

UPPER EXTREMITY TRAUMA PATIENT INSTRUCTIONS FOR DR.GRONDIN (www.drgrondin.com)

AROM=active range of motion PROM=passive range of motion. All periods of time mentioned are with respect to the operative day not the injury day.

Generally speaking, someone should bring you home from the hospital and **stay with you for the first 24-48 hours** after surgery as the medication you will take for pain will make you drowsy and not fully independent in this time.

Keep the surgical dressing on and dry until your first visit usually at 2-3 weeks in the clinic/CLSC.

Elevate the operated body part often in the first 2-6 weeks **to decrease pain and swelling** and hasten recovery.

Ice or commercially available freezable gel bags on the surgical dressing for 30 minutes at least 3 times a day is very effective for pain relief and swelling control and **should be used in all cases.**

Dr Grondin will see you between 2 and 6 weeks after the operation to monitor your progress. **At the Notre dame clinic, delays are very common.** It is important to arrive on time to register and be seen by the nurse but once this is done, **it is allowed for you to leave for 20-30 minutes during the wait to go eat or pay the parking meter as the wait can last hours.** You will not lose your place in line. Dr. Grondin sees everyone that has registered.

The following are general guidelines. Your doctor will tailor these rules based on your specific injury.

FRACTURED CLAVICLE/PROXIMAL HUMERUS/MID HUMERUS (shoulder + arm region)

A shoulder sling is worn for 6 weeks to avoid moving the shoulder. Remove the sling often to move the elbow and prevent it from becoming too stiff. Remember to still avoid moving the shoulder while the sling is off. After 6 weeks AROM and PROM of the shoulder is allowed. Strengthening starts 3 months.

FRACTURED DISTAL HUMERUS/RADIAL HEAD/OLECRANON (elbow region).

It is generally allowed to move the shoulder/wrist and fingers. A sling is provided for comfort. It is allowed to move the elbow if it is not in a plaster (hard) splint. Strengthening starts at 3 months.

REPAIRED DISTAL BICEPS

A plaster splint immobilizes the elbow for 2 weeks. At 2 weeks it is exchanged for articulated elbow brace. No active elbow flexion allowed for 6 weeks. Fully straightening the elbow right away could weaken the repair. Full extension is allowed gradually by manipulating the brace every 2 weeks to allow an extra 30 degrees of extension. Active extension is allowed within the permitted range. Passive flexion is allowed. The brace is discontinued at 8 weeks. Begin strengthening at 3 months. Some forearm numbness is common. The feeling will gradually return to normal over 8-12 months.

FRACTURED FOREARM BONES (Mid ulna and/or mid radius) (forearm)

A plaster forearm splint is used for the first two weeks. A shoulder sling is used for comfort and elevation. Elbow/wrist/finger AROM and PROM are allowed. It is **especially important to ice and elevate the forearm often (>4-6 hours/day)** for the first few days as swelling here can be severe (can cause intense pain and impaired blood flow to the hand) and should be avoided. Strengthen at 3 months.

FRACTURED DISTAL RADIUS (wrists)

A plaster forearm splint is used for the first two weeks. A shoulder sling is used for comfort and elevation. Elbow/finger AROM and PROM are allowed. Partial thumb numbness is common and will resolve in a few months. If a plate was used the splint will be removed and wrist motion started at 2 weeks. If pins were used the splint will be exchanged for a cast at 2 weeks for an additional 4 weeks before wrist motion starts.

Call info santé (811) or your CLSC if you have a temperature >38C past the 3rd day or more than 38.3C, if the pain is not controlled by medication and elevation and if there is a constant calf pain (not only from time to time) that persists more than 24 hours.