

Post-op *PATIENT* Instructions: ELBOW ARTHROSCOPY

Dressing: A dressing has been applied to your elbow to absorb any fluid/blood. A small amount of blood on the dressing is to be expected. Begin dressing changes 24-48 hours following surgery. Remove the OR dressing, apply sterile gauze to the surgical site and re-tape. A small amount of soap/water or alcohol cleansing adjacent to the incisions is permitted with the first dressing change. Unless directed by your surgeon, no salves, balms, or ointments to the incisions. Band-aids over the small incisions are recommended until they are completely sealed. Soreness and bruising is expected for several days afterward.

Showering is permitted 72 hours following surgery. Soaking the incisions should be avoided.

Ice: Ice is a powerful anti-inflammatory. Icepacks/wraps will help to reduce swelling and pain. Use liberally (20-30 min./session).

Activity: Post-operative range of motion for the elbow, wrist and hand is encouraged. No driving until permission is given by your surgeon.

Pain: A narcotic (taken every 3-4hrs as needed for breakthrough pain) is given to control your pain. **Begin taking these pain medications when you BEGIN experiencing pain!** These meds can take 30-45 minutes to start “working”. You do not want to play “catch-up” by letting your pain get out of control. Nausea, drowsiness, and constipation are common side effects of narcotics. Adequate fluid intake and a stool softener obtained over the counter from your local pharmacy is recommended to minimize constipation. Call the office if you are unable to tolerate your medication.

Precautions: If you develop temperatures above 101.5°F (38.5°C), uncontrolled pain, marked redness, persistent/discharged drainage, or significant swelling. Call the office **(813)-684-2663**

Follow-up: If you do not already have an appointment scheduled, call the office as soon as possible to schedule your first post-op visit.

Special Instructions: _____ (Additionally, follow any indicated instructions below.)

Schedule physical therapy: per attached prescription at your earliest convenience

Ice (Cryotherapy) Unit: protect/check skin regularly

Additional Instructions:

PT/OT PRESCRIPTION: ELBOW SCOPE REHAB PROTOCOL

(Revised 3.30.16)

MD Orders for the Therapist:

- Physical Therapy/Occupational Therapy Prescription: 2-3 times per week x 6 weeks
- Follow this protocol without substitution. Contact my office with any questions.

Christopher T. Donaldson, MD

Weeks 0 – 5:

Passive, Active assisted AND Active Shoulder Motion:

- ADVANCE MOTION AND STRENGTHENING TO TOLERANCE
- Elbow, wrist and hand ROM; aggressive upper extremity edema control.
- Postural instructions to promote active scapular retraction.
- Scapular clock exercises
- Ice and pain modalities as indicated.
- Add strengthening to tolerance
 - Start isometrics, progress theraband, then free weights

Weeks 6-greater:

- Gradual return to normal activities