

## Parent/Caretaker Post-Op Instructions

### Nerve

Is there numbness, tingling or pain in the elbow, hand, wrist and /or fingers?  
Call Dr. Nath (866) 675-2200 ASAP.

### Circulation

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. If not, call Dr. Nath (866) 675-2200.

### Incision

Check for signs of infection—discharge of any kind, redness, warmth, smell. Keep clean and dry. See your family physician for an incision check one week following surgery. Steri-strips usually fall off by themselves in 2-4 weeks when the incision has closed. If they haven't fallen off by themselves (and you know that the incision is closed), you can just wash them off gently with soapy water.

### Bathing

The incision cannot get wet until it is fully closed. The brace **cannot** be removed for bathing.

### **SARO Brace (to be worn 24/7 without removal for 6 weeks, and one full year, consistently, at night)**

Please do a brace assessment each morning after the child wakes up to make sure that the brace is still functioning correctly and that the arm placement is correct. If it looks like it is losing its integrity or if it weakens or breaks and the position of the arm changes, immediately bring your child to an orthotist to repair. If the original brace was made in Houston by Tom at Dynamic Orthotics & Prosthetics, L.P. and your local orthotist has questions or problems—have him/her call Tom directly toll-free **(888) 814-0711** or **(713) 747-4171**.

### Limited Passive Range of Motion (PROM)

**Weeks 0 to 3:** perform passive range of motion to the wrist and the fingers only, 2-3 times a day

**Weeks 3 to 6:** perform passive range of motion to the wrist and the fingers and also remove the strap over the forearm 2-3 times a day for 20 minutes and do passive range of motion to the elbow flexors. Warm the elbow and the forearm first with a compress and proceed slowly as the child may be very stiff. Use “stretch and hold” method of ranging, if possible.

**“Stretch and Hold” PROM Method:** All PROM is done slowly until resistance is felt. When resistance is felt, decrease range slightly and hold for 30 seconds. Repeat each stretch 3x. Entire sequence should be done a minimum of 2x per day.

### Removing the Brace at Six Weeks

When it is time to remove the brace, please do it slowly and carefully. You may want to administer some Tylenol an hour before. The least painful method is to remove the brace and get the child into a warm bath or shower so that the entire side of the body gets warmed and relaxed. Let the child determine the length of time with the brace off for the first couple of days. Gradually increase time out of the brace as tolerance increases. Some children may want the brace off right away and not have any discomfort. Some children may need to take it a little slower. Let your child lead the way.

### Follow-Up

- (a) video three months post-op followed by a video at one year post-op and again at two years post-op
- (b) 3D CT scan one year post-op
- (c) evaluation by therapist every three months for two years post-op (use our PDF input form)

## Weeks 6 to 8: Full Passive Range of Motion (PROM) & Early Active Range of Motion (AROM) (brace worn at night now)

When the brace is removed at six weeks, you can begin full passive range of motion and allow the child to actively move the shoulder, arm and hand as tolerated (without compensatory movement—see next page). Prepare the child first with warm compresses or a warm bath/shower and do the PROM very slowly. The arm will be stiff. Use the “Stretch & Hold” method: All PROM is done slowly until resistance is felt. When resistance is felt, decrease range slightly and hold for 30 seconds. Repeat with each stretch 3x. Entire sequence should be done a minimum of 2x per day.

**Elbow flexion/extension**  
**Wrist abduction/adduction**

**Forearm pronation/supination**  
**Finger flexion/extension**

**Wrist flexion/extension**  
**Finger abduction/adduction**

### SHOULDER ABDUCTION

**Position of Child:** seated on lap facing out or in comfortable chair.

**Stability:** Adult places one hand over the lateral border of the scapula. Hold firmly to prevent the scapula from sliding laterally.

**Motion:** With one hand on elbow, bring arm out to side as far as possible and then up above the head.

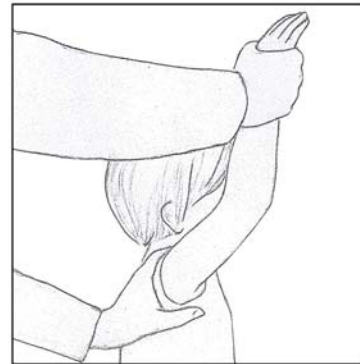


### SHOULDER FLEXION

**Position of Child:** seated on lap facing out or in comfortable chair.

**Stability:** Adult places one hand over the lateral border of the scapula. Hold firmly to prevent scapula from sliding laterally.

**Motion:** With other hand down by the forearm/wrist, lift arm up above head.

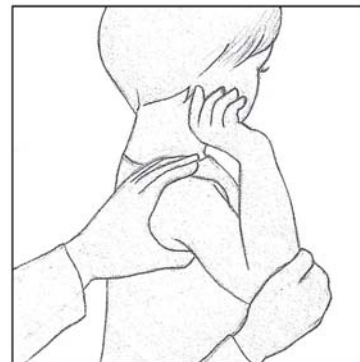


### SHOULDER EXTERNAL ROTATION

**Position of Child:** seated on lap facing out or in comfortable chair with arm abducted to 90 degrees with elbow flexed to 90 degrees.

**Stability:** Adult places one hand over the lateral border of the scapula. Hold firmly to prevent scapula from sliding laterally.

**Motion:** With other hand supporting arm at elbow, rotate arm posteriorly (into external rotation).



## Weeks 6 to 12: Active Range of Motion (AROM) (as tolerated)

Child continues to wear the brace, consistently, each night. Continue passive range of motion exercises outlined in the previous section. Begin adding facilitation of active usage of upper extremity. All resistance needs to be eliminated with the exception of gravity. Do not encourage any internal rotation or adduction of the shoulder. If child spontaneously attempts to complete activity using shoulder adductors or internal rotators such as crossing the midline, please adapt activity.

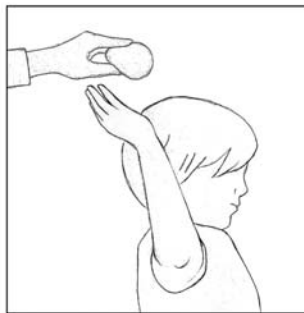
All activities are to be done with therapist/parent stabilizing the trunk and scapula. All compensatory movements to be discouraged such as hiking the hip, rotating or bending the body backwards or sideways, or hiking the shoulder. Only encourage correct movement patterns even if the child is able to get better range/function using compensatory patterns.

### GOOD



**Shoulder Forward Flexion**

reaching overhead  
in a forward position



**External Rotation**

reaching backward behind  
ear, reaching for objects to  
the side and behind



**Shoulder Abduction**

reaching up and out  
to the side

### BAD



using the trunk to lift the arm



body bent backwards

## Weeks 12+: Begin Strengthening Program

Please send a video to Dr. Nath now.

### **SARO brace must be worn consistently during the night for at least one year.**

Please check fit and quality of SARO brace as correct alignment must be maintained.

It is imperative that the therapist assess the alignment of the scapula on the rib cage, the alignment and mobility of the glenohumeral joint, passive and active range of motion, and muscle strength. Assessment of sensibility of upper trunk, shoulder, and extremity should also be done.

Treatment must focus initially on strengthening of the scapular stabilizers prior to upper extremity training in order to allow for adequate scapulohumeral rhythm.

Please consider the use of taping, scapular stabilizers ([www.arkpcb.com](http://www.arkpcb.com)), and TheraTogs ([www.theratogs.com](http://www.theratogs.com)) to maintain scapular stability as new movement of the extremity is achieved.

TES (nighttime electrical stimulation) as well as sEMG with Stimulation ([www.tascnetwork.net](http://www.tascnetwork.net)) are modalities which have been shown to be effective when used in coordination with traditional treatment techniques.

### **Follow-Up**

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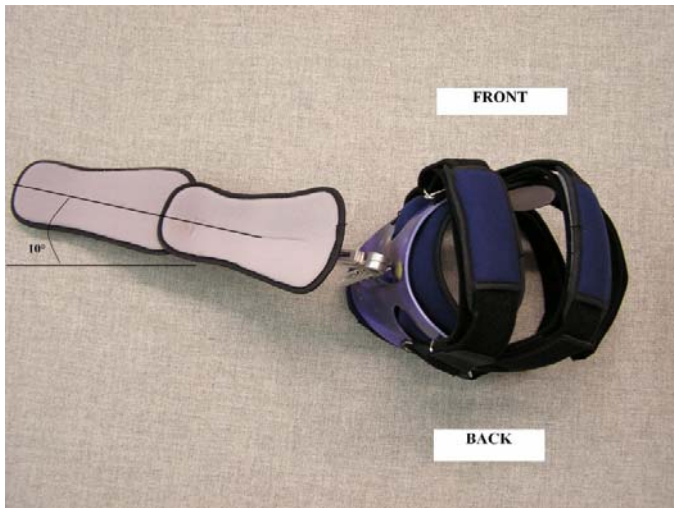
### **Evaluation Form**

Please use the evaluation form attached to this packet. If you received this packet by email, then the form you will receive is actually "input-able" (as long as you have the latest version of Adobe Reader). Return the form to [contact@drnathmedical.com](mailto:contact@drnathmedical.com).

### **Therapy Questions**

For therapy questions contact Cindy Servello, OTR at [cindy1otr@aol.com](mailto:cindy1otr@aol.com).

# Post Triangle Tilt Therapy Instructions



## Saro Brace

