

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



Home Supplies For Your Surgery

Laith M. Jazrawi M.D.

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 Tenodesis, 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 (~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 (Xarelto 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 Xarelto 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 Xarelto 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 Xarelto 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 (Xarelto 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 Xarelto start POD #1

Post-Operative Instructions **Open Anterior Capsulorrhaphy**

Day of Surgery

- A. Relax. Diet as tolerated.
- B. Icing is important for the first 5-7 days post-op. While the post-op dressing is in place, icing should be done continuously. Once the dressing is removed on the first or second day, ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite.

You will be contacted by Gotham surgical brace company regarding an ice compression unit to be used after surgery. This helps with pain and swelling but typically is not covered by insurance. The cost is \$200-300 for a 2-week rental. Alternatively, ice gel packs with a shoulder or knee sleeve can be provided by the hospital for a minimal charge.

- C. Pain medication as needed every 6 hours (refer to pain medication sheet)

First Post-Operative Day

- A. Continue ice pack everyone to two hours while awake and pain meds as needed or cryocuff or gameready. Ice cuff as per instructions.

Second Post-Operative Day

- A. Continue ice pack up to post op day 2-5 and utilize after physical therapy sessions.

Third Post-Operative Day

- A. You may remove surgical bandage and shower this evening. Apply 4x4 (or similar size) waterproof bandage to these wounds prior to showering and when showering is complete apply fresh waterproof bandage. You will need to follow this routine for 2 weeks after surgery.

Physical Therapy

- A. Physical Therapy should begin at 4 weeks. Please call your preferred facility to make an appointment.
- B. Pendulum exercises should begin after the first postoperative follow-up visit.

**Note: Your shoulder will be very swollen. It may take a week or longer for this to go away. It is also common to notice burning around the shoulder as the swelling resolves. If excessive bleeding occurs, please notify Dr. Jazrawi.*

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.



Open Anterior Capsular Shift Rehabilitation Protocol

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____



Phase I (Weeks 0-6)

- Protection Phase
 - Goals: Allow healing of sutured capsule
 - Begin early protected and restricted range of motion
 - Retard muscular atrophy and enhance dynamic stability
 - Decrease pain/inflammation
 - Brace: Patients are placed in shoulder immobilizer for 4-6 weeks
- Week 0-3
 - Precautions:
 - Sleep in sling for 4 weeks
 - No overhead activities for 3 weeks. Compliance to rehab program is critical.
 - Exercises:
 - Gripping exercises with putty
 - Elbow and wrist flex/extension and pronation/supination
 - Pendulum exercises (non-weighted)
 - No shoulder abduction or extension
 - AROM cervical spine
 - Shoulder isometrics-Flexors, extensors, ER, ABD
 - No active or active assisted IR x 6 weeks
- Week 4-6
 - Goals:
 - Gradual increase in ROM
 - Normalize arthrokinematics
 - Improve strength
 - Decrease pain/inflammation
 - Range of Motion Exercises
 - L-bar active assisted exercises, gentle PROM exercises
 - ER to 25-30 degrees in scapular plane
 - IR to 30-35 degrees in scapular plane
 - Shoulder flexion to 105-115 degrees
 - Shoulder elevation in scapular plane to 115 degrees
 - Rope and pulley flexion
 - *All exercises performed to tolerance and therapist/physician motion guidelines
 - *Take to point of pain and/or resistance and hold
 - *GENTLE self-capsular stretches
 - Gentle Joint Mobilization to Re-establish Normal Arthrokinematics to:
 - Scapulothoracic joint
 - Glenohumeral joint
 - Sternoclavicular joint
 - Strengthening Exercises
 - Isometrics
 - Rhythmic stabilization exercises
 - May initiate tubing for ER/IR at 0 degrees
 - Conditioning Program for:
 - Trunk



- Lower extremities
- Cardiovascular
- Decrease Pain/Inflammation
 - Ice, NSAID, modalities



Phase II (Weeks 7-12)

- Intermediate Phase
 - Goals:
 - Full non-painful ROM at week 10-12
 - Normalize arthrokinematics
 - Increase strength
 - Improve neuromuscular control
- Week 7-8
 - Range of Motion Exercises
 - L-Bar active assisted exercises at 60-90 degree ABD
 - Continue all exercises listed above
 - Gradually increase ROM to full ROM week 12
 - Continue self-capsular stretches
 - Continue joint mobilization
 - May initiate IR/ER ROM at 90 degrees of abduction
 - Strength Exercises
 - Initiate isotonic dumbbell program
 - Side-lying ER/IR
 - Shoulder abduction
 - Supraspinatus
 - Latissimus dorsi
 - Rhomboids
 - Biceps/triceps curls
 - Shoulder shrugs
 - Push-ups into chair (serratus anterior)
 - Continue tubing at 0 degrees for ER/IR
 - Continue stabilization exercises for the glenohumeral joint
 - Initiate Neuromuscular Control Exercises for Scapulothoracic Joint
- Week 8-10
 - Continue all exercises listed above, emphasize neuromuscular control drills and scapular strengthening
 - Initiate tubing exercises for rhomboids, latissimus dorsi, biceps and triceps
 - Progress ROM to full ROM as tolerated
 - ER at 90 degrees ABD: 80-85 degrees
 - IR at 90 degrees ABD: 70-75 degrees
 - Flexion to 165-170 degrees



Phase III (Weeks 12-20)

- Dynamic Strengthening Phase
- Week 12-17
 - Goals:
 - Improve strength/power/endurance
 - Improve neuromuscular control
 - Prepare athletic patient for gradual return to sports
 - Criteria to Enter Phase III:
 - Full non-painful ROM



- No pain or tenderness
- Emphasis of Phase III
 - Dynamic stabilization exercises
 - Eccentric exercises
 - Diagonal patterns, functional movements
- Exercises
 - Fundamental shoulder exercises
 - Emphasis: neuromuscular control drills, PNF rhythmic stabilization, rotator cuff strengthening and scapular strengthening
 - Continue tubing exercises for ER/IR at 0 degrees ABD (arm at side)
 - Continue isotonic for:
 - Rhomboids
 - Latissimus dorsi
 - Biceps
 - Dumbbell exercises for supraspinatus and deltoid
 - Continue serratus anterior strengthening exercises push-ups floor
 - Continue trunk/LE strengthening exercises
 - Continue neuromuscular exercises
 - Continue self-capsular stretches
- Week 17-20
 - Continue all exercises above
 - Emphasis on gradual return to recreational activities



Phase IV (Months 20-28)

- Return to Activity
- Goals:
 - Progressively increase activities to prepare patient for full functional return
- Criteria to Progress to Phase IV:
 - Full ROM
 - No pain or tenderness
 - Satisfactory clinical exam
- Exercise
 - Initiate interval sports programs (if patient is a recreational athlete)
 - Continue tubing exercises listed in Phase III
 - Continue all strengthening exercises
 - Continue ROM exercises

Comments:

Frequency: ____ times per week

Duration: ____ weeks

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.msmt.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 Therapy | 335 Court Street | Cobble Hill | 11231 | (718) 855-1543 |
| 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 |



| | | | | |
|--------------------------|----------------|----------|-------|----------------|
| 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 Health Center | 207 E. 84th Street | New York | 10028 | (646) 754-3300 |
| 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 P.C. | 107-40 Queens Blvd | Forest Hills | 11375 | (718) 261-3100 |
| Susan Schiliro, PT (Hand & Upper Extremity only) | 99-32 66th Road | Rego Park | 11374 | (718) 544-1937 |

STATEN ISLAND

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

LONG ISLAND

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



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

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 Rehabilitation | 15 North Broadway; Suite K | White Plains | 10601 | (914) 686-3132 |

CONNECTICUT

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

NEW JERSEY

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