

**Jourdan M. Cancienne, M.D.**  
Sports Medicine  
Shoulder, Hip, Knee Arthroscopy  
Shoulder Replacement Surgery



**MIDWEST  
ORTHOPAEDICS  
AT RUSH**

**Midwest Orthopaedics at Rush**  
*Joliet Office*  
963 129th Infantry Dr. Joliet, IL 60435

**Midwest Orthopaedics at Rush**  
*Naperville Office*  
55 Shuman Blvd Suite 700. Naperville,  
IL 60563



Liesl Giermann, Secretary  
708-492-5964

---

## GLUTE REPAIR DISCHARGE INSTRUCTIONS

- ❖ Initial recovery after surgery entails healing and controlling swelling and discomfort. The following instructions are intended as a guide to help you achieve these goals until your 1<sup>st</sup> postoperative visit.
  - ❖ **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.) can be added for breakthrough pain, follow instructions on the bottle.

**Jourdan M. Cancienne, M.D.**  
Sports Medicine  
Shoulder, Hip, Knee Arthroscopy  
Shoulder Replacement Surgery



**MIDWEST  
ORTHOPAEDICS  
AT RUSH**

**Midwest Orthopaedics at Rush**  
*Joliet Office*  
963 129th Infantry Dr. Joliet, IL 60435

**Midwest Orthopaedics at Rush**  
*Naperville Office*  
55 Shuman Blvd Suite 700. Naperville,  
IL 60563



Liesl Giermann, Secretary  
708-492-5964

- 
- **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. Cancienne.
  - **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 while on narcotics or in a brace or sling.
- ❖ **ACTIVITIES**
- 
- Physical therapy will begin when instructed by Dr. Cancienne.
  - Athletic activities such as throwing, lifting, swimming, bicycling, jogging, running, and stop-and-go sports should be avoided until cleared by Dr. Cancienne.
- ❖ **WOUND CARE**
- 
- **Bathing** - Tub bathing, swimming, and soaking of the operative extremity **should be avoided** until allowed by your doctor. Keep the dressing on, clean and dry for the first 3 days after surgery.
    - You may shower 3 days after surgery with a **WATERPROOF** bandage on. Apply a new dry dressing after showering.
  - **Dressings** - Remove the dressing 3 days after surgery. You may apply band-aids or dry sterile gauze to your incision.
- ❖ **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.
- ❖ **CALL YOUR PHYSICIAN IF:**
- 
- 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°F
  - You have pain, swelling or redness in your operative extremity.
  - You have numbness or weakness in your operative extremity.
- ❖ **RETURN TO THE OFFICE**
- 
- Your first return to our office should be within the first 2 weeks after your surgery. If this appointment has not been already made, please call Liesl to schedule.
  - For additional and more information please refer to your surgery binder.
- ❖ **BRACE**
- 
- You will get a brace on surgery day.
  - Over the first few days, concentrate on icing the hip and wear the brace when you are up and about.
  - The brace should be worn until you are off the crutches

**Jourdan M. Cancienne, M.D.**

Sports Medicine  
Shoulder, Hip, Knee Arthroscopy  
Shoulder Replacement Surgery



**MIDWEST  
ORTHOPAEDICS  
AT RUSH**

**Midwest Orthopaedics at Rush**

*Joliet Office*  
963 129th Infantry Dr. Joliet, IL 60435

**Midwest Orthopaedics at Rush**

*Naperville Office*  
55 Shuman Blvd Suite 700. Naperville,  
IL 60563



Liesl Giermann, Secretary  
708-492-5964

- 
- You do NOT need to wear the brace: While sleeping, Using the ice machine, Showering, and using the bathroom
  - The lateral (outside) post on the brace should be positioned over the lateral aspect (outside) of the leg.
  - ❖ **NIGHT TIME PADDING**

---

    - Wear the padding at nighttime.
    - The point is to prevent rotation and abduction
  - ❖ **WEIGHT BEARING**

---

    - You will be flat-foot weight bearing for the first few weeks after surgery
    - It is okay to partially weight bear (more) when standing in the shower or using stairs
    - You will not damage the surgery
    - Do not increase your weight bearing status unless otherwise directed
    - You can go up and down stairs. Go up with the good leg (nonoperative leg) first and then bring the bad leg up onto that step (with the crutches or holding the railings).
    -

**Jourdan M. Cancienne, M.D.**  
Sports Medicine  
Shoulder, Hip, Knee Arthroscopy  
Shoulder Replacement Surgery



**MIDWEST  
ORTHOPAEDICS  
AT RUSH**

**Midwest Orthopaedics at Rush**  
*Joliet Office*  
963 129th Infantry Dr. Joliet, IL 60435

**Midwest Orthopaedics at Rush**  
*Naperville Office*  
55 Shuman Blvd Suite 700. Naperville,  
IL 60563



Liesl Giermann, Secretary  
708-492-5964

---

### PHYSICAL THERAPY PROTOCOL

- ❖ PT is to be initiated between weeks 4-6 or when instructed by Dr. Cancienne
- ❖ Weeks 4-6
  - Gait training PWB with assistive device
    - Progress to WBAT after 6 weeks post op
  - Progress with passive hip flexion greater than 90 degrees
  - **No aggressive abduction or ER**
  - Isometric quad sets, glute sets, core isometrics
  - Supine bridges
  - Isotonic adduction
  - Progress core strengthening (avoid hip flexor tendonitis)
  - Progress with hip strengthening slowly.
  - Start isometric sub max pain free hip flexion (3-4 wks)
  - Quadriceps strengthening
  - Aqua therapy in low end of water (if incisions healed)
- ❖ Weeks 6-8
  - Continue with previous therapy
  - Gait training: increase WBing to 100% by 8 weeks
  - Progress with ROM
    - Passive hip ER/IR
  - Supine log rolling
  - Stool rotation
  - Standing on BAPS
  - Lateral and inferior with rotation
  - Prone posterior-anterior glides with rotation
  - Progress core strengthening (avoid hip flexor tendonitis)
- ❖ Weeks 8-10
  - Progressive hip ROM
  - Progressive LE and core strengthening
  - Hip PREs and hip machine
  - Unilateral Leg press
  - Unilateral cable column rotations
  - Hip Hiking
  - Step downs
  - Hip flexor, glute/piriformis, and It-band Stretching – manual and self
  - Progress balance and proprioception
  - Treadmill side stepping from level surface holding on progressing to inclines
  - Side stepping with theraband
- ❖ Weeks 10+
  - Progressive hip ROM and stretching
  - Progressive LE and core strengthening
  - Endurance activities around the hip
  - Advance walking, biking, elliptical tolerance
  - Dynamic balance activities
  - Patient may wean from PT once achieving goals on own and can be educated on HEP