



Welcome and thank you for choosing Rebound Orthopedics and Southwest Washington Surgery Center as part of your team to restore your quality of active living.

We are committed to making your experience and surgery a success. This guidebook will provide information to help you and your coach prepare for your surgery. It will also provide information for you to use as a reference throughout your recovery.

Feel free to write notes, add personal information, or mark important pages for easy reference. We encourage you to keep any additional materials that you receive throughout this process in this guidebook. **Please bring this guidebook with you to your appointments and on the day of surgery.**

Important Contact Information

Rebound Orthopedics

www.reboundMD.com

TJ Program Coordinators:

Sunshine Jenkins BSN, RN, ONC
OP TJ Program Manager (360) 823-5871

Lindsey Larson RN, BSN, CMSRN
OP TJ RN (360) 825-5713

Main Number	(360) 254-6161
Surgery Scheduling	(360) 449-1063
Appointment Line	(360) 254-6165
Billing Office	(360) 449-1129
Physical Therapy	(360) 449-8700

Southwest Washington Surgery Center

www.swsurgerycenter.com

Main Number	(360) 449-6300
Registration	(360) 449-6355
Business Office	(360) 449-6354

Rebound Clinics

Rebound Orthopedics Vancouver

Physicians' Pavilion
200 NE Mother Joseph Place
Suite 110
Vancouver, WA 98664

Rebound Salmon Creek

Medical Office Building
2121 NE 139th Street,
Suite 300 (BLDG A)
Vancouver, WA 98686

Rebound East Vancouver

3101 SE 192nd Avenue
Suite 103
Vancouver, WA 98683

Rebound Total Joint Center Vancouver

Physicians' Pavilion
200 NE Mother Joseph Place
Suite 305
Vancouver, WA 98664

Rebound Rose Quarter

One North Center Court
Suite 110
Portland, OR 97227

Rebound Lake Oswego

4811 Meadows Road
Suite 101
Lake Oswego, OR 97035

Rebound Physical Therapy

Rebound Physical Therapy Cascade Park

601 SE 117th Avenue, Suite 210
Vancouver, WA 98683

Rebound Physical Therapy Rose Quarter

One North Center Court, Suite 110
Portland, OR 97227

Rebound Physical Therapy Battle Ground

720 West Main St. Unit 102
Battle Ground, WA 98604

Rebound Physical Therapy Salmon Creek

Medical Office Building (BLDG A)
2121 NE 139th Street, Suite 325
Vancouver, WA 98686

Rebound Physical Therapy Lake Oswego

4811 Meadows Road, Suite 101
Lake Oswego, OR 97035

Rebound Physical Therapy Camas

315 NE 192nd Avenue
Bldg #3, Suite 310 B
Vancouver, WA 98684

Who are the members of my team?

Rebound Orthopedics and Southwest Washington Surgery Center work closely to provide the best individualized care for you. **Your team includes:**

- Coach

Your spouse, friend, or relative that actively participates in patient education and assists in the recovery at home.

- Orthopedic Surgeon

Performs your surgery and directs your care.

- Medical Assistant (MA)

A health professional that supports the surgeon and physician assistant in the clinic.

- Physician Assistant (PA)

Assists with your care before and after surgery working closely with the surgeon.

- Total Joint Program Coordinators

A registered nurse that coordinates your care from beginning to end. The total joint program coordinators teaches your class to prepare you and your coach for surgery and assists with any needs you may have.

- Nurse Practitioner (NP)

An advanced practice registered nurse that assists with your care before surgery.

- Anesthesiologist

A physician that administers medication during the surgery and controls your discomfort.

You will meet your anesthesiologist on the day of surgery before going into the operating room.

- Registered Nurse (RN)

The registered nurse provides your direct care on the day of surgery, gives you medication, and teaches you and your coach about your care after surgery.

- Operating Room Team

The team that supports the surgeon during your procedure.

- Physical Therapist (PT)

The physical therapist helps you to become independent after surgery by teaching you exercises to increase your strength, how to use your assistive device, and how to follow safety precautions to prevent injury.

Healthy Shoulder Joint

The shoulder is made up of three bones: the upper arm (humerus), the shoulder blade (scapula), and the collar bone (clavicle). The top of the humerus is shaped like a round ball and called the humeral head. The humeral head fits into the socket or glenoid of the scapula. The shoulder joint is covered by soft tissue which includes ligaments, tendons, and muscles which provide stability.

In a healthy shoulder, the ends of the humeral head and the glenoid are covered with smooth articular cartilage. Articular cartilage allows the shoulder to have a large range of motion without pain.

Healthy Shoulder X-ray

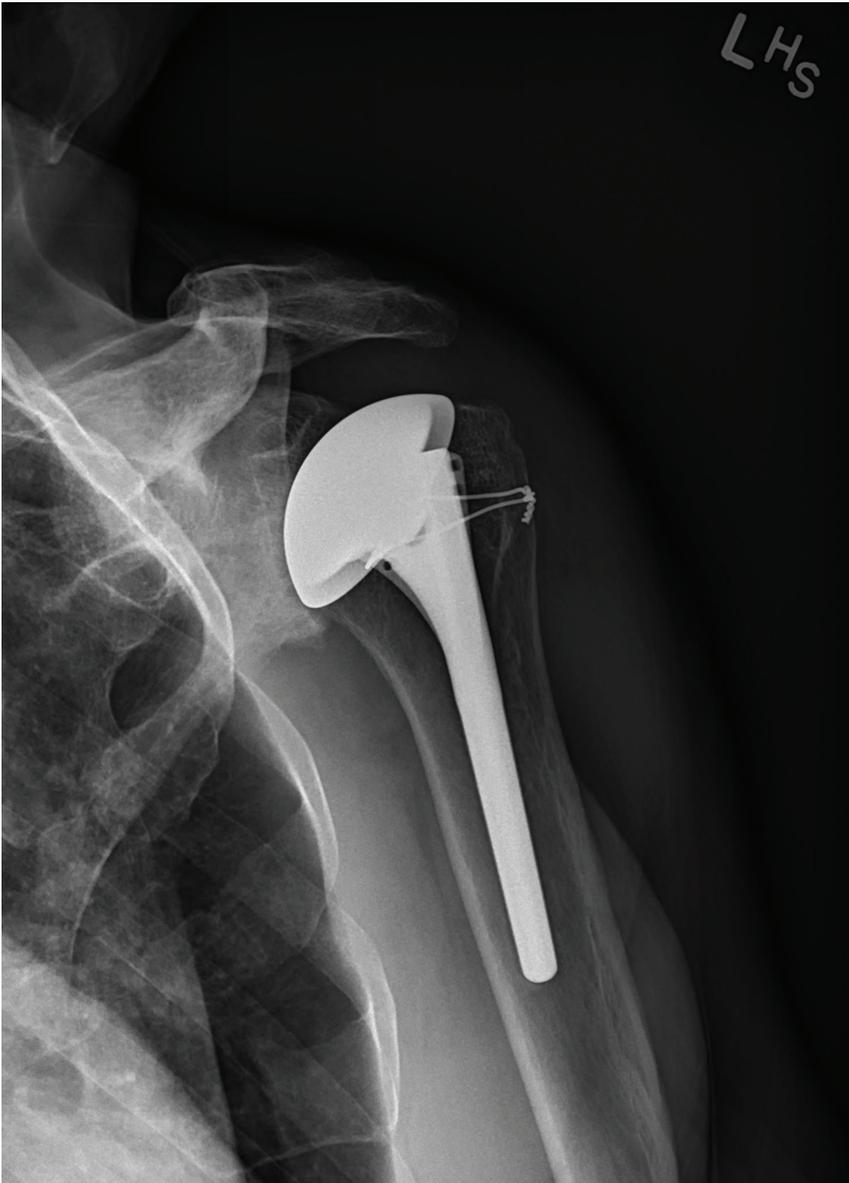


When articular cartilage is healthy, an x-ray will show space between the bones.

Arthritic Shoulder Joint

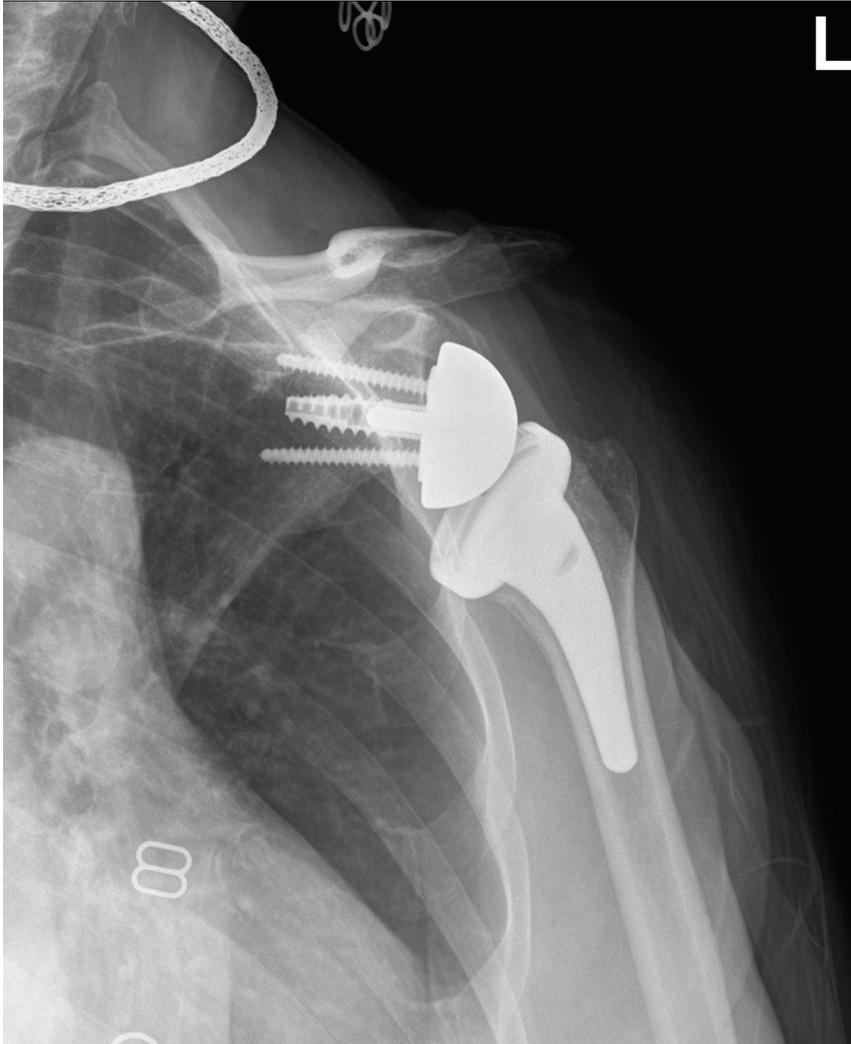


Arthritis is a term used to describe a condition where there is damage to the articular cartilage. When articular cartilage is damaged, an x-ray will show a loss of space between the bones.



Partial (Hemi) Shoulder Replacement Surgery

A partial shoulder replacement is indicated when there is damage to the humeral head (ball) of the shoulder. The damaged humeral head is removed and replaced with a stem that has a round metal ball attached at the top.



Reverse Shoulder Replacement Surgery

A reverse shoulder replacement is an option for someone who has unrepairable damage to one or all of the rotator cuff muscles. This surgery “reverses” the normal structure of humeral head (ball) and socket (see image above). The humeral ball is replaced with a socket, and the socket is replaced with a ball. The deltoid muscle can now be used to move your arm.



Total Shoulder Replacement Surgery

A total shoulder replacement is indicated when there is damage to both the humeral head (ball) and the glenoid (socket) of the shoulder. The damaged humeral head is removed and replaced with a stem that has a round metal ball attached at the top. The glenoid is then resurfaced or cleaned and replaced with a polyethylene (plastic) component. This provides a smooth gliding surface for your new humeral head. Polyethylene doesn't show up on x-rays so there will appear to be space between the humeral head and glenoid.

Appointment Checklist

Below is list of the appointments that occur **BEFORE** surgery. Contact the total joint program coordinator at Rebound if you have any questions or concerns.

At least 3-4 weeks before your surgery

- Dental exam (required if it has been greater than a year since your last dental exam or if you have dental work needing to be completed).
- Lab work/EKG

3 weeks before your surgery

- Physical exam (medical clearance)
- Total joint class with physical therapy instruction and registration (**bring your coach**)

Approximately 1 week before surgery

- Pre-surgical appointment with surgeon's office

Notes



Your Appointments Before Surgery

Your pre-surgical appointments are part of our commitment to ensure you have the best outcome. These appointments gather important information about your health and are necessary in order to proceed with your surgery. Rebound will schedule the following appointments for you and provide this information in your surgery packet. Please contact our office if you have any questions or concerns.

Physical Exam (Medical Clearance)

An evaluation by a Rebound medical provider is **required** to ensure that you are healthy for surgery. This appointment is scheduled about 3 weeks before your surgery. This allows enough time should you need any additional testing. **Please have your blood drawn and EKG completed at least one week prior to this appointment.**

What to expect at this visit:

- A physical exam
- Review of your medical history
- Review of any medications that you currently take (including over-the-counter medications and herbal supplements)
- Specific instructions on how to take your regular medications before and after surgery

Total Joint Class

This **required** class is important for you and your coach to learn about your upcoming surgery. This class is scheduled about 3 weeks before surgery and is presented by the total joint program coordinators. We ask that you **bring your coach** to this appointment.

What to expect at this visit:

- Discuss how to prepare for surgery, what to expect the day of surgery, and aftercare
 - Discuss medication management
 - Discuss preventing complications
-

Physical Therapy (Pre-hab)

This **required** training session will teach you and your coach about moving safely and becoming strong after surgery. This training is part of the total joint class that you will have scheduled for you about 3 weeks before your surgery.

What to expect at this visit:

- Review of exercises and shoulder precautions
 - Discussion about home safety
 - Discussion regarding equipment that you may need
-

Pre-surgical Appointment with Your Surgeon or Physician Assistant

This appointment will be scheduled about 1 week before your surgery. This is a great opportunity for you to ask any questions you may have. **We recommend that you bring your coach with you so that they have an opportunity to ask questions as well.**

What to expect at this visit:

- Inspection of your skin
 - Sign your surgical consent
 - Receive prescriptions for medications that you will start taking **after** surgery
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Your Coach at Home

Preparing and planning for surgery is important for a successful recovery after shoulder replacement surgery. It is important that you arrange for someone to assist you (coach) at home after surgery. A coach can be a family member or friend who is healthy. We recommend your coach come with you to your appointments before surgery so they have the opportunity to ask questions.

At a minimum, your coach should:

- Attend total joint class
- Be available on the day of surgery
- Be available for at least 3 days after your surgery

Coach's Role After Surgery:

- Drive you to and from your physical therapy appointments for the first several weeks until you are safe to drive
- Drive you to and from doctor appointments
- Coach you on exercises
- Help you move safely throughout your home
- Help keep track of any new medications that your surgeon has prescribed
- Help with meal preparation and chores

Preparing Your Home

Preventing Falls. To prevent falls, remove loose rugs and bath mats that might cause you to trip. Clear pathways and halls of any items that prevent you from being able to move safely throughout your home. Install night-lights in the bathrooms, bedrooms, and hallways so that these areas are well lit.

Food. Prepare some meals ahead of time and have them in the freezer so that meal time is less stressful. Consider purchasing necessary food products prior to surgery to avoid having to go to the grocery store the first week after surgery.

Pet Care. Depending on the needs of your pet, you may need to arrange for someone to care for your pet for the first week after your surgery. If your pet normally sleeps in the bed with you, we ask that you have them lie on a separate blanket to prevent bacteria spreading to your incision after surgery.

Equipment

Continuous Passive Motion (CPM). A CPM machine is sometimes used for patients after shoulder replacement surgery. It is a device that moves your surgical shoulder without the help of your muscles (passive). Your surgeon will discuss this with you in greater detail if this is needed.





Ice packs. It is normal to have swelling around your shoulder after your surgery. Using some type of ice pack will help to keep the swelling controlled. There are many options available from making your own ice packs, to purchasing gel packs, or renting a cold therapy device.

Homemade Ice Packs. To make a homemade ice pack pour 3 cups of water and 1 cup of rubbing alcohol into a gallon-size freezer bag. Close the freezer bag making sure to carefully squeeze any extra air from the bag. Double bag to prevent leaking. Let the homemade ice pack sit in the freezer for about 12 hours. We recommend you make at least four ice packs so that you can alternate them throughout the day.

Gel Packs. 18" x 12" gel packs are available for purchase at Rebound Physical Therapy locations for approximately \$27.00. Gel packs can also be purchased at your Total Joint class.

Cold Therapy Device. An alternative to homemade ice packs or gel packs is a cold therapy device. This device uses cold therapy to help control swelling after shoulder replacement surgery. Most insurance companies do not cover the cost of a cold therapy device. Your surgeon will discuss this with you if recommended.



Preparing Your Body

Eat well. Good nutrition plays an important role in healing after surgery. A well-balanced diet includes fruits, vegetables, and protein. Foods that are high in protein include cottage cheese, yogurt, fish, chicken, and lean meats. Drink at least six 8 oz glasses of water each day to keep you hydrated.

Exercise. It is important that you are as active as your body will allow. You should continue to do simple exercises that will strengthen the rest of your body in preparation for surgery. We also encourage you to do the exercises in the physical therapy section of this book several weeks before surgery so that you become familiar with them.

Smoking. Nicotine increases your risk of complications during and after surgery. Nicotine can interfere with the healing process of your incision, makes your heart have to work harder, and increases your risk of infection. It is required by your surgeon that you completely stop using all nicotine/tobacco products at least 30 days before surgery in order to allow enough time for your body to heal.

Alcohol. If you consume alcohol on a daily basis, it is important that you discuss this with your surgeon. Alcohol can affect your recovery and increases complications after surgery.

Work. Discuss with your surgeon how much time you will need to be off of work in order to recover successfully after surgery. If you have any work related forms that need to be filled out by your surgeon, we ask that you give these forms to our front reception staff at any of our Rebound clinic locations for processing. Please allow **at least 7-10 business days** for your forms to be completed by our office.

Medications. You will receive specific instructions regarding any medications that you take on a regular basis at your physical exam (medical clearance) appointment. If you have any questions regarding your medications, please contact the total joint program coordinators.

A few things to remember:

- Stop taking all anti-inflammatories 7 days prior to surgery unless instructed otherwise (examples include but are not limited to meloxicam, Motrin, Aleve, Voltaren, ibuprofen, naproxen, and Advil)
- It's okay to continue baby aspirin (81 mg) if it has been recommended by a doctor for your heart
- Stop taking supplements and vitamins 7 days prior to surgery unless instructed otherwise



Final Preparations for Surgery

Below is a list to help you prepare in the days leading up to your surgery. Contact the total joint program coordinators if you have any questions or concerns.

What to Bring to the Surgery Center

- Your guidebook
 - Loose comfortable clothing (button up or zip up t-shirt, loose shorts or pajama bottoms)
 - Non-skid footwear
 - Personal devices (eyeglasses, dentures, hearing aids)
 - Completed Hibiclens® tracking form
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3 Days Before Your Surgery

- Fill prescriptions
 - Confirm that your home is ready (loose rugs have been removed, handrail for stairs, meals prepared, furniture arranged safely)
 - Begin daily Hibiclens® showers per instructions
 - Ice packs are ready
 - Working blood pressure cuff IF you take blood pressure medication
 - Medications if staying locally the night of surgery and you are from out of town
-

1 Day Before Your Surgery

- Drink plenty of fluids throughout the day
 - Continue taking your daily Hibiclens® showers per instructions
 - Southwest Washington Surgery Center will call you to confirm your check-in time. If you have not received a call by 5:00 pm, please call (360) 449-6300.
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Night Before Your Surgery

- Do not eat anything after midnight (this includes gum, hard candy, and lozenges)
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Day of Surgery

- You may have approved clear liquids four hours prior to arrival. See approved list in your surgical packet.
- Take your Hibiclens® shower before arriving at Southwest Washington Surgery Center and bring your completed form
- Do not use deodorant on your surgical side
- Please come to Southwest Washington Surgery Center at the instructed time

Southwest Washington Surgery Center



Arrival & Registration

Southwest Washington Surgery Center is located on the 2nd floor of the Physicians' Pavilion in Suite 200. Please park on level C (red level) in the parking garage and take the walkway that connects to the Physicians' Pavilion building. The surgery center will be on your left after you enter the building. Proceed to the front desk where you will be greeted by our staff. After you check in, you and your coach will be escorted to the total joint suite.

Total Joint Suite

In the total joint suite you will meet the orthopedic nurse that will be directly taking care of you.

What to expect:

- You will be asked to change into a hospital gown
- Have your blood pressure, temperature, oxygen level, and pulse monitored
- Have an IV (intravenous catheter) started to give you fluids and antibiotics
- Have your surgery area prepared (we ask that you not shave your armpit area within 72 hours prior to surgery)
- Have your surgery area washed with Hibiclens® soap
- Take your first dose of medication
- Speak with the anesthesiologist and discuss medications that are used during surgery
- Speak with your surgeon and have your surgery area marked

Operating Suite

You will be taken to the operating suite by stretcher. The procedure usually takes 2 to 3 hours. While in surgery, we ask that your coach wait in the surgery center lobby so that they can receive an update once surgery is complete.

What to expect:

- You will be assisted to our padded operative bed
- You will be connected to monitoring equipment
- You will receive medication through your IV that makes you sleepy



After Surgery

After surgery, our staff will take you by stretcher back to the total joint suite to recover.

What to expect:

- Your blood pressure, temperature, oxygen level, and pulse will be frequently monitored
- Your nurse will treat any discomfort or nausea
- Your nurse will monitor your surgery area and apply ice packs
- You will receive a second dose of IV antibiotic
- The surgeon will speak with you and your coach
- Your surgical arm will be in a sling

Once you are more awake, your coach will be able to join you. With your nurse and coach at your side, your recovery begins.

What to expect:

- The nurse will review your exercises and shoulder precautions with you and your coach
- Walk a short distance
- Sit up in the chair to eat lunch with your coach



Discharge

Plan to be discharged home in the afternoon. In order to safely discharge home, your team will be sure you meet the following goals:

- Successfully walk
- Demonstrate safe use of the bathroom
- Able to tolerate lunch
- Any discomfort managed with oral medication
- Demonstrate shoulder exercises
- Discuss shoulder precautions
- Review stair training if you have stairs at home
- Demonstrate safe movement in and out of bed while following your shoulder precautions

Discharge Instructions

Remember to follow your surgeon's instructions regarding diet, exercise, and medications. Your nurse will review discharge instructions with both you and your coach.

These instructions include:

- How to care for your incision
- Medications your surgeon has prescribed
- Physical therapy appointment
- Post-operative appointment with your surgeon's office
- What to watch for and when to call your surgeon

Call the total joint program coordinators if you have any questions or concerns.

The Road to Recovery

Although joint replacement surgery is designed to improve your quality of life, we expect that initially you will have some discomfort after surgery. Studies have shown that using a combination of medications, known as multi-modal management, provides a better level of consistency in your level of comfort while reducing the narcotic medication needed.

In addition to a multi-modal approach, you will learn how to monitor your level of comfort by using a numeric pain scale. This information will be discussed in greater detail in the total joint class.

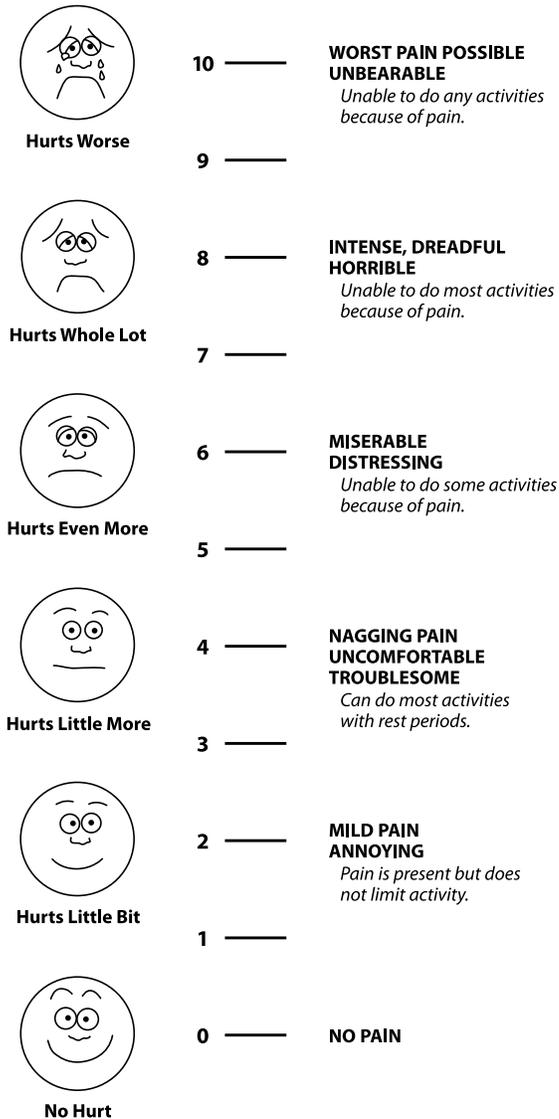
Pain Medication. Some medications will be prescribed on a scheduled basis and some will be prescribed to take if needed. On the day of surgery, you will receive a medication plan specific to you that will list your newly prescribed medications along with instructions.

Scheduled Pain Medication. Your surgeon will recommend that you take acetaminophen (Tylenol®) on a regular basis for the first two weeks after surgery. Acetaminophen is used for mild to moderate pain. Some over the counter medications may contain acetaminophen so it is important to read all medication labels. Your surgeon recommends that you not take more than 3000 mg of acetaminophen in a 24 hour time frame. Acetaminophen can be taken with or without food.

It is important not to take any additional NSAIDs without discussing this with your surgeon because this can increase your risk of complications. Some examples of NSAIDs include but are not limited to Motrin, ibuprofen, Advil, naproxen.

Non-scheduled Pain Medication. A narcotic pain medication will be prescribed for you to take if needed after surgery. Narcotics are used to treat moderate to severe pain that is not responding to other type of medications and interventions (ice, position change, exercises). Narcotic side effects may include drowsiness, constipation, and nausea. You will be given instructions about medications that you can take to prevent constipation. To prevent nausea, it is recommended that you have a small snack prior to taking your pain medication. Contact the total joint program coordinators if you have any questions or concerns.

Pain Scale



Additional Methods

Ice. Ice not only numbs the surgical incision but also helps decrease the amount of swelling. The more swelling you have, the more discomfort you may have. We recommend that you apply ice at least 5 times a day over your incisional area for about 30-40 minutes. Make sure to apply a pillow case between your skin and the ice pack to avoid skin irritation.

Position. Supporting your surgical arm on pillows when sitting up in a chair or in bed helps to take pressure off of the shoulder. Most times, patients find this position more comfortable than lying flat.

Exercises. We anticipate you having stiffness in your shoulder after surgery. The shoulder exercises discussed in the total joint class will help to control not only the swelling but also the stiffness that naturally occurs after surgery. Continue to do these exercises throughout the day as instructed by your surgeon and therapist.

Sleep. Sleep is important so that your body is able to recover and heal. It is not unusual for your sleep to be interrupted the first several weeks after surgery.

Here are some helpful tips to remember:

- Avoid TV or computer use close to bedtime
- Go to bed at the same time every night
- Position yourself comfortably in bed or a chair
- Avoid late afternoon caffeine
- Consider taking an afternoon nap

Preventing Complications

Blood Clots

Blood clots can form in the veins when blood flow is weakened or blocked. You are at a higher risk of forming a blood clot for about 3 months after surgery.

There are several ways to prevent a blood clot from forming:

- Walking and changing position frequently throughout the day
- Doing your exercises as instructed by physical therapist
- Using sequential compression devices (SCDs) on your lower legs on the day of surgery

Medication to Prevent Blood Clots

In addition to the above, your surgeon may prescribe a medication known as a blood thinner or anticoagulant for a short time after your surgery. Anticoagulants help to prevent blood clots from forming in the veins by thinning the blood. The most common side effect of anticoagulants is bruising. There are different types of blood thinning medications. The most common medication prescribed is aspirin. Notify your surgeon if you have an allergy to aspirin so that an alternative medication can be discussed.

Symptoms of a blood clot:

- Swelling in the thigh, calf, or ankle that does not improve with elevation
- Pain in the back of your knee that is getting worse
- Calf pain in either leg
- Tenderness in your calf area

Notify your surgeon's office if you have any of the above symptoms.

Go to the closest emergency room or call 911 for:

- Difficulty breathing
- Chest pain
- Fast heart rate

Constipation

Constipation is a common problem after shoulder replacement surgery. If left untreated, it can progress and cause not only discomfort, but also become a medical emergency. You are still at risk for constipation after surgery even if you have never had problems before.

Causes of constipation include:

- Narcotic pain medication
- Anesthesia
- Dehydration
- Reduced activity/walking

How to prevent and treat constipation:

- Drink plenty of water
- Include fiber in your diet
- Be active
- Take medications as instructed

Take medications as discussed at your medical clearance appointment. These medications may include a stool softener such as Peri-colace® twice a day and a laxative such as Miralax® once a day. These medications can be stopped when you are no longer taking narcotic pain medication, having regular bowel movements, or if you start to have loose stool. Contact the total joint program coordinators for questions or concerns.



Pneumonia

After surgery, congestion from mucus in your lungs can occur. It is important to clear that mucus by frequently coughing and taking deep breaths to prevent pneumonia. Your nurse will coach you on coughing and taking deep breaths and show you how to use a special device called an incentive spirometer to help keep your lungs clear.

Surgical Infection

Although surgical infections are rare, it is important to prevent bacteria from entering your bloodstream. Bacteria can enter the bloodstream by a cut or opening in your skin, from major dental procedures, and other invasive procedures.

Signs of an infection:

- Persistent fever (greater than 100.5)
- Increasing redness, tenderness, or red streaks at the site of your incision
- Chills
- Increasing pain with both rest and activity
- Green thick drainage from your incision

Notify your surgeon's office if you have any of the above symptoms.

How to prevent an infection:

- Keep all cuts and scrapes clean and covered
- Wash your hands often with soap and water for at least 30 seconds or use an alcohol based hand sanitizer
- Wash your hands before eating, after using the restroom, and before and after caring for your incision
- Avoid submerging in water, hot tubs, and pools for 6 weeks until your incision has fully healed
- Inform your doctor who will be performing any future procedures on you that you have had a shoulder replacement

Your surgeon asks that you wait at least 3 months after surgery before having any dental work. This allows your body and incision time to heal. Prior to having any type of future dental work, your surgeon recommends that you take antibiotic pills to prevent an infection. A prescription can be called in to your pharmacy by your dentist or surgeon's office. Contact the total joint program coordinators for any questions or concerns.

Physical Therapy (total and hemi shoulders)

Home Exercises and Outpatient Physical Therapy



A large part of working toward having a successful shoulder replacement is a combination of following your home exercise program and attending outpatient physical therapy.

Your home exercise program will be taught to you before surgery, reinforced by your nurse on the day of surgery, and advanced as you progress. Outpatient physical therapy (for total and hemi shoulders) is generally 2 times a week for about 10 weeks.

The physical therapist is there to be your guide in reaching your goals and full potential. Your therapy will continue until you have good range of motion in your shoulder. You will need someone to drive you to and from outpatient physical therapy for several weeks until you are safe to drive. We encourage your coach to attend the first couple of sessions with you to help reinforce the therapist's recommendations.

Shoulder Precautions (total / hemi / reverse)

Shoulder precautions are movements that your surgeon has asked you to avoid for about 3 months after your surgery. Avoiding these movements allows your shoulder to heal, the muscles to strengthen, and prevents injury to the shoulder. These shoulder precautions will be discussed with you in greater detail in the total joint class.

● Operated Arm

Shoulder Precautions

For optimal healing, avoid the movements below. Please contact our office if you have any questions or concerns.

Follow these precautions for 6 weeks (unless instructed otherwise by your surgeon):

- Do not lift anything that weighs more than a pound for 6 weeks (example a cup of coffee)
- No driving for 6 weeks
- Take care pulling on socks or pants and get help tucking in your shirt

Follow these precautions for 3 months (unless instructed otherwise by your surgeon):

- No toileting hygiene (wiping) behind your back with the operated arm
- No pushing yourself up out of bed with operated arm (photo 1)
- If you use a walker, rest the hand of the operated arm on the walker for balance only. No leaning on the operated arm
- No pushing yourself up out of a chair, toilet seat or wheel chair with operated arm (photo 2)



Photo 1



Photo 2

Shoulder Precautions Con't. (total / hemi / reverse)

● Operated Arm

- No closing doors, especially sliding glass or car doors, with your operated arm (photo 3)



Photo 3

Box of Safety

You can safely perform light activities within this “Box of Safety” without harming your new shoulder. Activities such as knitting, eating, keyboarding and reading are fine.



Shoulder Replacement Exercises (total / hemi / reverse)

Do these exercises several times a day with the sling on or off.

● Operated Arm

Hand Motions - reps: 10x/daily: 5x

Purpose: These are very important to keep the swelling in your shoulder from settling in your lower arm and hand. Repeat often.

Movement:

- Stretch all your fingers open.
- Squeeze all your fingers closed.

Tip: You can also hold an object to squeeze like a stress ball, a racquetball or ball of socks or nylons.



Wrist Motions - reps: 10x/daily: 5x

Purpose: These work the muscles up to your elbow, keep your wrist mobile and improve blood flow. Repeat often.

Movement:

- Bend the wrists up.
- Bend the wrist down.
- Make circles with your hand.



Elbow Motions - reps: 10x/daily: 5x

Purpose: Swelling from your shoulder, surgery and keeping your arm in a sling can cause your elbow to get stiff. To prevent stiffness, you should do elbow exercises.

Setup: Take your arm out of the sling. You can sit, stand or lie on your back with your arm by your side.

Movement:

- Allow your arm to relax all the way straight at your elbow.
- Raise your hand upward, bending at your elbow.



Shoulder Replacement Exercises Con't.

● Operated Arm

Pendulum (total / hemi / reverse)

Do for 30-60 seconds, five times per day.

Setup: Lean forward with feet shoulder-width apart and use your un-operated arm to support you on a **STURDY** object such as a heavy chair or counter. The farther you bend over, the farther your arm will be away from your body.

Movement:

- Allow your operated arm to hang loosely away from your body.
- If you are able, **move your body** in a circular motion allowing your operated arm to swing.

Tip: Deep pendulums are a good position to clean and dry your armpit area after a shower or throughout the day. Areas where moisture occurs can develop a rash or yeast infection if not properly cared for.



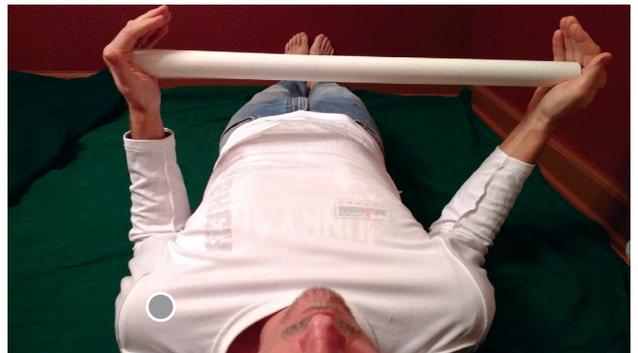
External Rotation (total / hemi)

Do 10-12 repetitions, five times per day.

Setup: Sit, stand or lie on your back. Keep your elbows at your sides. Grasp the end of a stick or cane so your palms are facing each other.

Movement: Move the stick/cane in the direction of your operated arm, rotating your hand and forearm away from your body until a slight stretch is felt. Hold 10-20 seconds.

Tip: You can use a pillow for comfort at your side while on your back.



Shoulder Replacement Exercises Con't.

● Operated Arm

Shoulder Flexion Hand in Hand (total / hemi)

Do 10-12 repetitions, five times per day.

Movement:

1. Lie on your back and grasp the wrist of your surgical arm with the hand of your non-surgical arm.
2. Gently raise your surgical arm overhead until you feel a stretch.
3. As you raise your arms, keep your hands over your face.
4. Slide the hand of your non-surgical arm down the surgical arm to your elbow.
5. Gentle apply pressure at the elbow to stretch your operated arm up as far as you can tolerate. Hold 10-20 seconds.
6. Lower arm just enough to take off the tension, rest and repeat.

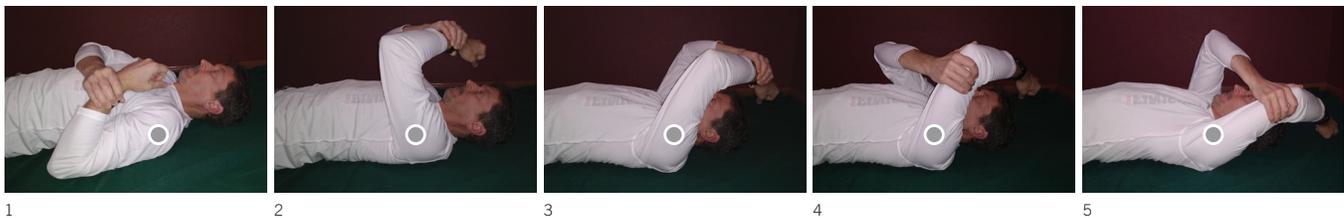


Table Slides (total / hemi)

Do 10-12 repetitions, five times per day.

Setup: Sit at a table or counter top with your hand and forearm supported by the table, non-surgical hand on top of surgical arm.

Movement:

- Using your non-surgical arm to assist, slide your surgical arm forward away from the midline at about a 45 degree angle as far as you can tolerate.
- Hold for 10 seconds. Return to starting position.

Tip: Use your body to slide, not your arm.



Goals and Activity Guidelines

Your shoulder replacement is a major surgery and to create an environment for optimal healing, it is important to maintain a reasonable level of activity and exercise. Too little or too much activity can delay healing. With this in mind, remember that using your arm for household tasks is not a substitute for your exercise and during the first two weeks you should limit the use of your surgical arm to very light self-care activities.

While your physical therapy will be individualized for you and each person recovers at a different rate, below are some typical goals and timelines.

First 1-2 Weeks

- Sling worn for comfort only
 - Able to bend and straighten elbow on your own, open and close fist all the way
 - Able to bring your surgery arm up to at least a vertical position with the help of your non-surgical hand while lying on your back
 - If ordered by your surgeon, CPM used for 30-60 minutes, 3-5 times per day
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6 Weeks

- Discontinue sling use
 - Able to raise your surgical arm **most** of the way over head with the help of your non-surgical hand while lying on your back
 - Able to raise arm up to shoulder height on your own while sitting or standing
 - Able to use your surgical hand for all eating and light self-care activities below shoulder height
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12 Weeks

- Able to reach overhead to place small dishes or glasses in a cupboard
- Able to raise your surgical arm back **all** the way over head with the help of your non-surgical hand while lying on your back
- Able to lift items weighing up to 3 pounds with your surgical hand up to shoulder height
- Able to reach behind your back to your beltline
- Independent with home exercise program for motion and strengthening

