



Proximal Humerus Open Reduction Internal Fixation

Discharge Instructions-

Comfort

- Discomfort increases 1-2 days after surgery due to the nerve block wearing off (if a nerve block was performed). 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 3-5 days after surgery, as well as following PT sessions
 - Some patients may be provided an ice machine to go home with
 - This is dependent on the type of surgery you had and insurance approval
 - If you were not provided with an ice machine, regular ice pack/ bag of ice can be used
 - You may use ice 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

Medications

Your post op medications were sent to the pharmacy we have on file prior to surgery

- Please reach out to our office if you need a refill of your medication, preferably, 24 hours prior to your last dose to allow time to fill

1. Aspirin 81 mg: For anticoagulation to help prevent blood clots

- If you are >19yo, you must take one 81mg aspirin once a day for two weeks Do not take aspirin if you are <19yo

2. Meloxicam 15 mg: For antiinflammation to help pain and swelling

- Take once a day for four weeks as tolerated for post-op inflammation

3. Zofran (Ondansetron) 4 mg: For nausea – It is common to experience nausea from anesthesia and/ or pain medication in the first few days post op

- You can take 1 tablet every 8 hours as needed for nausea
- It is a dissolving tablet that is to be placed on your tongue – allow it to dissolve, and swallow

4. Norco (Hydrocodone/Acetaminophen) 5-325 mg: For pain – This is a narcotic medication for pain, to be taken AS NEEDED

- Take 1-2 tablets every 4-6 hours as needed
- After 1-3 days, you can begin to space out the dosing/ discontinue the medication, transitioning to a step-down regimen of Tylenol and ibuprofen as soon as pain allows
- Common side effects such constipation, nausea, and cognitive impairment may occur
- It is very common to use the pain medication only at night to help sleep better or around the time of therapy so you can participate more comfortably

Other medications: For constipation – over the counter remedies such as Colace (Docusate Sodium) or Miralax as needed

- Both the anesthesia and the pain medication can cause constipation

Activity



**** We will discuss PT at your first post op visit****

- Please keep the shoulder immobilized in the sling at all times until otherwise directed.
 - You can expect to need the sling for 4-6 weeks.
 - May remove sling for shower but must maintain arm in sling position
- Wear the sling while sleeping. You may find sleeping in a recliner to be more comfortable for the first month.
- **You will start exercises for early motion day 1 post op [see last 2 pages for information]**
- You may remove the sling several times per day to perform range of motion with your elbow and wrist only to avoid stiffness in the elbow and wrist.
 - Keep your elbow close to your body as you flex and extend it.
 - Do not lift your arm in front of you or away from your side.
- 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.
- 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

The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision

- Your incisions are covered by several absorbent pads, gauze, and foam dressings, it is important to keep these clean and dry
 - Do not remove or get the bandages wet for the first 3 days after surgery—if you need to shower in this time, keep dressings covered with plastic wrap/ bag/ etc. Alternatively, just sponge bath only, avoiding surgical area
- After 3 days, you can take off the dressing to check on the incision. The incisions are covered with steri-strips (small bandages), **leave those on until your first follow up visit and they will be removed at that time**, along with any sutures
- You can replace the dressings with a light wrap/ Ace wrap/ elastic bandage, otherwise leave the steri-strips open and exposed to air, **you must continue to wear the sling**
 - You can shower normally, however we advise covering the steri- strips with a waterproof band aid, if they do get wet or start to peel off- it is ok to remove them and replace with a regular band aid, to continue covering the incision
 - Do not use any topical lotions, ointments, or creams on the incision, try to avoid touching the surgical area
 - The best thing for your incision is keep them covered, and as clean and dry as possible
 - If you have any concerns about the incision (redness, draining, swelling, pain), **you can call us and send us a picture of the incision (630)-377-1188 [Press 2 to leave a voicemail]**

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 to avoid any nausea/ upset stomach

When to call your physician

If you require immediate attention, or feel that you are having a medical emergency please go to the emergency department for urgent work up

- You develop a temperature over 100.3° F degrees

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Phone # 630.377.1188

Fax # 630.377.7360



- You have any drainage at the incision site 5 days or later after surgery
- The surgical area 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 additional questions or concerns. We are happy to talk to you at any time!

Important contact information

Physician's office phone # (630)-377-1188 [Press 2 to leave a voicemail]

Please note- We are either in clinic or surgery and not answering calls in real time – Please leave a detailed message with our clinical voicemail line and we will return all voicemails within one business day. Additionally, the call center can connect you to the PA on call, however, please reserve this option for urgent inquiries only

Oak Brook- 2425 W. 22nd St. Suite 207A Oak Brook, IL 60523 P: (630) 377-1188 F: (630) 377-7360

Little Village- 2859 S. Pulaski Rd. Chicago, IL 60623 P:(630) 377-1188 F: (630) 377-7360

St. Charles- 2900 Foxfield Rd. Suite 102 St. Charles, IL 60179 P: (630) 377-1188 F: (630) 377-7360

Physical Therapy protocol

*****We will discuss PT at your first post op visit*****

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



- o 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
- o Begin eccentrically resisted motions, plyometrics (I.e. weighted ball toss), proprioception (I.e. body blade)
- Return to sport
 - o Can begin sports related rehab at 4.5 months
 - o Return to throwing at 6 months
 - o Throw from pitcher's mound at 9 months
 - o Collision sports at 9 months
 - o MMI at 12 months post-op

Early Post-Operative Shoulder Home Exercises

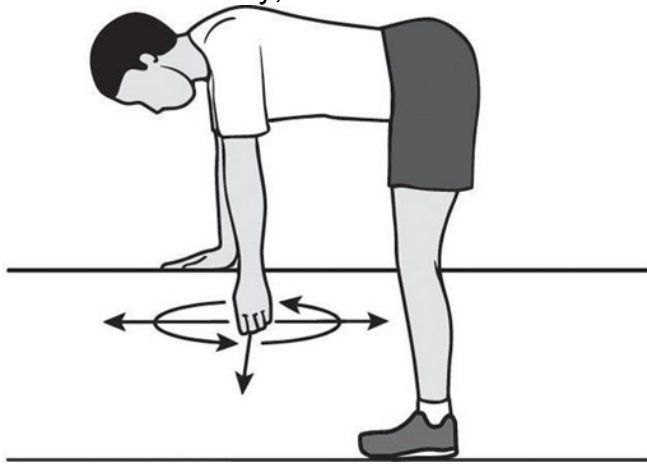
Regular exercises to restore range of motion and flexibility to your shoulder and a gradual return to your everyday activities are important for your full recovery after shoulder surgery. It is recommended that you do independent exercise for at least 10 to



15 minutes, 2 or 3 times a day during your early recovery period. The exercises detailed below should be completed daily as a part of your recovery routine.

Pendulums (Start day 1 post op- remove sling for exercise)

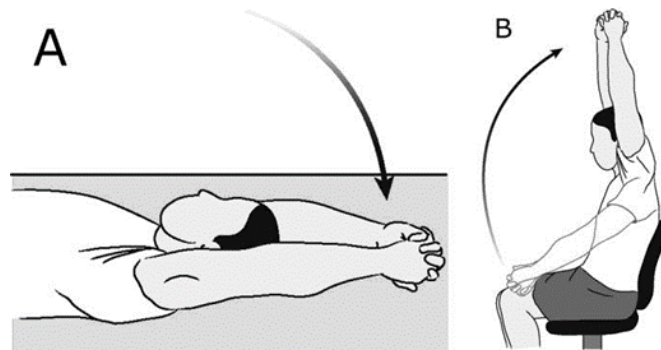
- Bend forward 90° at the waist, placing your uninvolved hand on a table for support.
- Rock your body in a circular pattern to move your arm clockwise 10 times, then counterclockwise 10 times. Keep your arm relaxed during the exercise. The circle your hand is making should be about 1 to 2 feet wide. The circular pendular movement should occur through your shoulder joint.
- Do 3 sessions a day, 5 minutes at a time in addition to PT



Shoulder Forward Elevation (Assisted) (Start day 20 post op- remove sling for exercise)

(This exercise can be done either lying down (A) or sitting down (B).)

- Clasp your hands together and lift your arms above your head. Keep your elbows as straight as possible. Maintain the elevation for 10 to 20 seconds.
- Slowly lower your arms.
- Repeat 10 to 20 times per session (only go to mild discomfort 3-4/10 pain, nothing more)
- Do 3 sessions a day.
- Slowly increase the elevation of your arms as the days progress, using pain as your guide.



Walk Up Exercise (Start day 20 post op- remove sling for exercise)

- With your elbow straight, use your fingers to "crawl" up a wall or door frame as far as possible. Hold for 10 to 20 seconds.
- Repeat 5 to 10 times per session (only go to mild discomfort 3-4/10 pain, nothing more)
- Do 3 sessions a day.

