

Post-Surgery Instructions Pediatric Mod Quad

WEEKS ONE THROUGH TWO (OR FOUR)

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 two to four weeks.

Splint	<p>The arm is splinted in a “statue of liberty (SOL) splint”. It is a half-torso, rigid body splint that maintains the position of the shoulder at 120 degrees oriented laterally (to the side). The elbow and wrist are well padded to protect the ulnar nerve. The arm is splinted in such a way to encourage motion at this height.</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 in this upright position in the splint. If the splint loses its integrity, if it weakens or breaks and the position of the arm begins to change, immediately bring child to a facility that can repair splints (orthotist, therapist, or hospital clinic). Manually hold the arm in position (or lay child flat with the arm resting in the overhead position) en route and during repair.</p> <p>Medicate with Tylenol before desplinting 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 (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 (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 pediatrician.
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 TWO (OR FOUR) THROUGH SIX (OR EIGHT) (four weeks)

Continue passive range of motion to prevent secondary complications to the shoulder, elbow, wrist and hand. Begin regular therapy at week nine. Continue wearing the splint at night-time only. Follow-up with Dr. Nath: drnath@drnathmedical.com—(866) 675-2200.

Splint	<p>Splint is removed at two (or four) weeks post-op. The least painful method is to put the child in a warm water pool or bath (or to lay the child flat and use some warm compresses first).</p> <p>Let the child determine the length of time with the splint off for the first couple of days. Gradually increase time out of the splint as tolerance increases.</p> <p>Wear splint at nighttime only.</p>	<p>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, orthotist or hospital clinic 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 pediatrician</p> <p>If steri-strips are still present, remove with warm soapy wash-cloth. 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 eight (or ten), 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>