 - PROM within pain-free tolerance
 - Low-load prolonged stretch
 - Active and active-assisted ROM with cane or pulley
 - No ROM restrictions
 - Heat prior to stretching after initial post-op inflammation subsides
 - Grade II-III joint mobilization
- HEP 4x/day to include:
 - Self-mobilization
 - Self stretches through low-load prolonged passive stretch
 - Pulley or cane
 - Distal joint ROM (elbow, wrist, hand)
- Aquatic therapy beginning 14d after sx
- Maintain CV health with walking, exercise bike, jogging, swimming as tolerated

PHASE II: Week 4+

- Continue ROM protocol above with goal of full ROM
- Continue HEP
- Strengthening protocol for deltoid, rotator cuff, biceps, triceps, and scapular stabilizers after ROM normalized