

Laith M. Jazrawi, MD Associate Professor of Orthopaedics Chief - Division of Sports Medicine Tel: (646) 501-7223

INSTRUCTIONS FOR SURGERY

In order to make your admission and hospital stay smooth and more pleasant, please comply with the following instructions:

☐ If your surgery is on **MONDAY**, please report to:

NYU Hospital for Joint Diseases 301 East 17th Street New York, NY 10003

If indicated by your physician, schedule your pre-surgical testing, located at

303 2nd Avenue, 1st Floor Suite 16 New York, NY 10003

If your surgery is on **FRIDAY**, please report to:

NYU Langone Outpatient Surgery Center 339 East 38th Street New York, NY 10016

If indicated by your physician, please call 212-263-5985 to schedule your pre-surgical testing, located at

240 East 38th St. New York, NY 10016 Mezzanine Level

*One business day prior to your surgery, hospital staff will contact you to finalize your surgery time.

- A. Bring jogging/warm-up pants, shorts/skirt if having knee surgery.
- B. Bring a shirt/blouse that buttons open in front instead of a pullover if having shoulder/elbow surgery.
- C. If you own crutches, bring them with you, if having knee, ankle or hip surgery.
- D. Bring all medications or a list of current medications you are taking with you. Also bring a list of any allergies.
- **E.** Blood pressure medication should be taken as usual with a sip of water the morning of surgery. **DO NOT** take a diuretic or fluid pill. Seizure medications may be taken before surgery.
- F. **DO NOT** take oral diabetes medications (pills) the night before or the day of surgery. If you are on insulin, **DO NOT** use insulin the morning of surgery unless you are a "problem diabetic" in which case you need to consult your physician regarding the proper insulin dose for you to use prior to surgery.

Center for Musculoskeletal Care 333 E. 38th St, New York, NY 10016 Tel: (646) 501-7223/ Fax: (646) 754-9505 / www.NewYorkOrtho.com



- G. Please **DO NOT** wear makeup or nail polish the day of surgery. You will need to remove contact lens (including extended wear), denture, or bridges prior to surgery. Please bring your own containers for storage.
- H. Leave all jewelry and valuables at home. The hospital will not take responsibility for lost or missing items.
- I. You need to report any skin irritation, fever, cold, etc., to Dr. Jazrawi.
- J. You will need to bring your insurance card/information with you.
- K. DO NOT eat, drink (including water), chew gum, candy, smoke cigarettes, cigars, use smokeless tobacco, etc., after midnight the night before surgery or the morning of your surgery. The only exception is a sip of water to take necessary medications the morning of surgery.
- L. You must arrange someone to drive you home when ready to leave the hospital. You will not be allowed to drive yourself home after surgery. We can assist you if you need transportation to the airport or hotel, however, you need to let us know in advance (if possible) so we can make the arrangement.
- M. NOTE: DO NOT take any aspirin, aspirin products, anti-inflammatories, Coumadin or Plavix at least 5 days prior to surgery. You are allowed to take Celebrex up to your day of surgery. If your medical doctor or cardiologist has you on any of the above medications. Please check with him/her before discontinuing the medication. You may also take Tylenol or Extra-Strength Tylenol if needed.

Nonsteroidal Anti-Inflammatory (Arthritis) Medications:

Some of the most common names for frequently used NSAID's include: Motrin, Indocin, Nalfon, Naprosyn, Naprelan, Arthrotec, Tolectin, Feledene, Voltaren, Clinoril, Dolobid, Lodine, Relafen, Daypro, Advil, Aleve, Ibuprofen.

Your first follow up appointment is usually scheduled for approximately 2 weeks after your surgery at the 333 East 38th street office. The date and time of your follow-up is ______.

If you cannot make this appointment or need to change the time, please contact the office.

If you have any questions regarding your surgery, please contact the office at 646-501-7223 option 4, option 2 or via the internet at www.newyorkortho.com



<u>Home Supplies For Your Surgery</u> <u>Laith M. Jazrawi M.D.</u>

Open Surgery

- A. Open knee surgery (ACL reconstructions, ALL (Anterolateral ligament) reconstructions, Autologous Chondrocyte Implantation, PCL reconstructions, High tibial osteotomy, Distal femoral osteotomy, Posterolateral corner reconstruction, MCL reconstruction, OATS (osteochondral autograft), Osteochondral allograft,)
 - **a.** You will need 4x4 Tegaderm waterproof dressings for fourteen days. Also, a box of 4" by 4" gauze sponges if there is bleeding at the incision site. **Dressing changes for open knee surgery done post-op day #3.**
- **B. Open shoulder surgery**, (Biceps Tenodeis, Latarjet, Open capsulorrhaphy, Glenoid reconstruction using Distal tibial allograft):
 - **a.** You will need 4x4 Tegaderm waterproof dressings for fourteen days. Also, a box of 4" by 4" gauze sponges if there is bleeding at the incision site. **Dressing changes for open shoulder surgery are done post-op day #3.**
- **C. Open Ankle Surgery** (Achilles Tendon Repair, Os Trigonum Excision, Ankle OCD, Modified Brostrom-Gould Procedure, Peroneus Longus/Brevis Repair)- You do not have to worry about dressing changes as your leg will be in splint/cast for the first two weeks
- **D. Open Elbow surgery** (Distal Biceps Repair, LCL Reconstruction, Radial Head or Capitellum ORIF, Radial Head Replacement/Resection, Triceps Repair, UCL Reconstruction Tommy John Surgery)- You do not have to worry about dressing changes as your leg will be in splint/cast for the first two weeks
- **E.** Hamstring repair You will have a special dressing placed on at the time of surgery that can be removed at post-operative day #5. You will then need 4x4 Tegaderm waterproof dressings until your first f/u in 2 weeks . Also, a box of 4" by 4" gauze sponges if there is bleeding at the incision site.

Arthroscopic Surgery

- **A.** For Arthroscopic shoulder, elbow, knee, or ankle surgery:
 - a. Small size (\sim 2x2) Tegaderm waterproof dressings can be used for arthroscopic portals x 2 weeks.
 - b. If biceps tenodesis was performed, use 4x4 Tegaderm dressings on wounds.
 - c. In general, dressing changes for arthroscopy are done on post operative day 3

Post-Operative Medication Administration

Knee Arthroscopy

- Pain- Percocet (Oxycodone/Acetaminophen) 10/325; One tab every 6 hours as needed.
- DVT prophylaxis- Aspirin 325mg; One tab daily x 10 days
- ****Aspirin starts post-operative day #1
- Patients on birth control or history of clotting; Xarelto 10mg x 14 days followed by Aspirin 325mg daily x 28 days (Xeralto starts POD #1)

Knee Ligament Reconstruction

- Pain- Percocet (Oxycodone/Acetaminophen) 10/325; One tab every 6 hours as needed.
- Breakthrough Pain Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.
- Antibiotic Keflex 500mg; One tab 4 times daily x 4 days
 - Keflex allergy Clindamycin 300mg; One tab twice daily x 7days.
- Constipation Docusate (Colace) 100mg; 1 tab twice daily as needed.
- DVT prophylaxis- Aspirin 325mg; One tab daily x 10 days
 - Patients on birth control or history of clotting; Xarelto 10mg x 14 days followed by Aspirin 325mg daily x 28 days
- ****Antibiotics and Xeralto or Aspirin start post-operative day #1

Non-weight bearing Lower Extremity Surgery

- Antibiotic Keflex 500mg; One tab 4 times daily x 4 days
 - Keflex allergy Clindamycin 300mg; One tab twice daily x 7days.
- Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.
- Adjunctive Pain Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.
- Constipation Docusate (Colace) 100mg; 1 tab twice daily as needed.
- DVT prophylaxis- Xarelto 10mg; One tab daily x 14 days followed by Aspirin 325mg daily x 28days.
- ******Antibiotics and Xeralto or Aspirin start post-operative day #1

Shoulder/Elbow Surgery

- Antibiotic Keflex 500mg; One tab 4 times daily x 4 days
 - Keflex allergy Clindamycin 300mg; One tab twice daily x 7days.
- Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.
- Adjunctive Pain Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.
- Constipation Docusate (Colace) 100mg; 1 tab twice daily as needed.

Ankle fracture surgery

- Antibiotic Keflex 500mg; One tab 4 times daily x 4 days
 - Keflex allergy Clindamycin 300mg; One tab twice daily x 7days.
- Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.
- Adjunctive Pain Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.
- Constipation Docusate (Colace) 100mg; 1 tab twice daily as needed.
- DVT prophylaxis- Xarelto 10mg; One tab daily x 14 days followed by Aspirin 325mg daily x 28days.
- ****Antibiotics and Xeralto start POD #1

Ankle arthroscopy +/- Microfracture and Achilles repair

- Pain- Percocet (Oxycodone/Acetaminophen) 10/325; One tab every 6 hours as needed.
- DVT prophylaxis- Aspirin 325mg; One tab daily x 10 days
- ****Aspirin starts post-operative day #1
- Patients on birth control or history of clotting; Xarelto 10mg x 14 days followed by Aspirin 325mg daily x 28 days (Xeralto starts POD #1)

Hamstring repair

- Antibiotic Keflex 500mg; One tab 4 times daily x 4 days
 - Keflex allergy Clindamycin 300mg; One tab twice daily x 7days.
- Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.
- Adjunctive Pain Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.
- Constipation Docusate (Colace) 100mg; 1 tab twice daily as needed.
- DVT prophylaxis- Xarelto 10mg; One tab daily x 14 days followed by Aspirin 325mg daily x 28days.
- ****Antibiotics and Xeralto start POD #1

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<u>Post-Operative Instructions</u> <u>Modified Brostrom-Gould Procedure</u>

Day of Surgery

- A. Diet as tolerated.
- **B.** Pain medication as needed every 6 hours.
- **C.** Icing is important for the first 5-7 days post-op. Ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite.
- D. Set up your physical therapy appointment for 4 weeks after surgery
- E. Keep leg elevated above heart

First Post-Operative Day

- **A.** Continue icing
- **B.** You will need to keep your cast/splint dry when taking a shower. Do this for about 4 weeks after surgery.

Second Post-Operative Day until return vist

- **A.** Continue icing
- **B.** Leg elevation as much as possible

Ankle Support

- A. Weeks 0-2: posterior slab/splint
- B. Weeks 2-4: short leg cast
- C. Weeks 4-6 Aircast walking boot weightbearing as tolerated. ROM exercises in PT
- **D.** Weeks 6-8: wean out of boot

Call our office @ 646-501-7223 option 4, option 2 to confirm your first postoperative visit, which is usually about 1-2 weeks after surgery. If you are experiencing any problems, please call our office or contact us via the internet at www.newyorkortho.com.



Tel: (212) 598-6784

Postoperative Rehabilitation Following Modified Brostrom-Gould Procedure

Name	e:	Date:
Diagn	nosis:	Date of Surgery:
	MEDIATE PROTECTION PHASE (week 0-4)	
•	Goals	
	 Protect healing tissue 	
	 Decrease pain and inflammation Detand muscular strends 	
	 Retard muscular atrophy Control weight beging foregoe 	
	• Control weight-bearing forces	th 2 anutation for first 4 wools
•	Weight-bearing: partial weight-bearing in cast wit ROM: none	III 2 Crutches for first 4 weeks
•	NO INVERSION EXERCISES	
•		
•	Exercises	
	 No strengthening for first 4 weeks Regin submaximal isometries at 4 weeks 	
	 Begin submaximal isometrics at 4 weeks Hip abduction/adduction 	
	 Straight leg raises into flexion Remove cast week 4 and place in cam walke 	۱۳ ۱
	0 Remove cast week 4 and place in cam warke	-1
Pl	hase II –INTERMEDIATE PHASE (Week 4-12)	
•	Goals:	
	 Protect healing tissue 	
	• Retard muscular atrophy	
	 Progress weight-bearing tolerance 	
	 Begin proprioceptive drills 	
•	Weightbearing:	
	• Weight-bearing as tolerated in cam walker v	weeks 4-8
	• Discontinue cam walker at end of week 8	
	• Place in air cast for 3 additional weeks	
•	ROM: begin passive dorsiflexion, plantarflexion and	d eversion
•	No active INVERSION past neutral for 12 weeks	
•	Begin strengthening exercises	
	• PRE's at 75% of opposite LE (Theraband)	
	• Emphasize eversion and peroneal strengthe	ening (Theraband)
	• Continue above exercises and begin bicycle	
•	Week 6-8	
	• 3-way Theraband isotonics (dorsiflexion, pl	antarflexion, eversion)
	 Seated proprioceptive drills 	
	 Leg press 	
	• Knee extension	
•	Week 8-9	
	 Vertical squats 	

- $\circ \quad \text{Side and front lunges}$
- o Lateral step-ups





- Week 10-12
 - Standing proprioceptive drills
 - Stair climbing machine
- Pool Program
 - Swimming week 6-8
 - Fast-paced walking week 8-10
 - Running in pool week 10-12

Phase III -ADVANCED MOTION AND STRENGTHENING PHASE (Week 12-20)

- Goals:
 - Progress to full motion
 - Advance proprioceptive drills
 - Increase strength, power, and endurance
 - Gradually initiate sporting activities
- Exercises
 - Continue strengthening exercises
 - o Theraband strengthening inversion/eversion, dorsi/plantarflexion
 - Towel gathering
 - Standing toe-calf raises
 - o Bicycle
 - Stairclimber
 - Vertical squats
 - Front lunges
 - Proprioceptive training
- Initiate Plyometric Program
 - o Initiate:
 - Running program
 - Agility drills
 - Sport specific training and drills

Phase IV -RETURN TO ACTIVITY PHASE (Month 5-6)

- Goals:
 - o Continue to increase strength, power, and endurance of lower extremity
 - Gradual return to sport activities
- Exercises
 - Begin light running program
 - Continue isokinetic (light speed, full ROM)
 - o Continue eccentrics
 - Continue mini squats/lateral step-ups
 - o Continue closed kinetic rehabilitation
 - Continue endurance exercises





Phase V – Return to Activity (Month 5-6)

- Goals
 - Advance rehabilitation to competitive sports
 - Achieve maximal strength and further enhance neuromuscular coordination and endurance
- Exercises
 - \circ Continue
 - Strengthening program
 - Closed chain strengthening program
 - Plyometric program
 - Running and agility program
 - Accelerate sport specific training and drills

Comments:

Frequency: times per week	Duration: wee	eks
Signature:		Date:





PHYSICAL THERAPY LOCATIONS

Please schedule your post-operative physical therapy appointments BEFORE your surgery

Manhattan Sports and Manual Physical Therapy

10 East 33rd Street, 2nd Floor New York, NY 10016 (646) 487-2495 www.msmpt.com

Center for Musculoskeletal Care PT

333 E 38th St, 5th Floor New York, NY 10016 (646) 501-7077

Other Locations:

BROOKLYN				
R.P.T. Physical	335 Court Street	Cobble Hill	11231	(718) 855-1543
Therapy				
One on One PT	2133 Ralph Ave	Flatlands	11234	(718) 451-1400
One on One PT	17 Eastern Parkway	Prospect Heights	11238	(718) 623-2500
One on One PT	9920 4th Ave	Bay Ridge	11209	(718) 238-9873
One on One PT	1390 Pennsylvania Ave	Canarsie	11239	(718) 642-1100
One on One PT	1715 Avenue T	Sheepshead Bay	11229	(718) 336-8206

MANHATTAN- DOWNTOWN				
Health SOS	594 Broadway	New York	10012	(212) 343-1500
Occupational & Industrial Orthopaedic Center	63 Downing Street	New York	10014	(212) 255-6690
Promobility	401 Broadway	New York	10013	(646) 666-7122

MANHATTAN –EAST SIDE				
Harkness Center for Dance (PT Service)	614 Second Ave	New York	10003	(212) 598-6054
RUSK at the Men's Center	555 Madison Ave	New York	10022	(646) 754-2000
RUSK Physical Therapy	240 E. 38th Street	New York	10016	(212) 263-6033
STAR Physical Therapy	160 E. 56th Street	New York	10022	(212) 355-7827



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Therapeutic Inspirations	144 E. 44th St	New York	10017	(212) 490-3800

MANHATTAN UPPER				
EAST SIDE				
Health SOS	139 E. 57th Street	New York	10022	(212) 753-4767
Premier PT	170 E. 77th Street	New York	10021	(212) 249-5332
Rusk PT at Women 's	207 E. 84th Street	New York	10028	(646) 754-3300
Health Center				
SPEAR PT	120 E. 56th Street	New York	10022	(212) 759-2211
Sports PT of NY	1400 York Ave	New York	10021	(212) 988-9057

MANHATTAN UPPER WEST SIDE				
Premier PT	162 W. 72nd Street	New York	10023	(212) 362-3595
Sports PT of NY	2465 Broadway	New York	10025	(212) 877-2525

MANHATTAN WEST SIDE				
Sports Medicine at Chelsea	22 West 21st Street Suite 400	New York	10010	(646) 582-2056
Chelsea Physical Therapy & Rehabilitation	119 W. 23rd Street	New York	10011	(212) 675-3447
SPEAR Physical Therapy	36 W. 44th Street	New York	10036	(212) 759-2280

QUEENS				
Ergo Physical Therapy	107-40 Queens	Forest	11375	(718) 261-3100
P.C.	Blvd	Hills		
Susan Schiliro, PT (Hand &	99-32 66th Road	Rego Park	11374	(718) 544-1937
Upper Extremity only)				

STATEN ISLAND				
One on One PT	31 New Dorp Lane	Staten	10306	(718) 979-4466
	1 st , Floor	Island		
One on One PT	33 Richmond Hill	Staten	10314	(718) 982-6340
	Rd	Island		

LONG ISLAND				
Health SOS	375 Deer Park Ave	Babylon	11702	(631) 321-6303



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Hand in Hand	346 Westbury	Carle	11514	(516) 333-1481
Rehabilitation (Hand &	Ave	Place		
Upper Extremity only)				
Home PT Solutions	111 W. Old	Hicksville	11801	(516) 433-4570
	Country Rd.			
Bi-County Physical	270-03 Hillside	New Hyde	11040	(718) 831 -
Therapy & Rehabilitation	Ave	Park		1900
Bi-County Physical	397 Willis Ave	Williston	11596	(516) 739-5503
Therapy & Rehabilitation		Park		

WESTCHESTER				
Health SOS	1015 Saw Mill River	Ardsley	10502	(914) 478-8780
Premier PT	223 Katonah Ave	Katonah	10536	(914) 232-1480
PRO Sports PT of Westchester	2 Overhill Road	Scarsdale	10583	(914) 723-6987
Westchester Sports Physical Therapy, PC	672 White Plains Road	Scarsdale	10583	(914) 722-2400
Rye Physical Therapy and Rehabilitation	411 Theodore Fremd Ave	Rye	10580	(914) 921-6061
Rye Physical Therapy and	15 North Broadway;	White	10601	(914) 686-3132
Rehabilitation	Suite K	Plains		

CONNECTICUT				
Premier PT	36 Old Kings Hwy S	Darien	06820	(203) 202-9889

NEW JERSEY				
Jersey Central Physical	21 47 Route 27	Edison	08817	(732) 777-9733
Therapy & Fitness				
Jag PT	34 Mountain Blvd	Warren	07059	(908) 222-0515
Jag PT	622 Eagle Rock Ave	West	07052	(973) 669-0078
		Orange		