

Post-op PATIENT Instructions: BICEPS TENOTOMY (RELEASE)

Dressing: A dressing has been applied to your shoulder 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. No swimming pools/bathtubs/hot-tubs/beach water for 4 weeks or until cleared by your surgeon.**

Ice: Ice is a powerful anti-inflammatory. Cold compression (“ice machines”) are important to reducing pain and swelling. Use liberally (20-30 min./session) but protect the skin from direct contact (and frostbite).

Activity: Wear the immobilizer/sling. Remove the sling at least 3 times per day for hand, wrist, and elbow range of motion which decreases swelling. Sleeping in a recliner with pillows behind the elbow may provide additional comfort. **No driving until permission is given by your surgeon.**

Pain: A nerve block has been performed for immediate post-op pain control by the anesthesiologist. It typically “wears off” at about 8-12 hrs following surgery. **Begin taking pain medications as soon as you BEGIN to experience pain!** These meds can take 45-60 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 important to minimize constipation.** Call the office if you are unable to tolerate your medication.

***NARCOTIC MEDICATIONS ALONE WILL NOT PROVIDE COMPLETE PAIN RELIEF. COLD COMPRESSION (ICE MACHINES), TENS USE, AND REGULAR TYLENOL AND ANTI-INFLAMMATORIES (ALEVE/IBUPROFEN, IF MEDICALLY OK) ARE CRITICAL PARTS OF YOUR PAIN CONTROL PLAN. REQUEST FOR NARCOTIC REFILL WILL ONLY BE ACCEPTED DURING BUSINESS HOURS. PLEASE GIVE 24-48 HOURS FOR MEDICATION REFILL REQUESTS TO BE ADDRESSED*.**

Precautions: Call the office (813)-754-1199 if you develop: temperatures >101°F, shortness of breath, chest pain, uncontrolled pain, marked redness/hives, persistent drainage, new onset numbness, significant incisional/calf swelling, or any other concerns. **Call 911 or report to the nearest emergency room with any concerns for medical emergencies**

PT/OT PRESCRIPTION: SHOULDER BICEPS TENOTOMY

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 – 1:

PASSIVE Shoulder Motion Only:

- Pendulum exercises.
- Elbow, wrist and hand ROM; aggressive upper extremity edema control.
- Postural instructions to promote active scapular retraction.
- Scapular clock exercises
- Shoulder mobilization - posteriorly
- Ice and pain modalities as indicated.
- Begin forward elevation in scapular plane
- Begin internal and external rotation to tolerance
- **Brace**: to be worn ad lib. May be d/c for PT and as patient progresses to AROM

Weeks 1-5:

- Add strengthening for IR and ER to tolerance
 - Start isometrics, progress theraband, then free weights
- Add active forward elevation to tolerance post-op
- Add strengthening for forward elevation at 3-4 weeks post-op
 - Start isometrics, progress theraband, then free weights

Weeks 6-greater:

- Gradual return to normal activities

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