



PATIENT NAME: _____

Fracture Surgery

Post-Operative Care

And

Rehabilitation Protocol



After Surgery Care and Information

Many questions arise during the first week after surgery. There are many new sensations felt in the body, especially in the operative extremity. The following will help answer many of your questions to help relieve normal anxiety.

General Instructions

Take your medications only as prescribed. If they are not working call Dr Petre's team at 410.280.4717 during business hours or the on call physician at 410.268.8862 after hours.

You should try to drink plenty of water after surgery.

Your responsible adult caregiver should stay with you for the first 24 hours after surgery to help you with medications, movement, encourage fluids, activities of daily living, and to help observe you for any possible complications.

Follow your weight bearing and movement restrictions closely.

Elevate your extremity to help reduce swelling.

Use ice to help with pain control and swelling control.

Active calf Pumps: do 10 up and down pumps of your feet every hour while awake.

Foot pump and calf pump rationale: Compression of plantar venous plexus causing return of the blood in your lower legs to your heart.

****Please use the incentive spirometer or 10 deep breaths every one hour while awake. Continue for first week post-op.**

****When lying on back (supine) in bed during days 1-3 post-op, please place 3 pillows behind head and neck to raise head and improve ability to cough and deep breath.**

DO NOT remove or adjust your cast/splint. It must stay clean and dry at all times. Elevation is key to pain and swelling control.

Call us immediately if you have:

- Pain not controlled by your pain medication (you will always have some pain after surgery, however severe pain not controlled by medication is abnormal)
- Fever more than 101.5. A low grade temperature is normal after surgery. Fevers over 101.5 are abnormal. You do not need to routinely take your temperature, only do this if you feel that you have a fever.
- An increase in arm swelling, redness or foul smelling drainage from wounds.
- Chest pain, shortness of breath or other medical emergency should call 911 and inform our office after the emergency is over.

Returning to work or school:

You may return to work or school light duty only in the immediate days after surgery if pain is tolerable. You must take the time to honor your commitments to physical therapy and office visits. Returning to heavy labor will be determined by your progression through physical therapy and the type of surgery you had.

Cast or Splint:

You will need to **wear the cast or splint or brace** at all times in the weeks following surgery. The total time in a cast or splint will depend upon the type of surgery you had. Do not remove the cast or splint unless specifically told to do so by Dr. Petre. Your rehab protocol will have a specific time in the cast or splint. You should wear it 24/7 unless otherwise noted. If it is rubbing or hurting you, come in immediately to have it looked at and changed.

Risk: There are several risks to any surgery that must be taken into account...

Infection: is decreased with a sterile operating environment and antibiotics. Also, careful handling of the incision sites following surgery reduces the risk of infection.

DVT: (deep vein thrombosis, blood clot) is decreased through instituting early motion, mechanical means (foot/ankle pumps) and occasionally medication. Following the pre-operative and post-operative instructions will reduce the risk of deep vein clots.

Pain: with any surgical procedure there is a potential complication of pain. Medication, ice, rest, compression, elevation and therapy reduce post-operative pain.

Wound Care Instructions

Care of your wounds after surgery is very important to ensure a quick recovery and to minimize the chance of infection. Here is a list of **good practices**:

- Keep your incisions clean and dry
- Elevation minimizes swelling which helps wound healing
- Leave the cast/splint and dressing in place until your follow up visit

Here are things you should **avoid**

- Do not let your extremity dangle or swell
- Do not remove the cast/splint
- Do not adjust or remove any sutures or staples
- Do not use creams, ointments, vitamins, scar reducers or other products on the wounds
- Use a “cast bag” or other similar device to help your cast/splint completely dry while bathing.
- Do not allow pets to sit on your lap or sleep in your bed for at least 6 weeks following surgery. Pets may harbor fleas or mites or other organisms that may cause a wound infection!

Showering: You may start showering as soon as you feel safe in the shower. You should use a cast bag to keep the cast/splint completely dry.

If you do NOT have a hard cast/splint: The original dressing should be removed 24 hours after surgery. Apply an opsite, water-proof dressing over the incision site until you have stopped draining. After drainage has stopped, apply band aids over the incisions. Do this daily or as needed throughout the day if the op-sites or band-aid becomes soiled or wet. Do not put any ointments or lotions over the incisions.

If you should have any questions or concerns regarding you incisions, the best thing to do is to take a digital picture of the incision and e-mail it to a member of Dr. Petre’s team.

Medications After Surgery

New Prescriptions: Dr Petre will provide you at least two if not more prescriptions for after surgery. These will include:

- A narcotic pain medicine (percocet, vicodin, oxycodone, etc). This medication should only be taken “as needed” for pain. You will likely have some pain after surgery, this medication will help with your pain but will likely not take 100% of the pain away. These medications last 4-6 hours, if you are not experiencing pain, do not take them as they can have side effects such as constipation, nausea, vomiting and respiratory depression. **DO NOT DRIVE** if you are taking narcotics. . **It will help to take your pain medication thirty minutes before therapy** if you are experiencing any pain. You should plan to wean yourself from pain medicine by the time your 2 week visit is to occur.
- A blood thinner such as lovenox, aspirin or coumadin. Depending upon your risk of getting a blood clot after surgery (also called a DVT), Dr. Petre will prescribe you a blood thinner to minimize this risk. Every patient will receive TED stockings to help minimize the risk of clots, these need to be worn on BOTH legs for 2 weeks after surgery
 - High risk patients (lower extremity fractures, joint replacements): Lovenox injections for 2 weeks followed by 4 weeks of aspirin 325mg daily
 - Low Risk Patients (shoulder arthroscopy, upper extremity fractures): Early mobilization and ambulation.
- Anti-inflammatory medications: These can be added as needed for additional pain control. Routine daily use can slow down certain type of healing and daily use should be avoided in: Fracture healing, rotator cuff repairs, ligament reconstructions, meniscal repairs. Specific anti-inflammatories may be prescribed in certain surgeries such as hip arthroscopy to prevent the formation of heterotopic ossification.
- Your previous home medications: You should resume any/all blood pressure medications, heart medications, thyroid medications, diabetes medications. Please refrain from taking non-prescribed supplements or over the counter medications until 2 weeks after surgery. Please refrain from taking gout medicines or rheumatoid medicines for 2 weeks after surgery if possible.

Other prescriptions you may receive:

- Ambien: this will aid in sleep and may be prescribed for certain procedures. Only take this medicine at night if you are having trouble sleeping
- Oxycontin: This is a long acting narcotic medication and should only be taken twice a day as prescribed
- Zofran: Zofran is a nausea medication that helps with some of the side effects of narcotics
- Antibiotic: If you were prescribed an anti-biotic after surgery, you should take this exactly as directed. Try not to miss any pills and take the entire prescription until it runs out.

Over the Counter Medications you may want to consider taking:

- Colace or Senna (Senna Kot): Many people get constipation from pain medicine, these medications will help with constipation
- Tylenol (acetaminophen): Tylenol is a good adjunct for pain control because it works in a different way than narcotics and anti-inflammatories. Some narcotics will have tylenol built into the pill already. **If your narcotic prescription has acetaminophen, APAP, or tylenol listed on it, DO NOT TAKE ADDITIONAL TYLENOL.** There is a 4000mg limit per day for tylenol in adults, it can damage your liver if you take more than this amount.

Ice After Surgery and Ice Devices

Ice after surgery is a great way to decrease your pain and reduce swelling. It will speed your recovery and is recommended.

Ice Technique: If you are using ice or ice packs from your freezer, it is most convenient to apply the ice for 20 minutes on and then 20 minutes off. Place a thin piece of cloth between the ice pack and your skin.

Ice with a splint or cast: Ice will help if it is cold enough to penetrate. If you can feel it, then it is working. With a cast or splint, you need to use extra caution to prevent water from leaking into the cast/splint.

Ice and Nerve Blocks: Use caution if you have had a nerve block when using ice in the first 24-72 hours as you may not be able to sense how cold your skin is getting. This puts you at risk of getting frostbite.

Physical Therapy

Physical Therapy is a crucial part of your recovery. Most patients will start physical therapy directly after their two week follow up appointment. **You should call to schedule your physical therapy appointment now.** Please see the attached therapy prescription for office numbers and locations. Please ask your therapist to follow the included protocol, we are always happy to discuss treatment modalities, progress and questions with your therapist. If these questions arise, you can encourage them to contact the office anytime via phone or email.



2000 Medical Pkwy, Ste 404
Annapolis, MD 21401
Tel: 443 481-1140

8638 Veteran's Hwy
Millersville, MD 21108
Tel: 410 729-4508

4175 N. Hanson Court
Ste: 301, Bowie, MD 20716
Tel: 301 805-7004

REHABILITATION PRESCRIPTION

Physical Therapy Occupational Therapy

Patient's Name: _____

Diagnosis: _____

Return to Physician _____

Suggested frequency: 2-3 times/wk Daily Other _____

Duration: Until program is completed Until next MD visit As per plan of care

Evaluate and Treat as Indicated

<input type="checkbox"/> Post Arthroscopy program	<input type="checkbox"/> Spine Consult
<input type="checkbox"/> Total Joint program	<input type="checkbox"/> Osteoporosis Consult
<input type="checkbox"/> Wrist / Hand program	<input type="checkbox"/> Arthritis Consult
<input type="checkbox"/> Cervical / Back program	<input type="checkbox"/> Splint / Bracing
<input type="checkbox"/> Shoulder program	<input type="checkbox"/> Aquatics program
<input type="checkbox"/> Elbow program	<input type="checkbox"/> Back / Neck Education
<input type="checkbox"/> Hip program	<input type="checkbox"/> Work Conditioning program
<input type="checkbox"/> Knee program	<input type="checkbox"/> Work Hardening program
<input type="checkbox"/> Foot / Ankle program	<input type="checkbox"/> Functional Capacity Evaluation
<input type="checkbox"/> Video gait analysis	<input type="checkbox"/> Throwing program

Precautions/Comments/Additional Instructions _____

VOID AFTER 30 DAYS

The physician certifies that the prescribed rehabilitation is medically necessary.

- | | | |
|--------------------------------------------|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> S.E. Faust, MD | <input type="checkbox"/> R. S. Hutchison, MD | <input type="checkbox"/> B. M. Petre, MD |
| <input type="checkbox"/> R.M. VerKlin, MD | <input type="checkbox"/> A.C. Speciale, MD | |
| <input type="checkbox"/> T.J. Harries, MD | <input type="checkbox"/> C.J. Lashgari, MD | <input type="checkbox"/> T. Adams CRNP |
| <input type="checkbox"/> E.S. Hoyt, MD | <input type="checkbox"/> P. Bambrah, MD | <input type="checkbox"/> J. VanHassent, PA-C |
| <input type="checkbox"/> P.N. Ove, MD | <input type="checkbox"/> J. H. MacDonald, MD | <input type="checkbox"/> K. Potter, PA-C |
| <input type="checkbox"/> M.F. Brassard, MD | <input type="checkbox"/> D.E. Redziniak, MD | <input type="checkbox"/> C. Platnick, PA-C |
| <input type="checkbox"/> J. Gelfand, MD | <input type="checkbox"/> A.D. Shushan, MD | <input type="checkbox"/> S. Sullivan, PA-C |
| <input type="checkbox"/> D.V. Hoffman, DPM | <input type="checkbox"/> A.A. Spirt, MD, PhD | |
| <input type="checkbox"/> C.M. Morganti, MD | <input type="checkbox"/> C. M. Patton, MD | |

Physician Signature _____ Date: _____

OSMC-10- (09/12)

Dear Therapist,

Thank you for continuing the rehabilitation with Dr. Petre's patient following their shoulder arthroscopic surgery. The intent of this program is to provide *guidelines* for progression of rehabilitation. It provides the basic exercises and techniques you will need to guide the patient to return to normal function. At the 6-8 week follow-up and if appropriate for the patient, Dr. Petre will determine whether the patient is ready to progress to an advanced functional training program for return to sport, a maintenance strength program, or to continue to work on "the basics" before progressing further.

- Utilize the rehab outline and exercise descriptions as a guide. This is a proven program in terms of exercises and treatment, but some patients may need to move slower.
- Utilize clinical decision making to adjust treatments if needed within given guidelines and precautions.
- Progression through each phase of rehabilitation is based on clinical criteria and time frames.
- Understand that the program should be tailored for the individual based on their ability to progress and respond to treatment. This concept should continually be emphasized to the patient. Advancing through the rehabilitation process involves an accurate assessment of joint function, strength, mobility and progressive overload based on the patient's response.
- Primary Goals for most shoulder surgery is a normalization of motion by 6 weeks and returning to full function by 3-4 months.

If there are any questions regarding rehab, please call Dr Petre's office at 410.280.4717