# Post-Surgery Instructions
## Adult Mod Quad

### WEEKS ONE THROUGH THREE
Allow incision and post-operative healing, prevent secondary problems in the shoulder, elbow, wrist and hand. Keep a watchful eye on splint integrity. Wear splint 24/7 for three weeks.

<table>
<thead>
<tr>
<th>Splint</th>
<th>Adults require a soft (pillow-type of) splint. This splint should be worn for the first three weeks following surgery so that the positioning of the arm is 90° at the shoulder. Splint must be worn at all times. Starting the third day post surgery, it can be removed twice a day for wound check, bathing and passive range of motion of shoulder, elbow, hand and fingers. PROM of shoulder to include only slow and careful upward motion, as tolerated. It is important for the arm to stay at this 90° angle for the first three weeks. If the splint loses its integrity, if it weakens or breaks and the arm can no longer be kept in this position then go to a local orthotist to have the splint repaired or replaced. Find a way to manually hold the arm in position (with other cushions or pillows) until you are re-splinted. You may need to medicate with Tylenol before de-splinting and performing PROM.</th>
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</thead>
<tbody>
<tr>
<td>Nerve</td>
<td>Is there numbness, tingling or pain in the elbow, hand, wrist and /or fingers? Call Dr. Nath (866) 675-2200</td>
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<tr>
<td>Circulatory</td>
<td>Check nail beds for two days post surgery (should be pink). Press nail bed until turns white and release, should return normal pink color within 2 seconds. Call Dr. Nath ASAP (866) 675-2200</td>
</tr>
<tr>
<td>Incision</td>
<td>Check for signs of infection—discharge of any kind, redness, warmth, smell. Keep clean and dry. Change dressing 1x / day. See your pediatrician for an incision check one week following surgery. Check with your family doctor.</td>
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<tr>
<td>Bathing</td>
<td>Incision cannot get wet until fully closed. Splint can be removed for bathing but arm must be held in the upright position.</td>
</tr>
<tr>
<td>Passive Range of Motion</td>
<td>Passive range of shoulder should include only the upward movement. PROM elbow, wrist and fingers.</td>
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</table>
### Splint

After the initial three-week period, the splint should be worn at night for an additional three months while gradually raising the arm in 5° increments, as tolerated, from 90° to the maximum of 120°. This needs to occur gradually so that the brachial plexus nerves are not overstretched.

The least painful method to initially bring the arm down is in a warm water pool or bath or to lay flat and use some warm compresses first.

You determine the length of time out of the splint for the first couple of days. Gradually increase time out of the splint as your tolerance increases.

You may need to medicate with Tylenol before de-splinting and during this transitional period as needed.

If the splint loses integrity, if it weakens or breaks and the position of the arm changes, bring to therapist or orthotist to repair.

### Incision

Check for signs of infection (discharge of any kind, redness, warmth). Incision should be completely closed.

Steri-strips should have fallen off.

Check with your family doctor.

If steri-strips are still present, remove with warm soapy washcloth. Leave open to air.

### Bathing

Normal bathing allowed when the incision is completely closed.

### Therapy

Passive range of shoulder should include only the upward movement. Also PROM elbow, wrist and fingers.

At week seventeen, when splint is no longer worn at night, regular therapy resumes, gradually and as tolerated.

**Restriction:** No internal rotation at this time until re-evaluation by Dr. Nath.

Call Dr. Nath if therapist has questions (866) 675-2200