

Parent/Caretaker Post-Op Instructions

Nerve

Is there numbness, tingling or pain in the elbow, hand, wrist and / or fingers?
Call Dr. Nath (713) 592-9900 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 (713) 592-9900.

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:

1. **Worn 24/7 without removal for 3 to 6 weeks.** Brace final wearing time will be determined by Dr. Nath pending results of Triangle Tilt surgery prior to discharge from the hospital. 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. Please ensure that plastic body part of the SARO brace is not touching the armpit and adjacent inner arm, leaving at least a one inch space between the plastic of the splint and the arm. Remember that the splint should be positioned over hip joint and not over waist area. This position is to prevent redness over the inner arm with potential of skin breakdown.
2. Contact Dr. Nath's office at (713) 592-9900, if you feel that the SARO brace has shifted in position. If the brace 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 Dynamic Orthotics & Prosthetics, L.P. and your local orthotist has questions or problems—have him/her call them directly at toll-free **(888) 814-0711**.
3. **At 3 – 6 weeks please remove SARO brace (as directed by Dr. Nath at discharge from the hospital), and then send a video to Dr. Nath. Dr. Nath will decide the brace wearing schedule based upon the video.**

Limited Passive Range of Motion (PROM)

48 hours after surgery: Begin to work on PROM to the elbow on the operated extremity. Remove the lower strap (only) and work on these exercises 2-3 times a day for 20 minutes, using the stretch and hold technique. **“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 3 times. Entire sequence should be done minimum of 2 times per day. Warm the elbow and the forearm first with a compress and proceed slowly as the child may be very stiff. The goal of this exercise should be to reach 90 degrees of elbow flexion (please refer to picture)

Weeks 2 to 3: Continue to work on passive range of motion (PROM) to the elbow, wrist and the fingers, 2-3 times a day.

Weeks 3 to 6: Continue to work on passive range of motion (PROM) to the elbow, wrist and the fingers, 2-3 times a day until the brace is scheduled for removal according to Dr. Nath's instructions.

Removing the Brace (3 to 6 weeks since surgery): 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. It is expected for the child to lose ROM in these areas due to being immobilized on the SARO brace. The goal of therapies at this time will be to restore function and mobility to the operated shoulder, elbow and hand. Precautions: Do not work on resistive exercises at this time.

Schedule appointment with Physical or Occupational Therapy (PT/OT): At this time your child will be re-evaluated by Dr. Nath via a video or in person. Once Dr. Nath recommends therapy please call the office to obtain new orders to resume therapies. Therapy should focus on Active ROM exercises to the operated shoulder and elbow.

Follow-Up

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

Weeks 3 to 8: PROM & Early Active Range of Motion as Tolerated

When the brace is removed at 3 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. When the child achieves approx. 120 degrees of active overhead movement, wear the SARO brace at night. If unsure, send a video to Dr. Nath (contact@drnathmedical.com).

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.

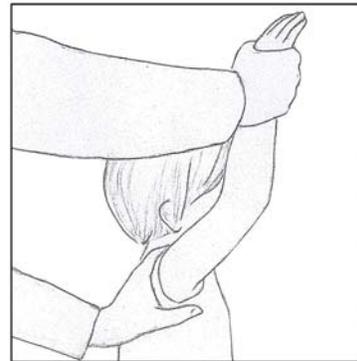


SHOULDER FLEXION

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.

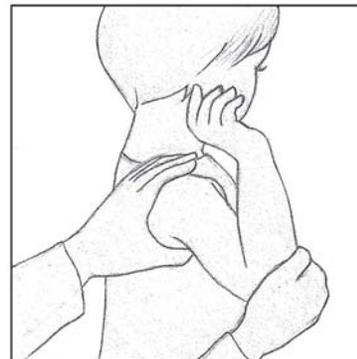


SHOULDER EXTERNAL ROTATION

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 8 to 12: Active Range of Motion

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.

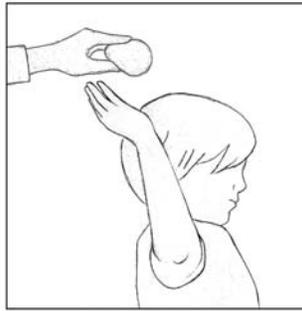
All activities are to be done with therapist/parent stabilizing the trunk and scapula. All compensatory movements to be discouraged such as hiking the hip, rotating or bending the body backwards or sideways, or hiking the shoulder. Only encourage correct movement patterns even if the child is able to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

GOOD



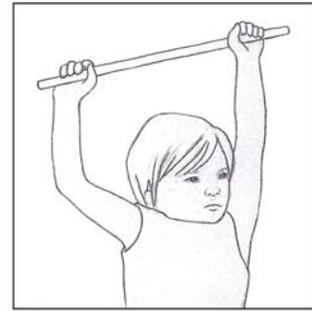
Shoulder Forward Flexion

reaching overhead
in a forward position



External Rotation

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



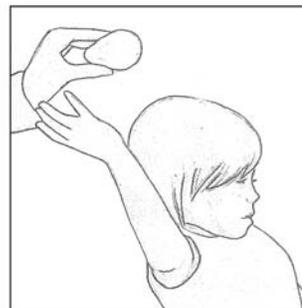
Shoulder Abduction

reaching up and out
to the side

BAD

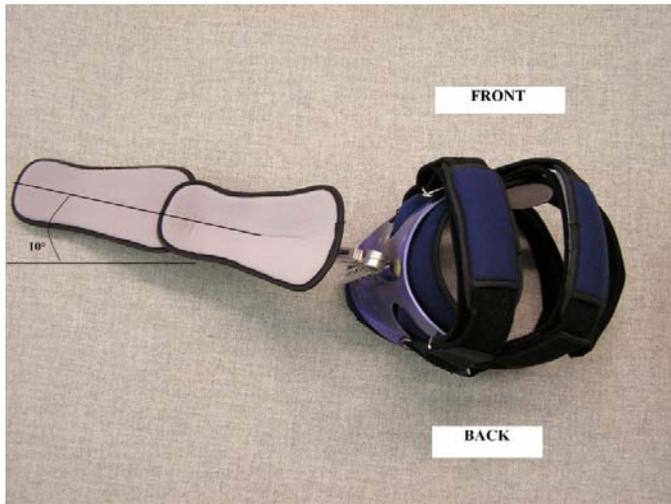


using the trunk to lift the arm



body bent backwards

Post Triangle Tilt Therapy Instructions



Saro Brace

