

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.

Splint	<p>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.</p> <p>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 <u>only</u> slow and careful upward motion, as tolerated.</p>	<p>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.</p> <p>You may need to medicate with Tylenol before de-splinting and performing PROM.</p> <p>Call Dr. Nath (866) 675-2200</p>
Nerve	Is there numbness, tingling or pain in the elbow, hand, wrist and /or fingers?	Call Dr. Nath ASAP (866) 675-2200
Circulatory	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
Incision	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.
Bathing	Incision cannot get wet until fully closed. Splint can be removed for bathing but arm must be held in the upright position.	
Passive Range of Motion	Passive range of shoulder should include <u>only</u> the upward movement. PROM elbow, wrist and fingers.	

WEEKS FOUR THROUGH SIXTEEN (for three months)

Continue passive range of motion to prevent secondary complications to the shoulder, elbow, wrist and hand. Continue wearing the splint at nighttime only. Begin regular therapy at week seventeen. Follow-up with Dr. Nath after three-month period by video.

Splint	<p>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.</p> <p>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.</p> <p>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.</p>	<p>You may need to medicate with Tylenol before de-splinting and during this transitional period as needed.</p> <p>If the splint loses integrity, if it weakens or breaks and the position of the arm changes, bring to therapist or orthotist to repair.</p>
Incision	<p>Check for signs of infection (discharge of any kind, redness, warmth) . Incision should be completely closed.</p> <p>Steri-strips should have fallen off.</p>	<p>Check with your family doctor.</p> <p>If steri-strips are still present, remove with warm soapy washcloth. Leave open to air.</p>
Bathing	<p>Normal bathing allowed when the incision is completely closed.</p>	
Therapy	<p>Passive range of shoulder should include only the upward movement. Also PROM elbow, wrist and fingers.</p> <p>At week seventeen, when splint is no longer worn at night, regular therapy resumes, gradually and as tolerated.</p> <p>Restriction: No internal rotation at this time until re-evaluation by Dr. Nath.</p>	<p>Call Dr. Nath if therapist has questions (866) 675-2200</p>