

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



**MIDWEST
ORTHOPAEDICS
AT RUSH**

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DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL: Open Reduction and Internal Fixation Humeral Shaft Fracture

- ❖ Initial recovery after shoulder surgery entails healing, controlling swelling and discomfort and regaining some shoulder motion. The following instructions are intended as a guide to help you achieve these goals until your 1st postoperative visit.
 - ❖ **COMFORT**
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- **Ice** – Ice controls swelling and discomfort by slowing down the circulation in your shoulder. Place crushed ice in plastic bag over your shoulder for no more than 20 minutes, 3 times a day.
 - 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.
 - **Sling** – A sling has been provided for your comfort and to stabilize your shoulder for proper healing. Continue wearing the sling for a period of approximately 4-6 weeks or until Dr. Cancienne directs you to stop
 - **Medication**
 - **Pain Medication-** Take medications as prescribed, but only as often as necessary. Avoid alcohol and driving if you are taking pain medication.
 - Over the counter NSAIDs (Advil, Aleve, Ibuprofen) can be used for additional pain relief if needed.
 - **Driving** – Driving is NOT permitted as long as the sling is necessary.
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- ❖ **ACTIVITIES**
 - You are immobilized with a sling and abductor pillow, full time, for approximately the first 6 weeks. Your doctor can tell you when you can discontinue use of the sling at your 1st postoperative visit. The sling may be removed for exercises.
 - **Range-of-Motion Exercises**
 - While your sling is off you should flex and extend your elbow and wrist – (3x a day for 15 repetitions) to avoid elbow stiffness
 - You can also shrug your shoulders.
 - Ball squeezes should be done in the sling (3x a day for 15 squeezes).
 - You may NOT move your shoulder by yourself in certain directions. NO active flexion (lifting arm up), abduction (lifting arm away from body), or rotation until Dr. Cancienne or your therapist gives permission. These exercises must be done by someone else (Passive Range of Motion).

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- Physical therapy will begin approximately 2 weeks after surgery. Make an appointment with a therapist of your choice for this period of time. You have been given a prescription and instructions for therapy. Please take these with you to your first therapy visit.
- 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 shoulder **should be avoided** until allowed by your doctor - Usually 2-3 weeks after your surgery. Keep the dressing on, clean and dry for the first 3 days after surgery.
 - You may shower 3 days after surgery with a water proof bandage on. Apply new dressing after showering.
- **Dressings** - Remove the dressing 3 days after surgery. Leave the white strips in place until they fall off.

❖ 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:

- Pain in your shoulder persists or worsens in the first few days after surgery.
- 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°
- You have pain, swelling or redness in your arm or hand.
- You have numbness or weakness in your arm or hand.

❖ RETURN TO THE OFFICE

- Your first return to our office should be 2 weeks after your surgery.



Open Reduction and Internal Fixation Humeral Shaft Fracture

The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course of a patient that has undergone fixation of a humeral shaft fracture. It is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring Surgeon.

General Principles and Goals

1. Bony healing occurs usually within 6 to 8 weeks in adults
2. Return to normal function and motion may require 4 months – 6 months
3. Increase ROM while protecting the fracture site
4. Control pain and swelling (with exercise and modalities)
5. Perform frequent gentle exercise to prevent adhesion formation

• Phase I

- Sling on at all times with the exception of supervised exercises in therapy
- ROM
 - **Weeks 1-2**; early gentle passive ROM, **NO AGGRESSIVE OR FORCED EXTERNAL ROTATION**
 - Hand, wrist, elbow and cervical AROM
 - PROM: ER to 30 degrees and flexion to 90 degrees weeks 1-2, and to 120 degrees **weeks 2-3**
 - Modalities as needed for pain relief or inflammation reduction
 - **Weeks 3-4**: AAROM and Isometrics
- Exercises
 - Week 3: AAROM
 - Hot packs 10 minutes prior to exercise
 - Begin pendulum (Codman) exercises
 - Begin pulley for flexion and abduction
 - Scapular stabilization
 - Seated scapular retractions
 - Weeks 3-4: AAROM and Isometrics
 - Continue all exercises
 - Begin scapular assisted forward elevation
 - Begin submaximal isometrics IR, ER, Flex, Ext, and Abd
 - Begin flexion and abduction on slide board or table

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• **Phase II**

- Weeks 4-6 AROM
 - Establish full PROM
 - Begin AROM
 - Discontinue sling at 6 weeks completely
 - **No aggressive or forced PROM until X-Rays show full union of fracture**
 - *Exercises*
 - Supine flexion with and without stick
 - Progress to sitting (or standing) flexion with a stick
 - Sitting flexion with elbow bent and arm close to the body
 - Raise arm over head with hands clasped
 - Perform ER and Abd with hands behind head
 - Eccentric pulleys
 - Side lying ER
 - Serratus punches
 - Continue PROM and begin patient self stretching at week 6
- Weeks 6-8
 - Early resisted ROM
 - Begin theraband for IR, ER, flexion, Abd, and extension
 - Begin supine IR, ER, with 1 lb (with arm supported at 15 degrees of abduction)
 - Begin UBE no resistance
 - Progress to adding weight to above exercises ***only if pain free***
 - ***If pain level is not decreasing, decrease intensity and volume of exercise***
 - Biceps/Triceps strengthening with dumbbells

• **Phase III**

- 12 weeks
 - Isotonic strengthening with weights in all directions
 - Increase theraband or use rubber tubing
 - Increase stretches on door and add prone stretches
 - Begin functional or sport activity for strength gain
 - Advance strengthening for rotator cuff, low weight, increasing reps
 - Advance scapular exercises
 - No overhead lifting until 4-6 months
 - Progress to light work simulation at 4-5 months