

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



**MIDWEST
ORTHOPAEDICS
AT RUSH**

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Liesl Giermann, Secretary
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DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL: Lower Extremity Fractures – Non-weightbearing

Recovery after surgery entails controlling swelling and discomfort, healing, return of range-of-motion, regaining strength in the muscles and a gradual return to activities. The following instructions are intended as a guide to help you achieve these individual goals and recover as quickly as possible after your surgery.

❖ **COMFORT**

- **Elevation**
 - Elevate your knee and ankle above the level of your heart. The best position is lying down with two pillows lengthwise under your entire leg. This should be done for the first several days after surgery.
- **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 ice.
- **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.

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- Extra strength Tylenol may be used instead of narcotic medications for mild pain.
- **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 6 weeks post surgery.
- **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.

A. ACTIVITIES:

1. **Weightbearing Status** – You are **NOT** allowed to put any weight on your operative leg. Walk using two crutches and your splint intact. Two crutches should be used until directed to discontinue by Dr. Cancienne (approximately 4-6 weeks).
2. **Athletic Activities** – Athletic activities, such as swimming, bicycling, jogging, running and stop-and-go sports, **should be avoided** until allowed by your doctor.
3. **Return to Work** – Return to work as soon as appropriate. Your ability to work depends on a number of factors – your level of discomfort and how much demand your job puts on your knees. If you have any questions, please call your doctor.

C. WOUND CARE:

1. Tub bathing, swimming, and soaking of the knee **should be avoided** until allowed by your doctor – Usually 2-3 weeks after your surgery. **Keep the dressing on, clean and dry until your first operative visit.**
2. If your splint gets wet or begins to fall apart, please call the office.

D. EATING:

1. 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.

E. CALL YOUR PHYSICIAN IF:

1. 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.

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2. You have a temperature elevation greater than 101°
 3. You have pain, swelling or redness in your calf.
 4. You have numbness or weakness in your leg or foot.

F. RETURN TO THE OFFICE:

Your first return to our office should be within the first 1-2 weeks after your surgery. At that time, we will discuss initiating physical therapy.

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REHABILITATION PROTOCOL

Lower Extremity Fractures

PHASE I (0-6 weeks)

Patient is to be non-weightbearing

- Demonstrate safe ambulation with prescribed weight bearing precautions.
- Able to maintain weight bearing status per surgeon with transfers and stairs.
- Manage swelling.
- Perform ADLs in a modified independent manner or with minimal assistance.
- Minimize the loss of strength in the core, hips, knees, and upper extremities.

PHASE II (6-12 weeks)

- Ankle active/passive range of motion, stretching, and strengthening exercises.
- Joint mobilization techniques by the PT to restore motion of the foot and ankle.
- Proprioception and balance exercises.
- Gait training to wean off the assistive devices and normalize gait.
- Full range of motion foot and ankle.
- Good strength and adequate length of foot and ankle muscles.
- A normalized gait pattern on all surfaces (**wean from boot/brace when instructed by Dr. Cancienne**)

PHASE III (12-16 weeks)

- Continue treatment as above.
- Single leg activities on varying surfaces.
- Progress as deemed appropriate by PT with resistive exercise and weight bearing activities.
- Advance functional training to include sports specific movement patterns.
- Good balance and control on the involved leg in all planes.

PHASE IV (16-20 weeks)

- Sports specific training and conditioning (low impact)
- Gradual return to minimal or low impact sports (cycling, rowing, swimming, Stairmaster, elliptical)
- Gradual return to high impact sports (jogging, running, jumping)
- Gradual return to activities with multi-planar movements on uneven outdoor surfaces (hiking)