rebound

PATIENT CARE GUIDEBOOK **SHOULDER REPLACEMENT**



Accredited by AAAHC

Outpatient Joint Replacement Surgery

At Rebound Surgery Center

Your Surgeon Recommends Surgery

We are excited to be part of your care team at Rebound! Below are the next steps to help prepare you for a safe and successful surgery.

Specialist Clearance

Cardiology
If you have seen a heart specialist within the last 2 years for a heart condition, please let our office know.

Dental
If you have tooth pain, loose teeth, broken teeth, or signs of infection, please schedule a dental examination before surgery. *A healthy mouth helps reduce the risk of infection after joint replacement surgery.*

Scheduling Your Surgery

- Surgery dates are typically available 2 to 3 months in advance and fill quickly.
- Our Outpatient Total Joint Medical Assistant (OPTJ MA) will contact you **within one week through MyChart**.
- Please check your MyChart messages regularly to avoid delays in scheduling.

Stay Connected with Rebound MyChart

MyChart is the best way to stay connected with your care team before and after surgery. Sign up today using the QR code or create your MyChart account at www.reboundmd.com

We are here to help and want your surgery to be a success. Send us a message through MyChart or call **360-823-5767** and leave a message for the Outpatient Total Joint Team. We look forward to partnering with you throughout your joint replacement journey.



Welcome and thank you for choosing Rebound Orthopedics and Rebound 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

SHOULDER VIDEO

Rebound Orthopedics
www.reboundMD.com

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

Outpatient Total Joint Team:

Medical Assistant Voicemail:
360-823-5767
Roselita Bird MA
Kathy Johnston MA

Registered Nurse/Program Coordinators Voicemail:
360-823-5868
Sunshine Jenkins BSN
Lindsey Larson BSN
Emily Shofner RN

Surgery Scheduling Voicemail:
360-448-2348
Amanda Koval

Rebound Surgery Center

200 NE Mother Joseph Place, Suite 200, Vancouver, WA 98664

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

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

Rebound Rose Quarter
One North Center Court
Suite 110
Portland, OR 97227

Rebound Camas
3205 SE 192nd Ave.
Suite 105
Vancouver, WA 98683

Rebound Lake Oswego
4811 Meadows Road
Suite 101
Lake Oswego, OR 97035

Rebound Physical Therapy

Rebound Physical Therapy Rose Quarter
One North Center Court
Suite 110
Portland, OR 97227

Rebound Physical Therapy Lake Oswego
4811 Meadows Road
Suite 101
Lake Oswego, OR 97035

Rebound Physical Therapy Salmon Creek-Medical Office Building (B106)
2121 NE 139th Street
Vancouver, WA 98686

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

Rebound Physical Therapy Camas
315 NE 192nd Avenue
Bldg #3, Suite 310 B
Vancouver, WA 98684

Rebound Physical Therapy Ridgefield
55 S. 47th Avenue
Suite 111
Ridgefield, WA 98642

Rebound Physical Therapy Hood River
1700 12th Street
Suite C
Hood River OR 97031

Rebound Physical Therapy Cascade Park
601 Southwest 117th Avenue
Suite 210
Vancouver, WA 98684

Who are the members of my team?

Rebound Orthopedics and Rebound 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 staff and patient needs in the clinic.
- Surgery Scheduler
  Schedules appointments needed for surgery
- 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 to surgery. The total joint program coordinators provide education 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 provides the medical management needed for surgery.
- Anesthesiologist
  A physician that administers medication during the surgery and manages 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.

Notes



Shoulder Overview

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

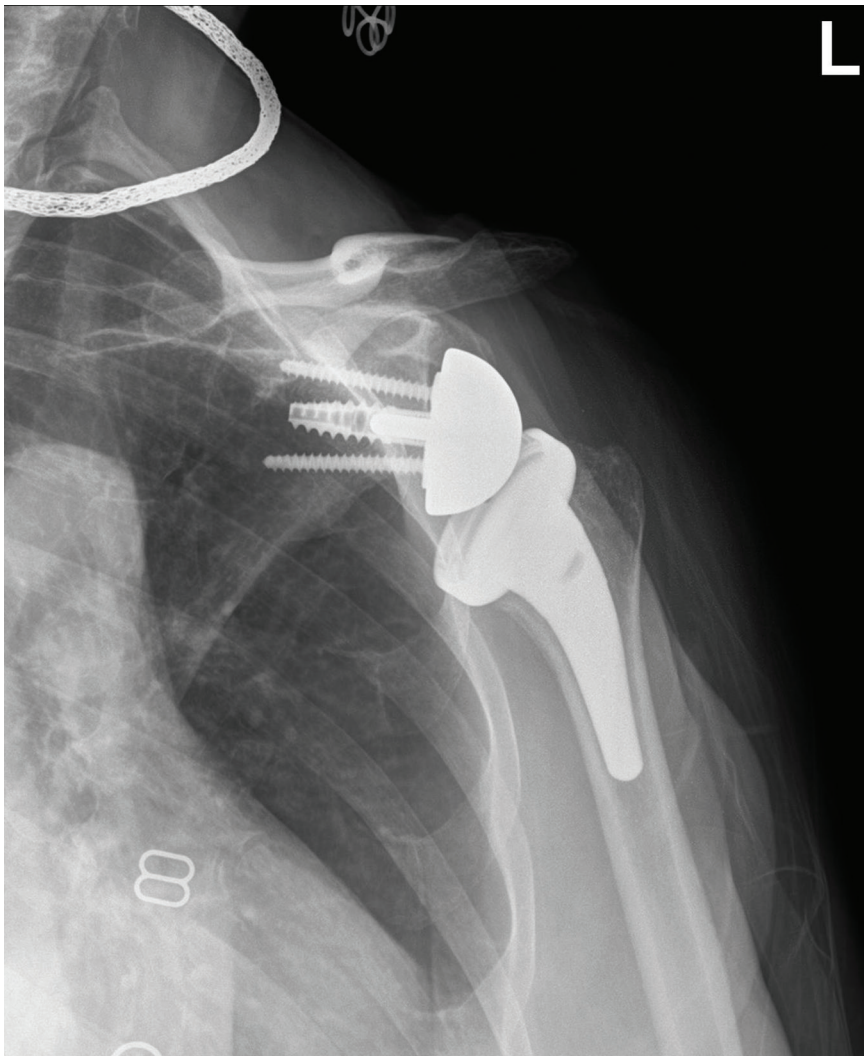


Arthritis is a term used to describe a condition where there is damage to the articular cartilage. When articular cartilage is damaged, an x-ray will show a loss of space between the bones.



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 provide 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.



Before Surgery



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)

A pre-surgery/medical exam (medical clearance) is **required** prior to surgery to ensure that you are healthy for surgery. This appointment can occur as soon as 3 months prior to your surgery and no later than 3 weeks before your surgery. This allows enough time should you need any additional testing.

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. The class is presented by the RN total joint program coordinator, and generally occurs about 1-3 weeks before surgery. Our office will contact you to discuss further details.

What to expect:

- Watch a video with your coach prior to class
- Read this binder prior to class
- Discuss how to prepare for surgery, what to expect the day of surgery, and aftercare.

Physical Therapy

This education is part of the total joint class and will teach you and your coach about moving safely and becoming strong after surgery.

What to expect:

- Review of exercises
- Discussion about home safety (including stair training)
- Discussion regarding equipment that you may need such as a front wheeled walker or crutches

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.

What to expect:

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



Preparing for Surgery



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.

At a minimum, your coach should:

- Be part of the total joint class education
- Be available on the day of surgery
- Be available for at least 2 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

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. 10" x 13" gel packs are available for purchase at Rebound Physical Therapy locations for approximately $15.00. Gel packs are also available for purchase at our Rebound Physician Pavilion office in Suite 110 at the reception desk.

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. See the back of this guidebook for information on renting a cold therapy device.



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 discuss this further with the OP nurse or your surgery scheduler. Forms should be obtained from your employer. Please complete your section completely in order to ensure your forms are completed in a timely manner.

Medications. You will receive specific instructions regarding any medication that you take on a regular basis prior to surgery. These instructions will tell you what to STOP taking prior to surgery and what you can TAKE leading up to surgery. Please contact the OP TJ Program Coordinator if you have any questions about your medication or any changes.

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 ok 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.
- Stop taking hormones (estradiol, estrogen or testosterone) at least 7 days prior to surgery.
- Stop taking medications known as GLP-1 (glucagon-like peptide-1) and GLP-2 used to treat type 2 diabetes and weight loss at least 7 days prior to surgery. These medications include:
  - Semaglutide (Ozempic, Wegovy, Rybelsus)
  - Liraglutide (Saxenda, Victoza)
  - Exenatide (Byetta, Bydureon)
  - Dulaglutide (Trulicity)
  - Tirzepatide (Mounjaro, Zepbound)



Preventing an Infection

Before surgery, you can plan an important role in your own health. There are many things that can be done BEFORE your surgery to reduce your risk of an infection AFTER surgery. Some examples are listed below.

Handwashing. The number one way to prevent an infection is by washing your hands. You should wash your hands with soap and water for at least 30 seconds or use an alcohol-based hand sanitizer. You should wash your hands before eating, after using the restroom, and when caring for your incision or any open cuts.

Dental. It is important to keep up to date with your dental care. Studies suggest that bacteria can travel from your mouth, below your gums through the blood stream and attach to the metal prosthesis placed in your shoulder. For that reason, your surgeon asks that all elective dental work (cleanings, exams, treatment) is completed as soon as possible. Routine exams to ensure you are free of infection in your mouth is recommended. If you smoke or have diabetes, a yearly dental exam is recommended to ensure you don't have any concerns for infection before surgery.

If you should develop any tooth pain, tooth trauma, or concerns for an infection in your mouth, please contact your surgeon or the outpatient total joint team prior to surgery.

Protect your skin. Scratches, cuts, or any openings can allow bacteria to enter your body and cause an infection. Protect your skin when gardening and around pets. If you have any scratches, cuts, or openings before surgery, it is important that you notify your surgeon.

An antimicrobial soap (Hibiclens®) will be provided prior to your surgery. You will shower once a day with Hibiclens® in the days leading up to your surgery. Hibiclens® helps to reduce and kill the bacteria that lives on the skin of healthy people to prevent infection.

Nasal Antiseptic. The surgery center nurse will discuss the nasal antiseptic swab process with you the morning of surgery. Swabbing the inside of your nostrils with an antiseptic has been shown to reduce bacterial count in the nose within one hour of application which helps reduce the risk of a surgical site infection when part of a preoperative protocol.

Hibiclens® General Tracking Form

HIBICLENS® SHOWER	DATE	COMPLETED
3 Days before surgery		☐
2 Days before surgery		☐
1 Day before surgery		☐
Morning of your surgery		☐

Hibiclens® Shower Instructions

Hibiclens® is an anti-microbial soap that has been shown to reduce the risk of a surgical site infection. You will begin your daily showers **three days** prior to surgery. Use the Hibiclens® tracking form provided to track your daily showers.

Instructions

1. If you plan to wash your hair, do this first using your **regular** shampoo. Then rinse your hair and body thoroughly to remove any shampoo residue.

2. Move away from the shower stream when applying Hibiclens® to avoid rinsing off too soon.

3. Apply ½ of one 4 oz. bottle of Hibiclens® for each shower directly on your skin or on a wet washcloth and wash gently **from the neck down. Do not use the Hibiclens® on your face, nose,eyes, or genital area.**

4. Concentrate where your incision will be located and wash that area for at least 5 minutes. Avoid scrubbing too hard.

5. Rinse your body thoroughly with warm water to ensure you have completely rinsed all of the soap off.

6. Do not use regular soap after applying and rinsing Hibiclens®.

7. Dry your skin with a fresh laundered towel and use freshly laundered clothing on the **first** day when you start your showers. We suggest that you continue to do this each day if **possible**.

8. Place freshly laundered sheets on your bed on the **first** day when you start your showers.

9. Do not put any additional products on your skin such as lotions, powders, or creams after taking your daily Hibiclens® shower.

If rash, redness, itching or any other symptoms of allergy occur, stop use immediately and call your physician.

Food and Drink Guidelines

Food and drink guidelines when preparing for surgery:

Can I eat before my surgery?

The night before your surgery you can eat a normal meal.

- **Do not eat or chew anything after 12:00 midnight.**
  - This includes food, gum, mints, alcohol, and tobacco products

What can I drink before my surgery?

You may have only the following approved clear liquids up to 4 hours prior to your arrival time.

- Water
- Plain black coffee with sugar or sweetener (You **cannot** add milk,cream, non-dairy creamer)
- Plain tea with sugar or sweetener (You **cannot** add milk, cream, non-dairy creamer)
- Filtered apple juice, commercially prepared - Must be able to see through the juice, cannot be cloudy
- Cranberry juice
- Clear sports drinks
- **No beer, wine, or other alcohol**

Failure to follow these instructions puts you at risk for serious complications and your procedure may be cancelled.

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 shirt and loose shorts or pajama bottoms)
- [ ] Non-skid footwear
- [ ] Personal devices (eyeglasses, dentures, hearing aids)

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
- [ ] Rebound Surgery Center will call you **a few days before surgery** to confirm your check-in time. If you have not received a call by 4:30pm, the business day before surgery, please call (360) 449-6300.

Night Before Your Surgery

- [ ] Do not eat anything after midnight (this includes gum, hard candy, and lozenges)

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 Rebound Surgery Center
- [ ] Please come to Rebound Surgery Center at the instructed time

Notes



Surgery at Rebound Surgery Center

rebound SURGERY CENTER



Arrival & Registration

Rebound 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.

Total Joint Suite

In the total joint suite you will meet the specially trained 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 by removing any hair with surgical clippers (we ask that you not shave your leg 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.

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.
- The nurse will provide updates to your coach.
- Your surgical arm will be in a sling.

Once you are more awake, your nurse will assist you in taking your first steps.

What to expect:

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



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 (if applicable)
- Post-operative appointment with your surgeon's office
- What to watch for and when to call your surgeon

Call Rebound at (360) 254-6161 if you have any questions or concerns.



The Road to Recovery

The Road to Recovery

Medication Management

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 multimodal management, provides a better level of consistency in your level of comfort while reducing the amount of narcotic medication needed.

In addition to a multimodal approach, you will learn how to monitor your level of discomfort 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.

In addition to acetaminophen your surgeon may prescribe Celecoxib for the first two weeks after surgery. Celecoxib is a nonsteroidal anti-inflammatory (NSAID) that works to decrease inflammation and help with pain control. It is important not to take any additional NSAIDs (Motrin®, ibuprofen, Advil®) without discussing this with your surgeon because this can increase your risk of complications.

Nonscheduled Pain Medication. A narcotic pain medication will be prescribed to 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, elevating, walking). 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.

Celecoxib Cash Price

The following pharmacies have a low out of pocket cash price if you are prescribed Celecoxib (Celebrex®) 200 mg twice a day for 14 days (28 tablets) after your joint replacement surgery. These prices may change based on the pharmacy. Please confirm with the pharmacy prior to filling.

If you have a smart phone, Good Rx® is a mobile app that provides drug coupons for discounts on medications.

Costco Camas
19610 SE 1st Street
Camas, WA 98607
(360) 258-6221
($35.02 - non-member)
($7.79 - member)

Costco Vancouver
6720 NE 84th St.
Vancouver, WA 98665
(360) 828-2289
($35.02 - non-member)
($7.79- member)

Costco Portland
4849 NE 138th Ave
Portland, OR 9723
(503) 257-3935
($35.00- non-member)
($7.79 - member)

Legacy Salmon Creek Medical Center
2121 NE 139th Street
Medical office building A
3rd floor, Suite 310
Vancouver, WA 98686
360-487-3700
($23.84)

Legacy Emanuel Medical Center
2801 N Gantenbein Ave
Medical Office Building Atrium
Portland, OR 97227
(503) 413-4225
($23.84)

PeaceHealth Southwest Medical Center
400 NE Mother Joseph Pl
Vancouver, WA 98664
(360) 514-2294
($19.55)

PeaceHealth St. John Medical Center
1615 Delaware St
Longview, WA 98632
(360) 414-2000
($19.55)

Outpatient Total Joint Medication Checklist

Below is a list of medications that you **may** be prescribed for your surgery. This handout is to be used as a checklist to ensure you have all of your medications. **In some cases, you may not be prescribed a medication due to an allergy or you may be prescribed something else.**

If you have questions, please feel free to contact the OP TJ Program Coordinators as (360) 823-5868. This information with be discussed at the time of your phone class review.

If an over the counter medication is recommended, you do not need a prescription and can pick this medication up at any store. Over the counter medications are noted below with "OTC" abbreviation.

Medication brand name with generic name in parenthesis	Purpose
☐ Miralax® (polyethylene glycol 3350) 17 gm-OTC	Prevent constipation **after** surgery
☐ Senna-S® (sennosides-docusate sodium) 8.6-50 mg-OTC	Prevent constipation **after** surgery
☐ Protonix® (pantoprazole) 40 mg -OR- ☐ Prilosec® (omeprazole) OTC 20 mg	Protects your stomach from irritation while on other medications
☐ Tylenol® (Acetaminophen) 500 mg- OTC	Pain control **after** surgery
☐ Celebrex® (Celecoxib) 200 mg	Pain control **after** surgery
☐ Aspirin 81 mg-OTC	Prevents blood clots **after** surgery
☐ Oxycodone 5 mg OR Dilaudid® 2 mg (hydromorphone)	Narcotic-pain control **after** surgery
☐ Zofran® (Ondansetron) 4 mg	Prevents nausea **after** surgery
☐ Keflex® (Cephalexin) 500 mg	Antibiotic for **after** surgery
☐ Other _____	

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.

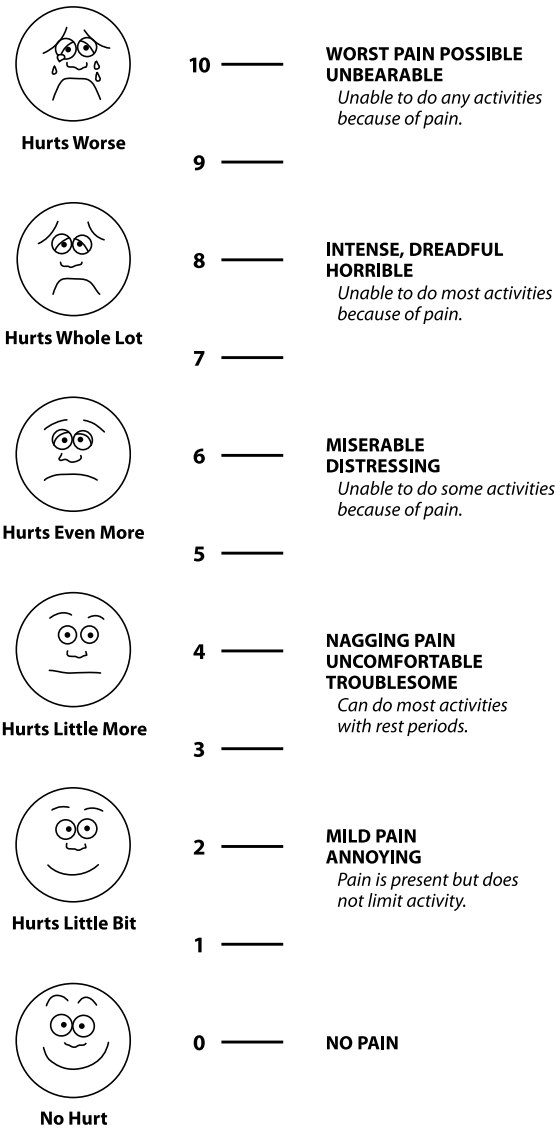
Exercises. We anticipate you having stiffness in your shoulder after surgery. The shoulder exercises discussed in the total joint class will help to control not only the swelling but also the stiffness that naturally occurs after surgery. Continue to do these exercises throughout the day as instructed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

Pain Scale



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 your surgeon for any questions or concerns.

Dental Work Guidelines for Joint Replacement Surgery:

Hip, Knee, Shoulder, Elbow, Ankle

Dental procedures (including routine cleanings) in patients with joint replacement remains a topic for debate when considering the timing of dental work and the use of antibiotics. There is a small risk of bacteria from the mouth entering the blood stream after a dental procedure or cleaning, which could cause a joint infection. Infection of a hip, knee, ankle, or shoulder replacement is a serious issue and can require one or more surgeries and intravenous (IV) antibiotics to kill the bacteria.

Use of antibiotics before dental work is not without risk. These risks include antibiotic resistance (the antibiotic no longer works), allergic reaction, and stomach issues. In an effort to balance these rare, but serious complications surrounding dental work and use of antibiotics, Rebound joint replacement surgeons recommend the following:

• **Dental procedures using manual hand instruments:** deep scaling-**no later than 1 week prior** to your joint replacement surgery.

•**Routine oral hygiene procedures-**regular dental cleanings and exams without probing-**no later than 1 day** prior to joint replacement surgery.

•**Oral surgery**-dental implants, dental extractions, treatment of a dental infection-**allow at least 3 weeks** prior to your joint surgery.

•**Routine dental work or cleaning should not be scheduled until 3 months after the joint replacement surgery**. *The exception to this is if you have had trauma to a tooth or have concerns for an active dental infection. If so, proceed with seeing your dentist, take antibiotics prior to your exam, and notify our office if there is a confirmed dental infection.

•For 2 years after joint replacement surgery, preventative antibiotics are recommended for all patients prior to dental procedures or cleaning. Your dentist can prescribe the following for you, or you can contact our office at 360-254-6161 to request a prescription prior to your dental appointment.
No medication allergies- Cephalexin 2 gram by oral route one hour prior to exam or procedure.
Allergy to Cephalexin- Doxycycline 100 mg by oral route one hour prior to exam or procedure.

•If you are at an increased risk for an infection (immunocompromised) because of your medical history or medications that you are taking, lifetime preventative antibiotics are recommended for dental procedures or cleanings.

Some examples include:

- Prior infection with joint replacement
- Poorly controlled diabetes (HgbA1C >7)
- Rheumatoid or other inflammatory arthritis
- HIV/AIDS
- Dialysis patients
- Bone marrow transplant recipient
- Receiving current cancer treatment
- Taking steroid medication (few examples-dexamethasone, methylprednisolone,prednisone).



Exercise & Activity

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.

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" (photo 4) without harming your new shoulder. Activities such as knitting, eating, keyboarding and reading are fine.



Photo 4

Shoulder Replacement Exercises (total / hemi / reverse)

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

● **Operated Arm**

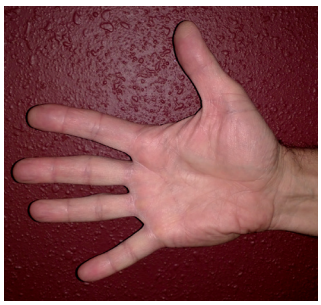
Hand Motions - reps: 10x/daily: 5x

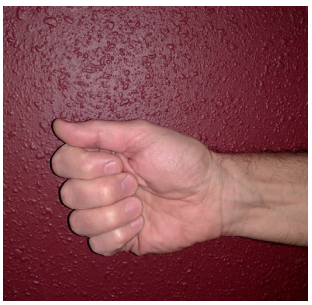
Purpose: These are very important to keep the swelling in your shoulder from settling in your lower arm and hand. Repeat often.

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.





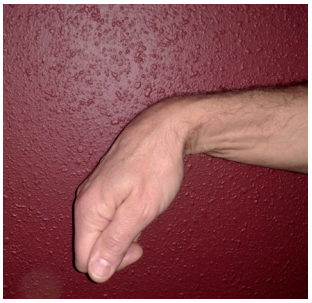
Wrist Motions - reps: 10x/daily: 5x

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.





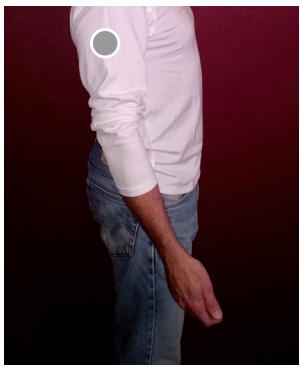
Elbow Motions - reps: 10x/daily: 5x

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.



1 2 3 4 5

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.

Exercise Log

Total/Hemi Exercises : Use the large box to list each exercise or activity. Include the number of cycles and frequency this should be done in a day. Use the time columns to write in the date. These columns can be used to track multiple days.

TOTAL/HEMI SHOULDER EXERCISES	7AM	8AM	9AM	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PM
Hand/Wrist/Elbow 10 cycles at least 5x's a day Ex. 8am-11am-2pm-5pm-8pm																	
Pendulum 30-60 seconds 5x's a day Ex: 8am-11am-2pm-5pm-8pm																	
External Rotation 10-12 cycles 5x's a day Ex: 8am-11am-2pm-5pm-8pm																	
Shoulder Flexion 10-12 cycles 5x's a day Ex: 8am-11am-2pm-5pm-8pm																	
Table Slides 10-12 cycles 5x's a day Ex: 8am-11am-2pm-5pm-8pm																	
Short walk-lay down-ice-elevate 5x's a day Ex: 9am-12pm-3pm-6pm-9pm																	

5 Things to balance your day: Exercise, Short walk, Lay Down, Ice, Elevate

Exercise Log

Reverse Shoulder Exercises:

Use the large box to list each exercise or activity. Include the number of cycles and frequency this should be done in a day. the time columns to write in the date. These columns can be used to track multiple days.

REVERSE SHOULDER EXERCISES		8AM	9AM	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PM
Hand/Wrist/Elbow 10 cycles at least 5x's a day Ex: 8am-11am-2pm-5pm-8pm																	
Pendulum 30-60 seconds 5x's a day Ex: 8am-11am-2pm-5pm-8pm																	
Short walk-lay down-ice-elevate 5x's a day Ex: 9am-12pm-3pm-6pm-9pm																	

5 Things to balance your day: Exercise, Short walk, Lay Down, Ice, Elevate

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

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

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

(FAQs) Frequently Asked Questions

for Hip, Knee, Shoulder and Elbow Joint Replacement Patients

After surgery, when can I fly?

Major surgery increases the risk for blood clots in your lower legs. Studies have shown that walking, exercises, compression stockings, and in some cases medication can reduce your risk. Keep in mind that swelling and stiffness are normal after joint replacement. If you are planning a long trip, you should anticipate an increase in swelling and stiffness, which may increase your pain.

Hip or Knee replacement:

- Wait at least four (4) weeks after surgery before flying. If you want to fly prior to this timeframe, please discuss with your surgeon.
- Wear your compression stockings on your flight.
- Book an aisle seat if possible and get up every hour to walk.
- If you are not taking a blood thinner after surgery, we recommend that you take Aspirin 81 mg one tablet a day starting the day of your flight. Continue for one week if flying within the first three (3) months of surgery. If you have had a previous blood clot, please contact your surgeon to discuss your specific recommendations.
- Do ankle pumps to keep blood moving throughout your lower legs.
- Stay well hydrated by drinking water and avoid alcohol and coffee.

Shoulder or Elbow replacement:

- There are no timeline restrictions.

My primary care physician is recommending a colonoscopy. When can I have this done?

- No later than two (2) weeks prior to joint replacement or wait at least three (3) months after your joint replacement surgery. Antibiotics are not necessary.

My doctor has recommended that I have a COVID vaccine (including booster), flu vaccine, or shingles vaccine. Are there any restrictions on when I can have this done?

- There are no restrictions for hip and knee patients.
- For shoulder and elbow patients, we recommend receiving your vaccine in your non-surgery arm.

When can I take over the counter NSAIDS (nonsteroidal anti-inflammatory drugs) after joint replacement?

- If prescribed Celebrex (celecoxib), Eliquis (apixiban),Warfarin (coumadin), Lovenox (enoxaparin), or Xarelto (rivaroxiban), you should avoid NSAIDs. NSAIDs are ok to take once you are no longer taking these medications. Examples of NSAIDs include- Meloxican, ibuprofen (Advil/ Motrin), Voltaren, Aleve (naproxen).

When can I resume sexual activity?

- There are no restrictions for knee, shoulder, or ankle replacement patients.
- For hip replacement, studies confirm that supine position (missionary position) with the patient lying on their back is the safest sex position after a total hip replacement. You can resume sexual activity once you are comfortable to do so but generally we recommend waiting 4 weeks after surgery.

Durable Medical Equipment Locations for Washington and Oregon

*Please confirm information with individual facility

COMPANY	ADDRESS	PHONE/FAX	DETAILS
Lincare	485 NE Skipanon Drive, Warrenton, OR 97146	P (503) 861-3303 F (503) 861-3322	Bills Insurance
	7301 SW Kable Lane, Suite 900, Portland, OR 97224 (warehouse location)	P (503) 624-8884 F (503) 968-8199	
	1030 Columbia Blvd. Longview, WA 98632	P (360) 423-1900 F (360) 414-3100	
McCann's Medical	2600 SE 182nd Ave., Gresham, OR 97030	P (503) 492-7777 F (503) 492-0365	
	333 SW Oak St., Hillsboro, OR 97123	P (503) 693-9380	Purchase Only
	14313 NE 20th Ave., Vancouver, WA 98686	P (360) 719-2951	
	15340 SW Royalty Pkwy, Tigard, OR 97224	F (503) 492-0365 P (503) 639-7378	
Norco	302 Shelley St., Springfield, OR 97477	P (541) 343-0304 F (541) 988-1901	
	1877 NE 7th Ave., Portland, OR 97212	P (503) 288-8174	Bills Insurance
	2685 Commercial St., Salem, OR 97301	P (503) 378-1756	
	333 Cherry Heights Rd., The Dalles, OR 97058	P (541) 296-6131	
	1720 NE Andresen Road, Vancouver, WA 98661	P (360) 859-4018 F (360) 567-0028	
	925 Vandercook Way, Longview, WA 98632	P (360) 636-3120 F (360) 636-2075	
North Coast Home Care	2230 Exchange St. # 106, Astoria, OR 97103	P (503) 325-9906 F (503) 905-8372	Bills Most Insurance Purchase
	210 Ivy Ave, Tillamook, OR 97141	P (503) 842-8755 F (503) 905-8372	(Serves Lincoln, Tillamook and Clatsop Counties)
Olsen Medical	16242 SE McLoughlin Blvd., Milwaukee, OR 97267	P (503) 607-1169	Bills Insurance Purchase
Shamrock Medical	5523 SE International Way, Milwaukee, OR 97222	P (503) 233-5055 F (503) 234-6974	Purchase Rental

Amazon **Target** **Walgreens**

Below are medication instructions for AFTER surgery. If you take any of the following medications, follow the instructions below unless instructed by your surgeon otherwise.

Rebound Surgery Center POST-Surgery Medication Instructions:

Medications for blood pressure:

- **Beta blockers- continue as normal**
  Examples of beta blockers include:
  - atenolol (Tenormin)
  - bisoprolol (Cardicor or Emcor)
  - carvediol (Coreg)
  - labetalol (Trandate)
  - metoprolol (Topral, Lopressor)
  - propranolol (Inderal, Angilol)
  - sotalol.
- **Calcium Channel Blockers- continue as normal**
  Examples of calcium channel blockers
  - amlodipine (Norvasc)
  - diltiazem (Cardizem)
  - felodipine
  - isradipine
  - nicardipine
  - nifedipine (Procardia)
  - nisoldipine (Sular)
  - Verapamil (Verelan)

Other blood pressure medications not listed above:

- Check your blood pressure the day after surgery in the morning. If your top number (systolic) is greater than 130, take your blood pressure medication. If your top number (systolic) is less than 130, do not take your blood pressure medication AND recheck your blood pressure tomorrow using the same guidelines. If you have NOT started your blood pressure medication based on the above by day 2 AFTER surgery, please call the Outpatient Registered Nurse Voicemail Line at 360-823-5868.

Medications for diabetes:

- You can take your diabetes medications *starting the day after surgery* as long as you are eating solid food and not having any issues with nausea/vomiting.

New Prescribed Medications:

- As directed

DO NOT TAKE:

- vitamins, supplements, herbal, NSAIDS medications while you are taking a blood thinner (aspirin, Eliquis, Xarelto) as this can increase your risk for bleeding.
- estrogen, progesterone, testosterone for 2 weeks after surgery as these can increase your risk for blood clots
- medications that affect your immune system (DMARD's) Disease-modifying antirheumatic drug
  - ask your surgeon at your FIRST post op appointment as this will be based on how your incision is healing.

You can resume other medications if not addressed above. For any questions, please call Outpatient Registered Nurse 360-823-5868.

Genesis Medical Concepts, LLC

2020 8th Ave, Suite 222
West Linn, Oregon 97068

Covered for up to 21 days by most insurance companies following a total knee replacement

Helps reduce pain, swelling and maintain range of motion

Call to arrange for home delivery prior to surgery

Knee CPM - cost is based on insurance plan and procedure, please call for pricing



NICE - $250 for 2 weeks



Cold therapy with compression

NO ice required

Convenient touch screen to adjust temperature and compression

Not covered by insurance for home use

PROVIDED BY:

TODD ERICKSON
Cell: 360-309-9177

Our Mission

Rebound is dedicated to serving our patients and the community. In addition to providing expert, innovative and comprehensive medical care, we are committed to providing superior service based on our Core Values.

Our Core Values

At Rebound, our customers include patients, staff and physicians. Our goal is to be an organization that offers superior patient-centered care with mutual respect and cooperation, in a positive and supportive environment.

Superior Service

Teamwork

Integrity

Innovation

Quality

Recognition

rebound