

# Guidebook for Shoulders



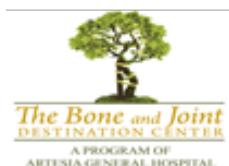
*The Bone and Joint*  
DESTINATION CENTER

A PROGRAM OF  
ARTESIA GENERAL HOSPITAL

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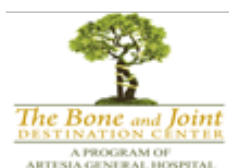
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# Guidebook for Shoulders

## Section One:

## Before Surgery

### Welcome

We are pleased you have chosen Artesia General Hospital Bone and Joint Destination for your shoulder replacement surgery.

The goal of surgery is to:

- Relieve pain
- Restore independence and function
- Return to an active lifestyle

### Using the Guidebook

The Guidebook will assist you with:

- What to expect
- What you need to do
- How to care for your new shoulder

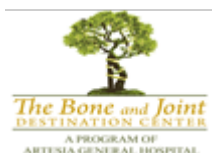


Your doctor, nurse, or therapist may add or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure.

## Joint Center Overview

We offer a unique program to encourage discharge from the hospital in one to two days after surgery. Program features include:

- Nurses and therapists trained to work with shoulder patients
- Casual clothes
- Private rooms
- Family and friends as “coaches”
- Care Coordinator who coordinates pre-operative care and discharge planning
- Patient Guidebook
- Quarterly luncheons for former patients and coaches
- Educational seminars about arthritis





# Guidebook for Shoulders

## Your Joint Replacement Team

**Orthopedic Surgeon** - will perform the procedure to repair your damaged joint.

**Registered Nurse (RN)** - will ensure orders by your doctor are completed.

**Physical Therapist (PT)** - will guide you through functional daily activities and teach you exercises to regain your strength/motion.

**Occupational Therapist (OT)** - will guide you on performing tasks such as bathing/dressing and demonstrate home equipment use.

**Care Coordinator will:**

- Review at-home needs after surgery.
- Coordinate discharge plan.
- Act as your advocate throughout treatment.
- Answer questions and coordinate hospital care.





# Guidebook for Shoulders

## Shoulder Replacement

**Healthy Shoulder**



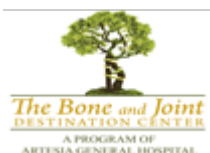
**Arthritic Shoulder**



**Shoulder Resurfacing**



**Stemmed Hemiarthroplasty**

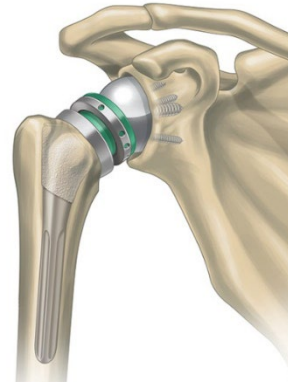


## Guidebook for Shoulders

**Total Shoulder Replacement**



**Reverse Total Shoulder Replacement**

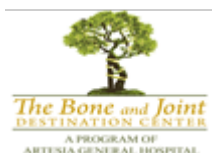


### Eating Right For Recovery

How you treat your body the weeks before and after surgery can have a direct effect on how well and how quickly you will heal. Now is the time to take a proactive approach and give your body the building blocks it needs for the best possible recovery. A little preparation now can make a big difference in your recuperation later. Rather than waiting until after your surgery, start the healing now! Simple steps you can take include:

- Begin your healthy eating plan at least 2 weeks prior to surgery and consider making it a lifetime commitment.
- Eat a well-balanced diet rich in iron, Vitamin C and calcium.
- Avoid alcohol especially in the 48 hours prior to surgery.

**IMPORTANT NOTE:** If you are diabetic or on any type of restricted diet, you should consult your doctor prior to starting any diet.





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## Why Iron and Vitamin C Are Important

Iron is needed to build healthy red blood cells. Vitamin C improves the absorption of iron – in other words, Vitamin C makes it easier for the iron to get into the body and work more efficiently.

During surgery, some blood loss is expected. Ample levels of iron and Vitamin C in your body prior to surgery will help in the replacement of red blood cells that are lost during your operation. Your surgeon may even prescribe iron supplements.



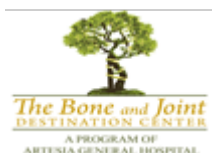
Here is a list of iron and Vitamin C rich foods you may want to add to your diet:

IRON RICH FOODS	Iron Content mg/serving	Serving Size	VITAMIN C RICH FOODS	Vitamin C Content mg/serving	Serving Size
<i>Beef, lean</i>	7	3 oz	<i>Green Peppers</i>	65	½ cup
<i>Spinach</i>	6	1 cup	<i>Strawberries</i>	95	1 cup
<i>Lima beans</i>	2	½ cup	<i>Cantaloupe</i>	60	½ melon
<i>Dried Peaches</i>	3	½ cup	<i>Kiwi</i>	75	1 whole
<i>Navy Beans</i>	3	½ cup	<i>Grapefruit</i>	40	½ whole
<i>Soy Beans</i>	5	½ cup	<i>Broccoli</i>	60	½ cup
<i>Bran Flakes</i>	20	3 oz	<i>Brussels Sprouts</i>	50	½ cup
<i>Prune Juice</i>	3	1 cup	<i>Tomato Juice</i>	35	¾ cup
<i>Baked Potato</i>	3	1 medium	<i>Spinach</i>	28	1 cup
<i>Cashews</i>	6	3 oz	<i>Kale</i>	120	½ cup
<i>Poultry (dark)</i>	2	3 oz	<i>Cabbage (raw)</i>	50	½ cup
<i>Eggs</i>	1	1 medium	<i>Oranges</i>	70	1 whole

## Why Calcium is Important

Calcium is an important mineral needed for building new bone as well as maintain existing bone strength. During joint replacement surgery, bone is removed and an implant is put in its place. Eventually, new bone will grow around parts of the implant and help make it more stable. A diet rich in calcium can help with this process.

Here is a list of calcium rich foods you may want to add to your diet:



## Guidebook for Shoulders

CALCIUM RICH FOODS	Calcium Content mg/serving	Serving Size
<i>Yogurt (non-fat)</i>	452	1 cup
<i>Yogurt (low-fat)</i>	415	1 cup
<i>Cereal (fortified)</i>	300	1 cup
<i>Cheese - Swiss</i>	408	1 oz
<i>Cheese - Cheddar</i>	306	1 oz
<i>Tofu w/ calcium</i>	434	1 cup
<i>Almonds</i>	150	2 oz
<i>Waffle (fortified)</i>	150	1 each
<i>Orange Juice w/ calcium</i>	300	1 cup
<i>Milk – 2%</i>	297	1 cup
<i>Milk - Skim</i>	302	1 cup
<i>Broccoli</i>	89	1 cup
<i>Sardines</i>	321	3 oz

### IMPORTANT NOTE:

A sudden increase in your diet of green leafy vegetables can interact with certain blood thinning medications such as Coumadin (warfarin) and Plavix (clopidogrel). If green leafy foods such as spinach, broccoli and brussel sprouts are a normal part of your diet, it is important to eat a consistent amount from week to week.

## Include Your Personal Coach

Involving a friend or relative as your coach is very important.

Your coach should plan to come with you to attend the preoperative class, visit during your hospital stay, provide support during physical therapy, and keep you focused on healing. They will also be a valuable extra set of eyes and ears to help keep you on track with all of the information you will be receiving over the next several weeks.



## Attend a Preoperative Class

Attend a class for joint surgery patients. Bring your coach. If you cannot attend, inform the Joint Care Coordinator.



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**Preoperative education class helps you and your coach prepare for your upcoming surgery and postoperative needs. The class provides an understanding of what will happen before, during and after surgery and allows an opportunity for questions and answers. It is important all patients and their coach attend a class 2-3 weeks prior to surgery.**

## **Class topics:**

- Meet the Joint Care Coordinator
- Review Preoperative Exercises & Breathing Exercises.
- Learn About Assistive Devices and Joint Protection
- What to expect: prior to surgery, during surgery and post-operative.
- Discharge Planning

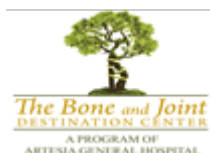


## **Get Started - Four to Six Weeks Before Surgery**

### **Herbal Medicine**

Herbal medicines and supplements can interfere with other medicines. Check with your doctor to see if you need to stop taking your herbal medicines before surgery.

Examples of herbal medicines: fish oil, Echinacea, ginkgo, ginseng, ginger, licorice, garlic, valerian, St. John's wort, ephedra, goldenseal, feverfew, saw palmetto, and kava-kava.





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## Healthcare Decisions

Advance Medical Directives are printed instructions that communicate the patient's wishes regarding healthcare. There are different directives. Consult your attorney concerning the legal implications of each.

- **A Living Will** explains your wishes if you have a terminal condition, irreversible coma, and are unable to communicate.
- **Appointment of a Healthcare Agent** (sometimes called a Medical Power of Attorney) lets you name a person (your agent) to make medical decisions if you become unable to do so.
- **Healthcare Instructions** are your choices regarding use of life-sustaining equipment, hydration, nutrition, and pain medications.

If you have an Advance Medical Directive, bring a copy of the document with you to the hospital.

## Stop Smoking

Smoking:

- Delays your healing process.
- Reduces the size of blood vessels and decreases the amount of oxygen circulated in your blood.
- Can increase clotting which can cause heart problems.
- Increases blood pressure and heart rate.

***Smoking can impair oxygen circulation to your healing shoulder. Oxygen circulation is vital to the healing process.***

If you quit smoking before surgery, you will increase your ability to heal.





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## When you are ready:

- Decide to quit.
- Choose the date.
- Limit the area where you smoke; don't smoke at home.
- Throw away all cigarettes and ashtrays.
- Don't put yourself in situations where others smoke.
- Reward yourself for each day without cigarettes.
- Remind yourself that this can be done – be positive!
- Take it one day at a time – if you slip, get back to your decision to quit.
- Check with your doctor if you need products like chewing gum, patches, or prescription aids.

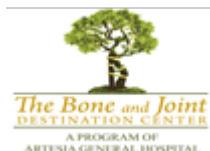
<sup>1</sup>Smoking Threatens Orthopedic Outcomes. Negative effects should prompt orthopedists to address the issue with patients. S. Terry Canale, MD; Frank B. Kelly, MD; and Kaye Daugherty <http://www.aaos.org/news/aaosnow/jun12/cover2.asp>Motrin is a registered trademark of McNeil-PPC, Inc. All rights reserved by trademark owner.

## Diabetes Management

If your blood glucose is not kept within a normal target range via diet, exercise, and medication, you are at risk for developing infection at the surgical site, your healing will be delayed, you are at risk for developing a pulmonary embolism, and increased risk for deep venous thrombosis (DVT) or blood clots.

The best way to determine if your diabetes is under control is to perform a blood test call Hemoglobin A1C. This test tells us what your average blood glucose levels have been over the last 3 months. The target range is 7%, which correlates with an estimated average blood glucose level of 170 mg/dl. If the result of your A1C is above 7%, for your safety, your surgery may be delayed until your diabetes is under control.

For more information about diabetes, nutrition counseling, and healthy lifestyles, please consult a diabetes educator and or dietician.



# Guidebook for Shoulders

## Start Pre-operative Exercises

Beginning an exercise program before surgery can help make recovery faster and easier. After surgery, you will temporarily be able to use only your non-surgical arm to help you with everyday tasks. We suggest you practice getting out of a chair with one hand, getting into and out of the shower, and using the non-surgical arm to complete activities such as grooming, eating, and going to the bathroom.

***It is important to be as flexible and strong as possible before having***

## Exercising Before Surgery

Consult your doctor before starting pre-operative exercises. Eight exercises are listed below that your doctor may instruct you to start doing and continue until your surgery. Take 15 to 20 minutes, twice a day to do your exercises. Perform exercises on both arms.



It is also important to strengthen your entire body, not just your arms before surgery. You should perform light endurance activities for your heart and lungs, for example walking for 10 to 15 minutes each day. When you walk, remember to swing your arms naturally. This is helpful and valuable to prepare your shoulder for surgery.

## Pre-operative Shoulder Exercises

**(Do not do any exercise that is too painful.)**

We recommend doing these exercises 4-6 times per day.

- Hand Pumps
- Grip Squeeze
- Neck Range of Motion
- Scapular Isolation Exercises
- Pendulum Exercises
- Pendulum Circles
- One Arm Row/Pull with Can (Light Weight)
- Ankle Pumps

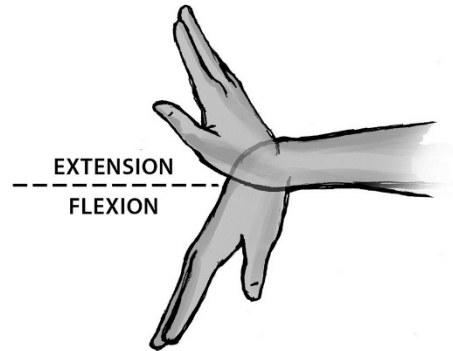


# Guidebook for Shoulders

## 1. Hand Pumps

While seated, rest arm on chair or table with the palm of your hand toward the floor. Bend your wrist up and then down.

**Perform 30 reps.**



## 2. Grip Squeeze

While seated, rest arm on chair or table. Grip hand size ball firmly, squeeze then release.

**Perform 30 reps.**



# Guidebook for Shoulders

## 3. Neck Range of Motion

### Up and Down Motion:

Sit up straight with your shoulders back and down, keeping your eyes and chin level. Move your head back and up tall as if you were being pulled by a string from the top of your head. Hold for 5 seconds. Slowly bend your head forward, hold for 5 seconds. Return to the starting position.

**Perform 10 sets.**



### Side to Side Motion:

Slowly tilt your head toward one shoulder. Hold 5 seconds. Slowly repeat to the opposite side while keeping your face straight ahead, hold 5 seconds. Return to the starting position.

**Perform 10 sets.**



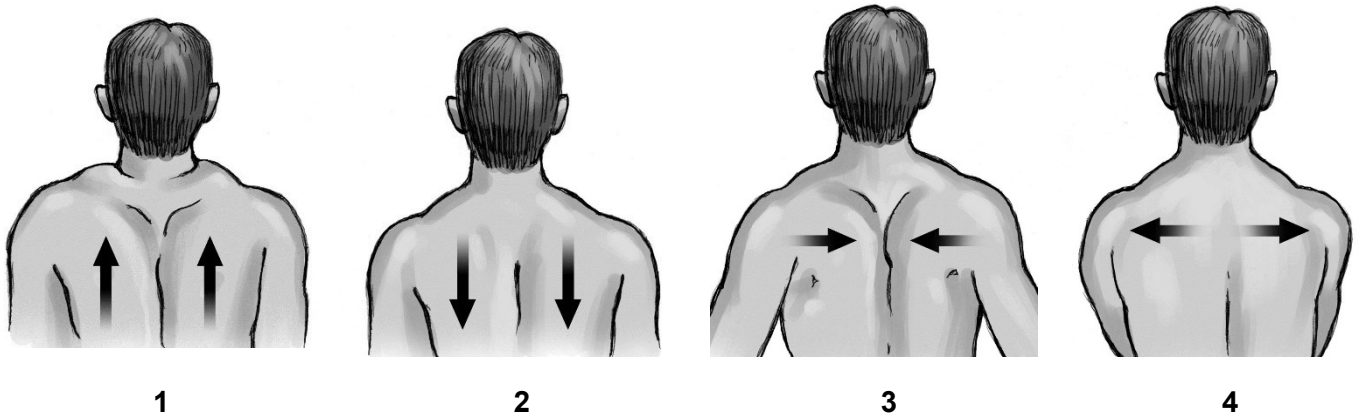


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## 4. Scapular Isolation

1. **Elevation** - With your arms resting by your side, move your shoulder blades up toward your ears, and then slowly return to the starting position.
2. **Depression** - With your arms resting by your side, move your shoulder blades down, and then slowly return to the starting position.
3. **Retraction** - With your arms resting by your side, squeeze your shoulder blades together, and then slowly return to the starting position.
4. **Protraction** - With your arms resting by your side, move your shoulder blades apart, widening the distance between them and then slowly return to the starting position.

Perform each exercise 10 reps.



## 5. Pendulum Exercises

While standing, bend 90 degrees at the waist so that you're directly facing the floor, using a table or counter for support. Let your arm dangle straight down. Then rock your body forward and backward and then side-to-side, using body movement to gently swing arm. Keep arm relaxed.

Perform for 2-3 minutes.



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## 6. Pendulum Circles

While standing, using a table or counter for support, bend at waist 90 degrees with arm hanging parallel to legs. Draw circles in the air with your dangling arm.

**Perform for 2-3 minutes.**



## 7. One Arm Row/Pull with Can

While standing and holding on to a sturdy surface, bend forward at the waist, holding a 14 oz. can or light weight. Hang arm parallel to legs, then pull the can up keeping your elbow at your side until you reach a 90 degree angle. Squeeze your shoulder blade toward the opposite side. Then slowly lower your arm back to the starting position.

**Perform 30 reps.**



## 8. Ankle Pumps

While seated, extend legs, flex, and point your feet.

**Perform 30 reps.**





# Guidebook for Shoulders

## Prepare Your Home

- Put things you use often on a surface that is easy to reach.
- Check railings to make sure they are not loose.
- Complete house cleaning, do laundry, and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them.
- Cut the grass, tend the garden, and other yard work.
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords and other obstructions from walkways.
- Install night lights in bathrooms, bedrooms, and hallways.
- Install grab bars in the shower/bathtub and put adhesive slip strips in the tub.
- Arrange to have someone collect your mail and take care of pets.
- Arrange for someone to drive for you after surgery until you are released to drive by your surgeon.

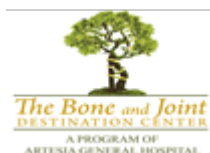
## Breathing Exercises

To prevent problems such as pneumonia, practice breathing exercises using the muscles of your abdomen and chest.

### Deep Breathing

- Breathe in through your nose as deep as you can.
- Hold your breath for 5 to 10 seconds.
- Breathe out as if you were blowing on hot soup. Notice your stomach going in. Breathe out for 10 to 20 seconds.
- Take a break and then repeat the exercise 10 times.

***Techniques such as deep breathing, coughing, and using an Incentive Spirometer may help prevent respiratory complications after surgery.***





# Guidebook for Shoulders

## Coughing

- Take a slow deep breath. Breathe in through your nose and fill your lungs completely.
- Breathe out through your mouth and concentrate on your chest emptying.
- Repeat.
- Take another breath, but hold your breath and then cough hard. When you cough, focus on emptying your lungs.
- Repeat all steps twice.

## Surgery Timeline

### Four Weeks Before Surgery

#### Start Vitamins, Iron

You may be instructed to take multivitamins, as well as iron. Iron helps build your blood count, which may help prevent the need for a blood transfusion.

### Two to Three Weeks Before Surgery

#### Pre-operative Class

Attend a class for shoulder surgery patients. Bring your coach. If you cannot attend, inform the Care Coordinator.

<b>Class Outline</b>	- Shoulder Disease	- Learn About Assistive Devices and Shoulder Protection
	- What to Expect from Coach/Caregiver	- Discharge Planning/Insurance/Equipment
	- Meet the Joint Replacement Team	- Complete Pre-operative Forms
	- Review Pre-operative Exercises	

### Night Before Surgery

**It is VERY IMPORTANT that you do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed. This includes chewing gum, tobacco, and hard candy.**



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## Plan For the Day Before Surgery

### Find Out Your Arrival Time at the Hospital

**You will receive a call the day before surgery (or Friday if surgery is Monday) and will be given instructions on what time your procedure is scheduled, what time to arrive at the hospital, and where to come the day of surgery.**

### Pack Your Bag - What to Bring to the Hospital

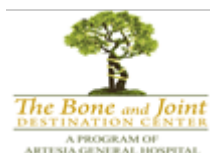
- Personal hygiene items such as your toothbrush, deodorant, dentures and so on
- Loose fitting clothes (shorts with an elastic band, tops, generous sweatpants)
- Flat shoes or tennis shoes (comfortable, supportive with non-slip soles)
- Glasses or contacts (if you wear them) and storage containers
- Hearing aids (if you wear them), and storage container
- Copy of Advance Medical Directives (if you have one)
- Insurance card, driver's license or photo I.D.
- CPAP machine (if you use one)
- Cell phone and charger



### Special Instructions

- Do not bring valuables - no jewelry, valuables, credit cards or cash
- Do not bring medications
- Remove makeup before your procedure.
- Do not use body lotion, deodorant or essential oils after shower.
- NO acrylic nails.
- **NO knives, cigarettes, or vapes allowed at hospital leave at home**

**\*\*Artesia General Hospital will not be responsible for lost or stolen items\*\***



# Guidebook for Shoulders

## Preparing Your Skin Before Surgery

Preparing or “prepping” skin before surgery can reduce the risk of infection at the surgical site. You can play an important part in reducing the risk of an infection at your surgical site by decreasing the number of germs on your skin prior to surgery.

### PLEASE FOLLOW THESE INSTRUCTIONS:

- Use antibacterial soap for showering every day for 5 days and for 2 minutes on surgical site, before your surgery.
- Do NOT shave for 7 days prior to surgery on any area of the body, including the legs and underarms.
- Do NOT use perfumes, powder or lotion on your skin for 24 hours prior to surgery

### SAGE PRODUCTS PATIENT PREOPERATIVE SKIN PREPARATION CLOTHS – “CHIN TO TOES” SKIN PREP

You will be provided with a package containing 3 packs of 2% chlorhexidine gluconate (CHG) cloths that look like baby wipes. An additional package will be given to you in pre-op on the day of surgery.

When should you NOT use these cloths?

- Have an allergy to chlorhexidine gluconate
- Currently have broken skin, rash, open wounds or burn
- Are receiving chemotherapy and/or radiation therapy

### INSTRUCTIONS FOR HOME USE THE EVENING BEFORE SURGERY

1. Take an evening bath or shower and shampoo your hair.
2. Put on clean pajamas and underclothing.
3. Wait at least one hour, until skin is dry and cool before using the CHG cloths. This allows the pores on your skin to close decreasing irritation.
4. Wash your hands with warm soapy water or use hand sanitizer prior to using cloths.
5. Use one cloth to prepare each area of the body. Wipe each area thoroughly in a back and forth motion, but do not scrub. Use all 6 cloths in the packages following the order shown in steps 1 through 6 below.
6. Allow area to air dry for one minute. Do NOT rinse or towel off. It is normal for the skin to have a temporary “sticky” feel for a short time as it dries.
7. If you experience redness or itching, rinse the area with cool water.
8. Throw used cleaning cloths in the garbage. Do not flush in the toilet.
9. Do not apply lotion, moisturizer or make-up after preparing the skin.
10. Be sure to sleep on clean sheets.



## Guidebook for Shoulders

11. DO NOT SHOWER or wash the morning of surgery. You may brush your teeth and wash your face.
12. Wear clean, freshly washed clothes to the hospital.

\*\*\*\*\*DO NOT USE THE CLOTHS ON THE FACE, EYES, EARS, OR GENITAL AREAS\*\*\*

USE ONE CLOTH TO PREPARE EACH AREA OF THE BODY IN THE FOLLOWING ORDER:

**Cloth 1** – Wipe your neck, chest and abdomen.

**Cloth 2** – Wipe both arms, front and back, starting with the shoulder and ending at the fingertips. **Be sure to thoroughly wipe the armpit areas.**

**Cloth 3** – Wipe both legs, starting at the thigh and ending at the toes. **Be sure to thoroughly wipe behind your knees.**

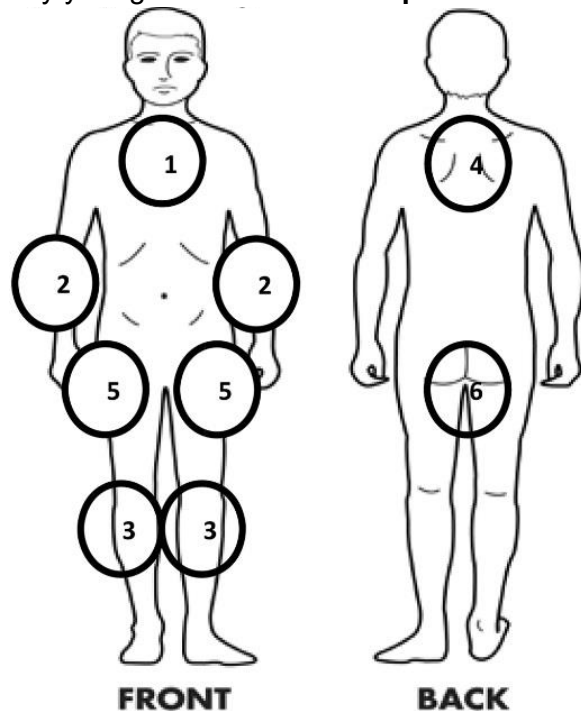
**Cloth 4** – Wipe your back starting at the base of your neck to your waist line. **Help may be required.**

**Cloth 5** – Wipe your right and left hip followed by your groin. **Be sure to wipe folds in the groin area.**

**LADIES** – This is an external wipe only. Do NOT wipe internally or between the labia.

**MEN** – Avoid wiping the urethral area (tip of penis).

**Cloth 6** - Wipe the outer buttocks – not the rectal area.



Skin may feel sticky for a few minutes. Do NOT wipe off.  
Allow skin to air dry.

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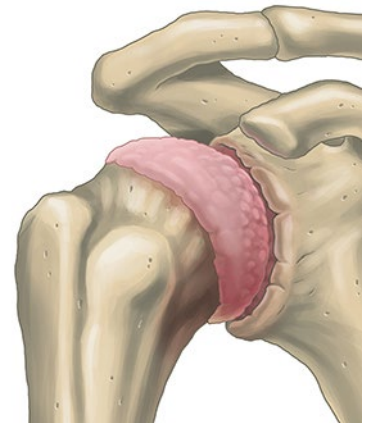
## Day of Surgery

You will be asked to come to the hospital 1 ½ - 2 hours before surgery to give staff time to start IVs, prep, and answer questions. It is important you arrive on time as sometimes the surgery is moved up.

## Frequently Asked Questions (FAQs)

### What is osteoarthritis and why does my shoulder hurt?

Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Joint cartilage is strong, smooth tissue that covers the ends of bones where joints are located. It cushions the bones during movement and because it is smooth and slippery, it allows for motion with minimal friction. Trauma and repetitive movement are reasons why the cartilage wears down exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, swelling, and loss of motion.



### What is a shoulder replacement?

The term shoulder replacement is misleading. The shoulder is not replaced, but rather an implant is used to re-cap the worn ends of the bone. There are several options for surgical treatment. Your surgeon will choose the right procedure for you.

- **Total Shoulder Replacement** involves replacing the arthritic joint surfaces with a metal ball attached to a stem, and a plastic socket.
- For people who need only the head of the humerus bone replaced, **Stemmed Hemiarthroplasty** is performed.
- With **Resurfacing Hemiarthroplasty**, the joint surfaces are replaced with a cap without a stem, therefore less bone is removed.
- **Reverse Shoulder Replacement** involves switching the socket and metal ball to allow different muscles to move the arm for those who have severe rotator cuff damage.

### How long will my new shoulder last and can a second replacement be done?

All implants have a limited life depending on an individual's age, weight, activity level, and medical condition(s). A shoulder implant's longevity will vary in every patient. An implant is a medical device







## Guidebook for Shoulders

subject to wear that may lead to mechanical failure. There is no guarantee that your implant will last for any specified length of time.

### What are the major risks?

Most surgeries go well, without complications. However, infection and blood clots are two serious potential complications. To avoid these complications, you will receive antibiotics and may be prescribed blood thinners depending on your other medical risk factors.

### How long will I be in the hospital?

Most patients will be hospitalized for one to two nights after surgery. Patients are generally discharged to home once they are able to complete activities such as dressing, bathing, toileting, and able to complete their home exercise program.

### What if I live alone?

- If possible it is best to return home and receive help from a relative or friend.
- If needed, you may be eligible to have a home health nurse and physical therapist visit you at home for two or three weeks, or to stay in a sub-acute facility following your hospital stay. The majority of patients do not require a stay in a sub-acute facility. Physical therapy will let you know if you need this option; requires approval from most insurance companies.



# Guidebook for Shoulders

## Section Two:

## At the Hospital

### Understanding Anesthesia

#### Anesthesiologists

The Operating Room and Post Anesthesia Care Unit (PACU) at the hospital are staffed by board certified anesthesiologists and certified nurse anesthetists. Your anesthesia will be provided by the anesthesia care team.

#### Types of Anesthesia

- **General anesthesia** - produces temporary unconsciousness.
- **Regional anesthesia** - involves the injection of a local anesthetic providing numbness, loss of pain, or loss of sensation to the extremity (Interscalene Nerve Block).

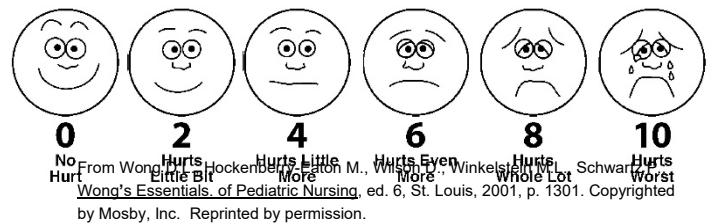
#### Side Effects

Your anesthesiologist will discuss the risks and benefits associated with each anesthetic option, as well as complications or side effects that can occur.

You will be given medications to treat nausea and vomiting which sometimes occurs with the anesthesia. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your discomfort should be minimal, but do not expect to be totally pain free. Staff will teach you the pain scale to assess your pain level.

### Understanding Pain

Pain can be chronic (lasting a long time) or intense (breakthrough) — and pain will change through the recovery process.



#### Pain Scale

Using a number to rate your pain can help the Joint Care Team understand and help manage it. “0” means no pain and “10” means the worst pain possible. Be sure to communicate with your nurse if your pain is getting worse. It is much easier to control the pain before it gets worse. With good communication, the team can make adjustments to make you more comfortable.





# Guidebook for Shoulders

## Hospital Care - What to Expect

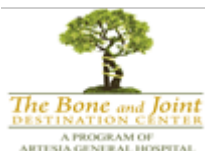
### Before Surgery

- Your anesthesiologist will review your information to evaluate your general health and determine the type of anesthesia best suited for you. This includes your medical history, laboratory test results, allergies, and current medications.
- Intravenous (IV) fluids will be started and pre-operative medications may be given.
- Before you receive the anesthesia, monitoring devices will be attached (blood pressure cuff, EKG, and other devices).

### During Surgery

- The anesthesia provider will manage vital signs — heart rate and rhythm; blood pressure; body temperature and breathing; as well as monitor your fluid and need for blood replacement if necessary.

### After Surgery





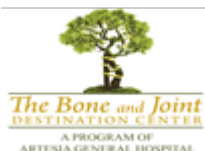
## Guidebook for Shoulders

- You will be taken to the Post Anesthesia Care Unit (PACU). Your pain level will be assessed, vital signs monitored, and an x-ray of your new shoulder may be taken.
- Depending on the type of anesthesia used, you may experience blurred vision, a dry mouth, and chills.
- You will then be taken to the (insert name).
- Initially, pain is minimal if you had a nerve block. You will be started on scheduled oral pain medication and have IV pain meds available if needed. Remember it is always best to stay ahead of the pain and take medications before the block wears off.
- We recommend that only one or two very close family members or friends visit on surgery day as you will be tired and need your rest.
- At some point on this day, you will be assisted out of bed to walk or sit in a chair. Mobility helps to relieve discomfort. It is important you begin ankle pumps. This will prevent blood clots from forming in your legs.
- Begin using your Incentive Spirometer and doing the deep breathing exercises you learned.

## Hospital Care - What to Expect

### Post-op Day One

- Expect to be out of bed, bathed, and dressed in your own clothes before breakfast. Button or zip front tops are best.
- Your surgeon will visit.
- The Physical Therapist will assist you with range of motion exercises and get you up walking.
- The Occupational Therapist will help you learn to dress, groom, and manage your sling.
- Pain will be controlled with oral pain medication.
- You will work on independently completing daily activities such as dressing, bathing, and performing your home exercise program.
- You will eat lunch with other patients, nursing staff, and your coach.
- Your coach is encouraged to be present. Visitors are welcome late afternoon or evening.
- Most patients go home this day, your physical therapist and nurse will let you know if you are doing well enough to go home.
- Expect to be out of bed, bathed and dressed in your own clothes. Button or zip shirts are the best.
- Day will start with a morning walk
- You will have therapy; it would be helpful if your coach participates.





## Guidebook for Shoulders

- The goal is to discharge you after morning therapy

### Physical Therapy After Surgery

The stages of recovery after shoulder replacement are typically divided into four phases. While each phase has typical timeframes listed, these should be considered as guidelines. Your surgeon and physical therapist will guide your individual progress through each phase. <sup>1</sup>

#### Physical Therapy Phase I (Hospital Phase of Rehabilitation)

After surgery, you can expect to have your arm immobilized in a sling. The goals will be to control pain, find a comfortable position to rest, and achieve functional independence for daily activities such as dressing and bathing while keeping your shoulder immobilized. You will also learn different range of motion exercises and stretches that you will continue at home. These exercises may vary depending on the reasons you had your surgery and the specific surgical procedure. Your team of therapists and nurses will teach you how to remove and adjust the sling and properly position your arm.

#### Physical Therapy Phase II (Protection and Gentle Movement Weeks 1-6)

At your first follow-up appointment after discharge from the hospital, your surgeon will determine when you will begin outpatient physical therapy. The ultimate goal of this phase is to protect the healing tissues, control pain, and gradually increase your range of motion while becoming more independent doing daily activities. At first, you will be working on passive range of motion. Passive therapy means the physical therapist will be moving your arm in prescribed directions to increase mobility. You should not be moving your shoulder on your own. It is important to increase motion before you begin to strengthen your shoulder. Be sure to follow your post-surgical precautions, and wear your sling when you are not performing your exercises. Follow your surgeon's or therapist's instructions.



# Guidebook for Shoulders

## Physical Therapy Phase III (Active Movement Weeks 6-12)

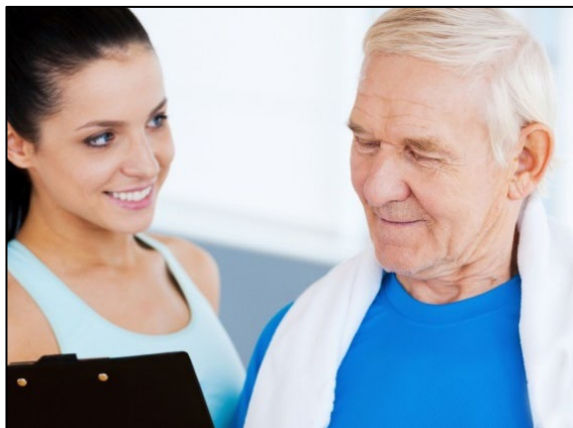
After your surgeon feels you have progressed through Phase II, you will advance to active assisted and then active range of motion exercises. The goal of this phase is to continue the gradual restoration of your shoulder range of motion. With active assisted exercise, you will use a cane/wand to “assist” the arm through a specified range of motion. After mobility and shoulder control improve, you will begin active range of motion exercises. This is moving your arm on your own. This progression is important to return you to previous activities of your choice. Your surgeon, however, may limit your range of motion. It is important to follow these precautions to ensure an optimal outcome. Some common precautions are limited shoulder external rotation, extension, and flexion (greater than 90 degrees). Continue to restrict your lifting; although pain free lifting up to 5 pounds may be allowed towards the end of this phase if you use your elbow and wrist (i.e. bending elbow with minimal shoulder motion to lift a half gallon of milk off of a low shelf).

## Physical Therapy Phase IV (Strengthening Phase Weeks 12+)

Once you are ready, your surgeon will allow you to participate in full active therapy. The goal of this phase is to gradually restore your shoulder mobility and return you to your normal activities and full independence. During this phase, you will independently perform exercises to help you achieve greater motion and strength. It is important to progress gradually through this stage and limit heavy lifting. Work with your physical therapist to reach your recovery goals without straining your muscles or developing incorrect movement patterns.

## Home Exercise and Self-Care

Your home exercise program will need to continue long after you are discharged from physical therapy. Before you are discharged from outpatient physical therapy, your therapist will provide you with a plan to help you maintain the progress you have made.



1. REHABILITATION FOR THE POSTSURGICAL ORTHOPEDIC PATIENT, ED 3  
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# Guidebook for Shoulders

## Discharge Plans

### Going Directly Home

- Have someone pick you up.
- Receive discharge instructions concerning medications, physical therapy, activity, etc.
- Take your Shoulder Guidebook with you.
- Patients going home will begin therapy at an outpatient PT/OT facility when directed by your surgeon.
- If Home Health services are needed, the hospital will arrange.

## Frequently Asked Questions (FAQs)

### What happens during surgery?

Hospital reserves approximately one to two hours for surgery. Time will be taken by operating room staff to prepare you for surgery. You will have general anesthetic or sedation - “being put to sleep.” Most patients also elect to have regional anesthesia or a “block” which numbs the shoulder and arm area for pain control after surgery. The choice is between you, your surgeon, and the anesthesiologist.

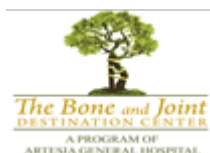
### Will surgery be painful?

You will have discomfort following surgery, but we keep you comfortable with appropriate medication. Most patients will receive oral pain medication with some additional medication for “breakthrough” pain.

### How long and where will my scar be?

Surgical scars will vary in length, but most surgeons make it as small as possible. The incision will be approximately 4-6 inches long and located on the front of your shoulder. There may be lasting numbness around the scar. There are different approaches and techniques that will determine exactly how long and where the incision is made. Your surgeon will discuss this with you.

### How long will I need to wear a sling?



# Guidebook for Shoulders

Patients should expect to wear a sling for approximately 2 to 4 weeks after surgery. The sling should be worn at all times including while sleeping. The sling may be removed while bathing/dressing and as directed by your therapist during stretching and exercising.



## Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. The Care Coordinator, physical therapist, and surgeon will help make necessary arrangements if you need more care after your hospital stay.

## Section Three:

# At Home After Surgery

## Caring for Yourself at Home

Things you need to know for safety, recovery, and comfort.

***Try not to nap during the day so you will sleep at***

### Be Comfortable

- Take pain medicine at least 30 minutes before physical therapy.
- Wean off prescription medication to non-prescription pain reliever. Take two Extra-strength Tylenol<sup>®</sup> tablets up to four times per day.
- Change position frequently (every 45 minutes – 1 hour) to prevent stiffness.
- Use ice for pain control at least 30 minutes each hour. Use before and after exercise program.

### Body Changes

- Appetite may be poor, but your desire for solid food will return.
- Drink plenty of fluids.
- May have difficulty sleeping.
- Energy level will be low. This may last for up to four weeks.
- Pain medication that contains narcotics promotes constipation. Use stool softeners twice daily while taking narcotics, and laxatives if necessary.



### Blood Clots







## Guidebook for Shoulders

- You may be given a blood thinner to avoid blood clots in your legs.
- If you are on chronic blood thinners you will be restarted on your normal medications after surgery. You may have to take shots for a few days until your oral medication returns to a therapeutic level.

### Incision Care

- Keep incision clean, dry, and covered with the water-resistant dressing provided until your follow up with surgeon in 10-14 days. (2 weeks post operative)
- No bathtubs, hot tubs, or swimming pools until approved by your surgeon.
- Change dressing only if it becomes soiled or no longer has a good seal (see instructions below).
- Notify surgeon if increased drainage, redness, pain, odor, or heat around the incision.
- Take temperature if feeling warm or sick. Call surgeon if temperature/fever exceeds 100.5 degrees.

### Dressing Change Procedure

1. Wash hands.
2. Open new dressing.
3. Remove old bandage.
4. Inspect incision for:
  - increased redness
  - increase in clear drainage
  - yellow/green drainage
  - odor
  - surrounding skin hot to touch
5. Tear half of backing off of the dressing and apply to incision.
6. Be careful not to touch the inside of the bandage that will lie over the incision.
7. Once first half of dressing is applied to incision, slowly pull rest of backing and smooth edges of the dressing as you apply.
8. Firmly rub edges of dressing to assure a good seal.





# Guidebook for Shoulders

## Recognizing and Preventing Potential Complications

### Infection

<b>Signs</b>	<ul style="list-style-type: none"><li>-Increased swelling and redness at incision site.</li><li>-Change in color, amount, and odor of drainage.</li><li>-Increased pain in shoulder area.</li><li>-Fever greater than 100.5 degrees.</li></ul>
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<b>Prevention</b>	<ul style="list-style-type: none"><li>-Take proper care of incision.</li><li>-Notify doctor and dentist you have a shoulder replacement.</li><li>-Notify dentist, doctor, or surgeon before having dental work or other invasive procedures done; prophylactic antibiotics may be prescribed.</li></ul>
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### Blood Clots

Surgery may cause the blood to slow and coagulate in veins of legs, creating a blood clot. If a clot occurs, you may need to be admitted to the hospital to receive intravenous blood thinners.

<b>Signs</b>	<ul style="list-style-type: none"><li>-Swelling in thigh, calf, or ankle that does not go down with elevation.</li><li>-Pain, heat, and tenderness in calf, back of knee, or groin area.</li><li>-Blood clots can form in either leg.</li></ul>
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<b>Prevention</b>	<ul style="list-style-type: none"><li>-Perform ankle pumps.</li><li>-Walk several times a day.</li><li>-Wear compression stockings.</li><li>-Take blood thinners as directed.</li></ul>
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### Pulmonary Embolism

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency — **CALL 911**.

<b>Signs</b>	<ul style="list-style-type: none"><li>-Sudden chest pain.</li><li>-Difficult and/or rapid breathing.</li><li>-Shortness of breath.</li> <li>-Sweating.</li><li>-Confusion.</li></ul>
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# Guidebook for Shoulders

## Prevention

-Follow guidelines to prevent blood clot in legs.

## Post-Hospital Goals

Most patients are discharged from the hospital within one to two days and go directly home. The following are typical goals for each phase of recovery.

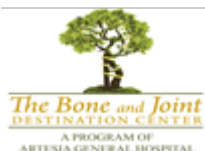
### Weeks One to Six

**Goal is protection of the healing structures by adhering to postsurgical precautions.**

- Continue wearing your sling as directed to allow the shoulder tissue to heal.
- Only perform the stretches and exercises provided by your therapists.
- Shower and dress each day.
- Take your pain medication as needed for pain.
- Do your home exercise program 3-5 times per day.
- Ice your shoulder for about 20 minutes several times a day, especially following exercise.
- Remember not to lift anything heavier than a glass of water.
- Take a daily walk.
- Find a comfortable sleeping position.

### Weeks Six to 12

**Goal is to gain more independence. Follow home exercise program to achieve the best results.**





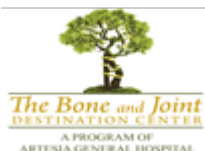
## Guidebook for Shoulders

- Achieve 1-6 week goals.
- Follow home exercise plan to increase mobility and begin strengthening.
- Shower and dress.
- Continue to restrict your lifting. Do not lift anything heavier than a glass of water.
- Resume homemaking tasks only if you can maintain your shoulder precautions.
- Do 20 minutes of home exercises three times a day.
- Take a daily walk.
- Begin driving if you have stopped taking prescription pain medication and been approved by your surgeon.

### Weeks 12 Plus

**Goal is recovery to resume your daily activities and full independence. The goal of physical therapy at this point is to improve strength in your operative arm now that it is more stable. Home exercise program is important as you receive less supervised therapy.**

- Achieve 1 to 12 week goals.
- Prescribed exercises will increase movement of your shoulder to achieve optimal range of motion.
- Resistance and weight bearing exercises will be introduced.
- Perform home exercise program 3-5 times a day or as directed by your physical therapist to improve movement, function, and strength.
- Use of the sling is discontinued.



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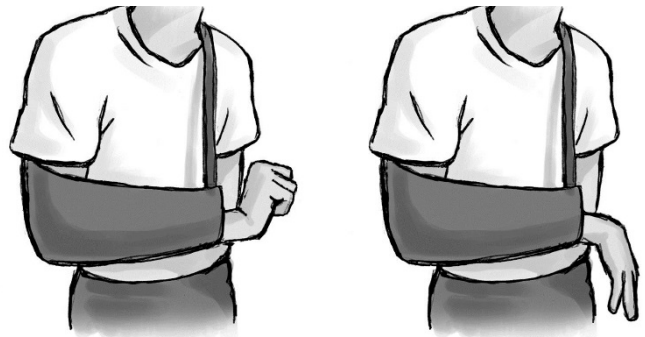
## Post-operative Exercises

Exercise is important to achieve the best results from shoulder surgery. Consult your doctor or physical therapist before starting an exercise program. Soon after discharge, you may be referred for exercise from a physical therapist, at an outpatient facility, or participate in a home exercise program. When instructed to do so, perform the following exercises 3-5 times per day. Do not continue exercises if they are extremely painful; contact your therapist or surgeon.

### 1. Wrist Flexion/Extension

While your shoulder is comfortably and secure in your sling, bend your wrist up and then down.

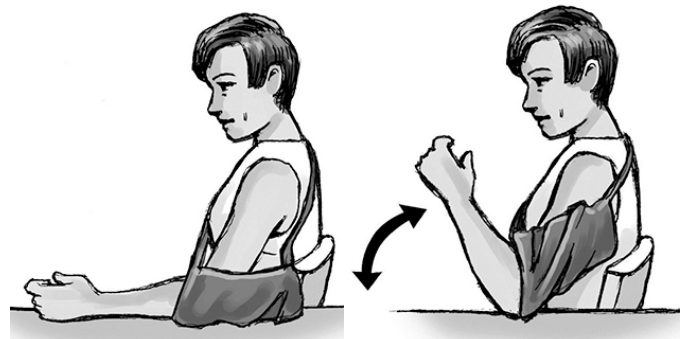
**Perform 15 reps.**



### 2. Elbow Flexion/Extension

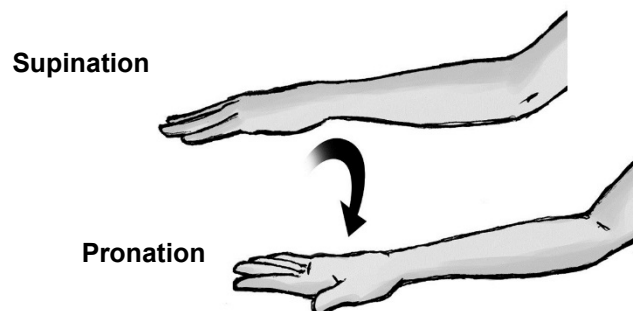
While seated with elbow supported, bend and straighten your elbow (thumbs up). Or lie on your back and place pillow under your arm. Bend and straighten your elbow.

**Perform 15 reps.**



### 3. Elbow Supination and Pronation

Rest your arm on a table with a slight bend in your arm. Then rotate your hand to face palm up. Return your palm to face down. **Perform 15 reps.**



## Guidebook for Shoulders

### 4. Elbow Extension with Wrist Flexion Stretch

While seated, extend affected arm. With opposite hand, gently push hand down to flex the wrist.

**Hold for 5 seconds. Perform 15 reps.**



### 5. Elbow Extension with Wrist Extension Stretch

While seated, extend affected arm. With opposite hand, gently pull fingers towards you as you flex your wrist.

**Hold for 5 seconds. Perform 15 reps.**



### 6. Grip Squeeze

While seated, rest arm on chair or table.

Grip hand size ball firmly, squeeze then release.

**Perform 15 reps.**



## Guidelines for Shoulders

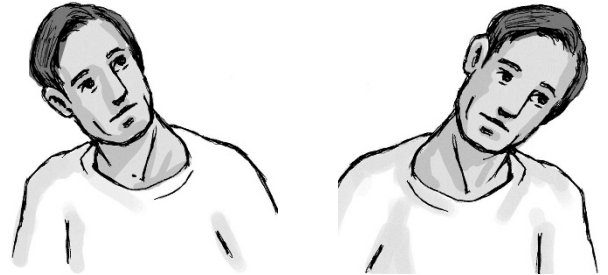
### 7. Neck (Active) Range of Motion

Tuck your chin to your chest and hold for 5 seconds.

Tilt head back, looking at ceiling and hold for 5 seconds.

Return to center. Move your head to the right while looking forward and hold for 5 seconds. Repeat to the left.

**Perform 15 reps in each direction.**



### 8. Scapular Isolation

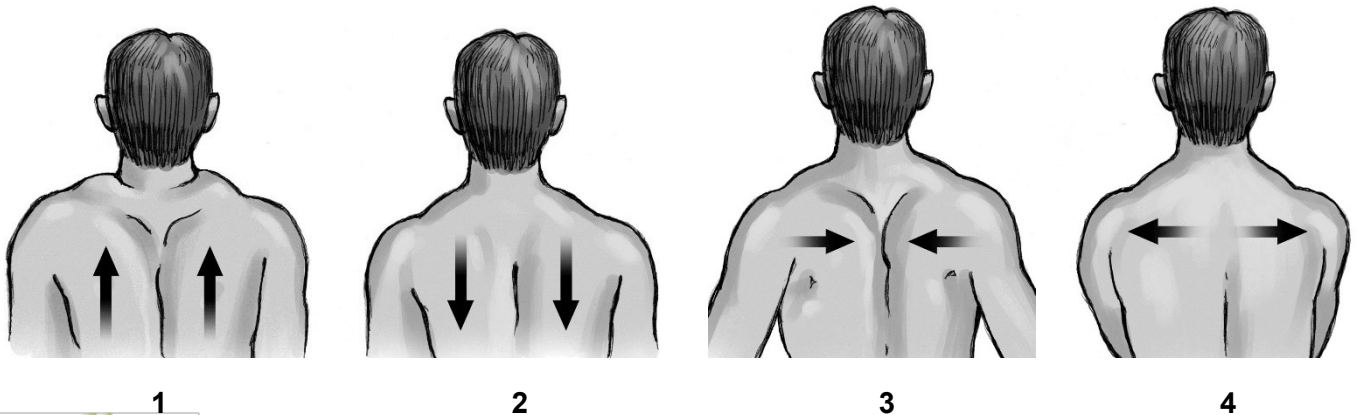
1. **Elevation** - With your arms resting by your side, move your shoulder blades up toward your ears, and then slowly return to the starting position.

2. **Depression** - With your arms resting by your side, move your shoulder blades down, and then slowly return to the starting position.

3. **Retraction** - With your arms resting by your side, squeeze your shoulder blades together, and then slowly return to the starting position.

4. **Protraction** - With your arms resting by your side, move your shoulder blades apart, widening the distance between them and then slowly return to the starting position.

**Perform each exercise 10 reps.**

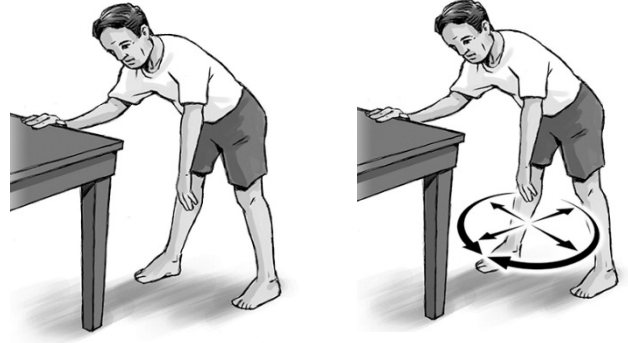


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## 9. Pendulum Exercises

While standing, bend 90 degrees at the waist so that you're directly facing the floor, using a table or counter for support. Let your arm dangle straight down. Rock your body gently forward and backward and then side-to-side allowing the motion to move your arm drawing circles in the air.

**Perform for 2-3 minutes.**

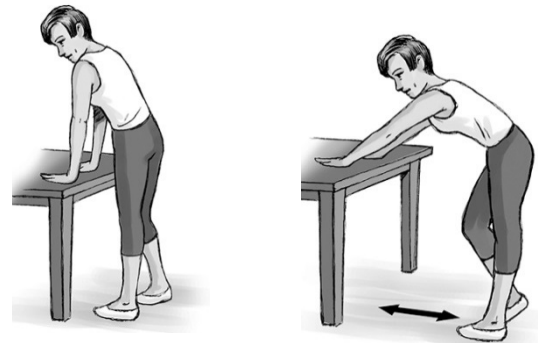


## Closed Chain Pendulum Exercise Series

### 10. Flexion

Standing, place both palms on table. (Put hands on Table and then walk back, do not reach forward to table) Bend forward at the waist and allow your arms to gently extend then return to standing.

**Perform 15 reps.**



### 11. Abduction

Standing, place palm of affected arm on table and lean gently away from the affected arm then return to center.

**Perform 15 reps.**



### 12. Internal and External Rotation

Standing, place palm of affected arm flat on table and opposite arm by your side. Slowly rotate torso to the left until you feel a gentle stretch. Rotate to the right





## Guidebook for Shoulders

while keeping palm still. **Perform 15 reps.**

### 13. Ankle Pumps

Flex and point your feet.

**Perform 20 times.**

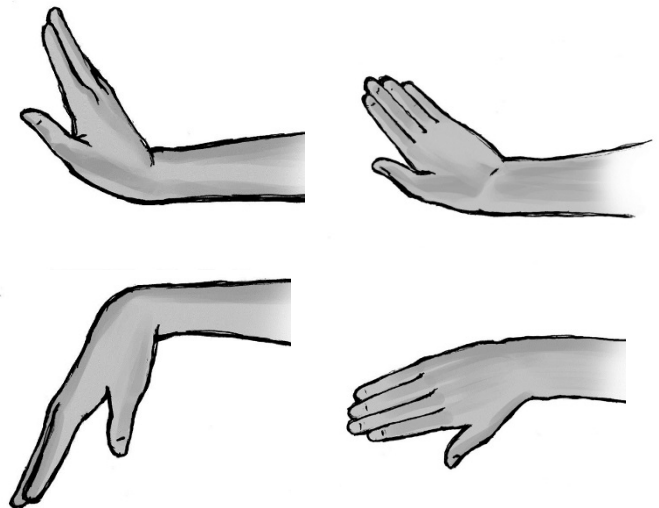


### 14. Wrist Range of Motion

Bend wrist up towards ceiling, then downward.

While keeping hand flat, bend wrist to the left and right, side to side.

**Perform 15 reps.**



# Guidebook for Shoulders

## Shoulder Precautions:

- Sling should be worn initially at all times, even when sleeping, until your doctor tells you to stop.
- Do not use your muscles to hold your shoulder in position, let the sling provide support.
- While lying down, a small pillow or towel roll should be placed behind the elbow to avoid shoulder from falling behind you.
- No lifting of objects heavier than a coffee cup.
- No excessive active or passive shoulder extension (arm motion behind back). Do not move your elbow back past your ribs for 6 weeks.
- No excessive stretching or sudden movements (particularly external rotation).
- No supporting of body weight by hand on involved side.

## Activities of Daily Living

### Stand from Chair in Sling:

Be sure to sit in chair with armrests.

1. Do not lean on your operated arm.
2. Hold the armrest with the unaffected hand.
3. Scoot toward the front of the chair.
4. Only use non-surgical hand to push off armrest while affected arm is immobilized in sling. If a chair doesn't have an armrest, place non-



# Guidebook for Shoulders

surgical hand on the seat while pushing off. Have someone stand by you for support until you are balanced.

5. Reverse to sit down.

## Seated Position with Sling:

1. Pillows are used to keep proper position of your shoulder and spine, easing strain on your neck.
2. Place pillows under sling, behind the elbow and upper arm.

## Bed Transfers - getting into bed:

1. Back up to bed until you feel it on back of legs (need to be midway between foot and head of bed).
2. Reaching back with non-surgical hand, sit down on edge of bed and slowly scoot back toward center of mattress. (Silk pajama bottoms, satin sheets, or sitting on plastic bag may make it easier.)
3. Scoot hips around so you are facing the foot of the bed.
4. Do not use your operative arm to balance or reposition.



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## Bed Transfers - getting out of bed:

1. Scoot hips to edge of bed.
2. Sit up while lowering legs to floor using your non-surgical hand.
3. Scoot to edge of bed.
4. Use non-surgical hand to push off bed.
5. Balance before walking.
6. Do not use your operative arm to balance or reposition.

## Lying in bed with sling:

1. Lying on your back may be the most comfortable position. Keep a pillow under the operated shoulder to prevent it from falling backwards.
2. Initially, avoid lying on the operative shoulder. Once you are permitted, you may sleep on your non-operative side and prop the operated arm on a pillow so it does not fall forward.



## Car Transfers:

1. Push car seat all the way back; recline seat back to allow for adequate room to get in and out, but always have it upright for travel.
2. Place plastic bag on seat to help you slide.
3. Back up to car until you feel it touch back of leg.
4. Hold on to immovable object – car seat or dashboard – with your non-surgical arm. Watch your head as you



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sit down. Slowly lower yourself to car seat.

## Getting Dressed

**Always dress the operated arm first.**

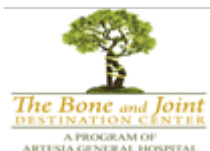
### Putting on shirt:

1. From dangle position, put your operated arm into the sleeve first.
2. Do not use your operated arm to assist.
3. Once your arm is in the sleeve, bring the garment around your back and put the other arm in.
4. Do NOT reach behind with the operated arm.
5. Replace sling.



### Taking off shirt:

1. Undo the neck strap of the sling.
2. Remove non operated arm from sleeve first.
3. From dangle position, use non operated arm to help remove affected arm from sleeve.
4. Put arm back into sling.



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## Using sock aid:

1. Slide sock onto sock aid.
2. Hold cord with non-surgical hand and drop sock aid in front of foot. Easier to do if knee is bent.
3. Slip foot into sock aid.
4. Straighten knee, point toe, and pull sock on with non-surgical hand. Keep pulling until sock aid pulls out.



## Using long-handled shoehorn:

1. While seated, with non-surgical hand, use reacher, dressing stick, or long-handled shoehorn to slide shoe in front of foot.
2. Place shoehorn inside shoe against back of heel.
3. Step down into shoe, sliding heel down shoehorn.



# Guidebook for Shoulders

## Around the House: Saving Energy and Protecting Your Joints

### Kitchen

- Keep sling on while performing chores and do not use operated arm.
- Packaging that can be opened easily, with one hand would be best.
- For the first several weeks, you may only use your non-surgical side to feed yourself.
- Remember DO NOT lift anything heavier than a cup of coffee or glass of water.
- Plan ahead! Gather all cooking supplies at one time. Sit to prepare meal.
- Place frequently-used cooking supplies and utensils where they can be reached without much bending or stretching.
- To provide better working height, use a high stool or put cushions on a chair when preparing meals.

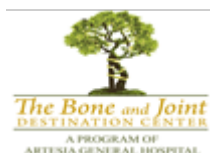


### Bathroom

Remember NO reaching, pushing, or pulling with your operated arm. You may perform light cleaning with one hand only. Keep arm in sling while doing any light chores.

### Safety Tips and Avoiding Falls

- Your arm swing actually adds balance while walking. You may feel slightly off balance with your arm in a sling. A physical therapist may suggest you use a cane initially if you are at all unsteady while walking.
- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or have non-skid backs.
- Be aware of floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout. Install nightlights in bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs — this is a fire hazard.
- Sit in chairs with arms to make it easier to get up.
- Rise slowly from either sitting or lying position to avoid getting light-headed.
- Do not lift heavy objects for first three months and then only with surgeon's permission.



# Guidebook for Shoulders

## Dos and Don'ts for Rest of Your Life

### What to Do

- Notify your dentist or other doctor/surgeon in advance if you are having dental work or other invasive procedures. Generally, antibiotics are taken prior to procedure.
- Although risks are low for post-operative infections, a risk remains. A prosthetic shoulder could possibly attract bacteria from an infection located in another part of your body.
- If you develop a fever of more than 100.5 degrees or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a dressing or adhesive bandage on it, and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if area is painful or reddened.
- When traveling, stop and change positions hourly to prevent your shoulder from tightening.

### Exercise

With permission from your orthopedic surgeon and primary care doctor, you should be on a regular exercise program three to four times per week, lasting 20 to 30 minutes.

- Inappropriate activity with your shoulder may cause damage. Always review exercises with your surgeon before starting.
- Walking regularly is an excellent way to stay active as your shoulder is healing.

### Exercise – Do

- Choose low impact activity.
- Recommended exercise classes.
- Home program outlined in Guidebook.
- Regular one- to three-mile walks.
- Treadmill (for walking).
- Stationary bike.
- Aquatic exercises.
- Regular exercise at fitness center.
- Low-impact sports such as golf, bowling, gardening, dancing, swimming, etc.
- Consult surgeon or physical therapist about specific sport activities.



### Exercise – Don't

- Do not run or engage in high-impact or jarring activities.
- Do not participate in high-risk activities such as contact sports.







## Guidebook for Shoulders

- No heavy or repetitive shoulder lifting.
- Do not take up sports requiring strength/agility until you discuss with your surgeon or PT.

### Recommended Exercise Classes

#### **Classes**

Check with your physical therapist regarding what classes they offer or recommend within your community.

#### **Aquatic**

Participants are led by certified aquatic fitness professionals through a series of designed exercises that, with the aid of the water's buoyancy and resistance, can improve shoulder flexibility and muscular strength. Warm water and gentle movements can help relieve pain and stiffness. Your doctor's permission is required.

***You need a regular exercise program to maintain the fitness and health of muscles around your shoulders.***



# Guidebook for Shoulders

## Importance of Lifetime Follow-up Visits

### When should you follow-up with your surgeon?

- Every year, unless instructed differently.
- Anytime you have mild pain for more than a week.
- Anytime you have moderate or severe pain.

There are reasons for routine follow-up visits with your orthopedic surgeon.

If you have a cemented shoulder, the integrity of cement needs to be evaluated. With time and stress, cement may crack. A crack in cement does not necessarily mean you need another surgery, but it means things need to be followed more closely.

Your shoulder could become loose and this might lead to pain. Alternatively, the cracked cement could cause a reaction in the bone called osteolysis which may cause the bone to thin out and cause loosening.

Second reason for follow-up is the plastic liner in your shoulder may wear. Tiny wear particles combine with white blood cells and may get in the bone and cause osteolysis (similar to what can happen with cement).

X-rays taken at follow-up visits can detect problems. New x-rays can be compared with previous films to make these determinations. This will be done in your doctor's office.

If you are unsure how long it has been or when your next visit should be scheduled, call your doctor.



# Guidebook for Shoulders

## Frequently Asked Questions (FAQs)

### **Will I need help at home?**

For the first few days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. If you go directly home from the hospital, the Care Coordinator or social worker will assess your needs. Family or friends need to be available to help. Preparing ahead before surgery can minimize amount of help needed. Having laundry done, house cleaned, yard work completed, clean linens, and single portion frozen meals will reduce the need for help.

### **Will I need physical therapy when I go home?**

Yes, you will have either outpatient or in-home physical therapy. Patients are encouraged to utilize outpatient therapy. Your Orthopedic Care Manager will help arrange for these appointments. If you need home physical therapy we will arrange for a physical therapist in your home. Following this, you may go to an outpatient facility several times a week to assist in your rehabilitation. Length of time for this type of therapy varies with each patient.

### **Will my new shoulder set off security sensors when traveling?**



Your shoulder replacement is made of metal alloy and may or may not be detected when going through some security devices. Inform the security agent you have a metal implant. The agent will direct you on security screening procedure.



# Guidebook for Shoulders

## Section Four:

### Appendix Glossary

- **Active Range of Motion:** Movement through available range of identified plane of motion without assistance.
- **Abdomen:** Part of body commonly thought of as the stomach; it's situated between hips and ribs.
- **Ambulating:** Walking.
- **Assistive Devices:** Walker, crutches, cane, or other device to help you walk.
- **Assisted Range of Motion:** Movement of arm through available range of identified plane with assistance of person, cane, or wand.
- **Compression Stockings:** Special stockings that encourage circulation.
- **Dorsiflexion:** Bending back foot or toes.
- **Dressings:** Bandages.
- **Embolus:** Blood clot that becomes lodged in a blood vessel and blocks it.
- **Extension:** Moving arm straight back behind body with elbow straight
- **External Rotation:** Moving arm in rotation position (i.e., hand behind head).
- **Flexion:** Moving arm in front of the body.
- **Incentive Spirometer:** Breathing tool to help exercise lungs.
- **Incision:** Wound from surgery.
- **IV:** Intravenous.
- **Osteolysis:** Condition in which bone thins and breaks down.
- **OT:** Occupational therapy.
- **PT:** Physical therapy.
- **Precaution:** Rule to promote optimal outcome.
- **Sling:** Device that holds arm in position for healing.



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# Guidebook for Shoulders

## Section One:

## Before Surgery

### Welcome

We are pleased you have chosen Artesia General Hospital Bone and Joint Destination for your shoulder replacement surgery.

The goal of surgery is to:

- Relieve pain
- Restore independence and function
- Return to an active lifestyle

### Using the Guidebook

The Guidebook will assist you with:

- What to expect
- What you need to do
- How to care for your new shoulder

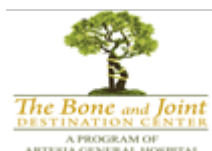


Your doctor, nurse, or therapist may add or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure.

## Joint Center Overview

We offer a unique program to encourage discharge from the hospital in one to two days after surgery. Program features include:

- Nurses and therapists trained to work with shoulder patients
- Casual clothes
- Private rooms
- Family and friends as “coaches”
- Care Coordinator who coordinates pre-operative care and discharge planning
- Patient Guidebook
- Quarterly luncheons for former patients and coaches
- Educational seminars about arthritis







# Guidebook for Shoulders

## Your Joint Replacement Team

**Orthopedic Surgeon** - will perform the procedure to repair your damaged joint.

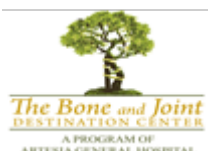
**Registered Nurse (RN)** - will ensure orders by your doctor are completed.

**Physical Therapist (PT)** - will guide you through functional daily activities and teach you exercises to regain your strength/motion.

**Occupational Therapist (OT)** - will guide you on performing tasks such as bathing/dressing and demonstrate home equipment use.

**Care Coordinator will:**

- Review at-home needs after surgery.
- Coordinate discharge plan.
- Act as your advocate throughout treatment.
- Answer questions and coordinate hospital care.

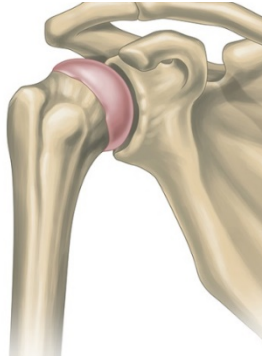




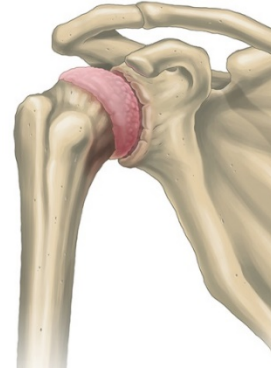
# Guidebook for Shoulders

## Shoulder Replacement

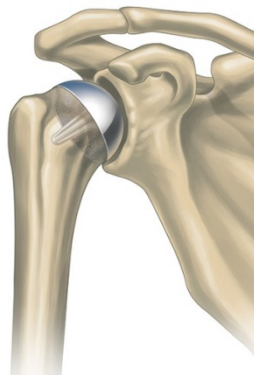
**Healthy Shoulder**



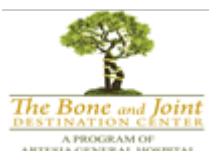
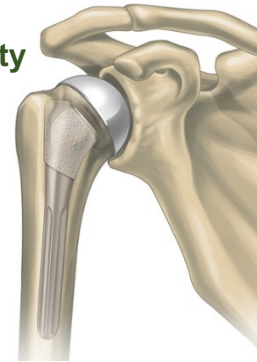
**Arthritic Shoulder**



**Shoulder Resurfacing**

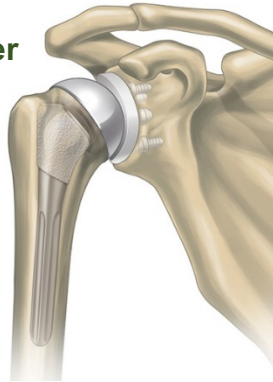


**Stemmed Hemiarthroplasty**

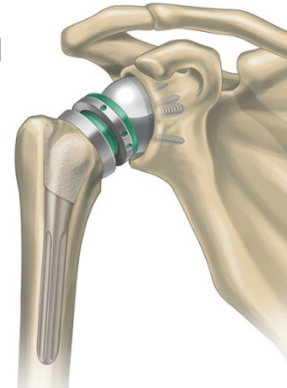


## Guidebook for Shoulders

**Total Shoulder Replacement**



**Reverse Total Shoulder Replacement**



### Eating Right For Recovery

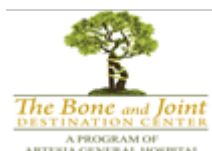
How you treat your body the weeks before and after surgery can have a direct effect on how well and how quickly you will heal. Now is the time to take a proactive approach and give your body the building blocks it needs for the best possible recovery. A little preparation now can make a big difference in your recuperation later. Rather than waiting until after your surgery, start the healing now! Simple steps you can take include:

- **Begin your healthy eating plan at least 2 weeks prior to surgery and consider making it a lifetime commitment.**
- **Eat a well-balanced diet rich in iron, Vitamin C and calcium.**
- **Avoid alcohol especially in the 48 hours prior to surgery.**

**IMPORTANT NOTE:** If you are diabetic or on any type of restricted diet, you should consult your doctor prior to starting any diet.

#### Why Iron and Vitamin C Are Important

Iron is needed to build healthy red blood cells. Vitamin C improves the absorption of iron – in other words, Vitamin C makes it easier for the iron to get into the body and work more efficiently.



## Guidebook for Shoulders

During surgery, some blood loss is expected. Ample levels of iron and Vitamin C in your body prior to surgery will help in the replacement of red blood cells that are lost during your operation. Your surgeon may even prescribe iron supplements.

Here is a list of iron and Vitamin C rich foods you may want to add to your diet:

IRON RICH FOODS	Iron Content mg/serving	Serving Size	VITAMIN C RICH FOODS	Vitamin C Content mg/serving
<i>Beef, lean</i>	7	3 oz	<i>Green Peppers</i>	65
<i>Spinach</i>	6	1 cup	<i>Strawberries</i>	95
<i>Lima beans</i>	2	½ cup	<i>Cantaloupe</i>	60
<i>Dried Peaches</i>	3	½ cup	<i>Kiwi</i>	75
<i>Navy Beans</i>	3	½ cup	<i>Grapefruit</i>	40
<i>Soy Beans</i>	5	½ cup	<i>Broccoli</i>	60
<i>Bran Flakes</i>	20	3 oz	<i>Brussels Sprouts</i>	50
<i>Prune Juice</i>	3	1 cup	<i>Tomato Juice</i>	35
<i>Baked Potato</i>	3	1 medium	<i>Spinach</i>	28
<i>Cashews</i>	6	3 oz	<i>Kale</i>	120
<i>Poultry (dark)</i>	2	3 oz	<i>Cabbage (raw)</i>	50
<i>Eggs</i>	1	1 medium	<i>Oranges</i>	70

Why Calcium is Important

Calcium is an important mineral needed for building new bone as well as maintain existing bone strength. During joint replacement surgery, bone is removed and an implant is put in its place. Eventually, new bone will grow around parts of the implant and help make it more stable. A diet rich in calcium can help with this process.

Here is a list of calcium rich foods you may want to add to your diet:



## Guidebook for Shoulders

CALCIUM RICH FOODS	Calcium Content mg/serving	Serving Size
<i>Yogurt (non-fat)</i>	452	1 cup
<i>Yogurt (low-fat)</i>	415	1 cup
<i>Cereal (fortified)</i>	300	1 cup
<i>Cheese - Swiss</i>	408	1 oz
<i>Cheese - Cheddar</i>	306	1 oz
<i>Tofu w/ calcium</i>	434	1 cup
<i>Almonds</i>	150	2 oz
<i>Waffle (fortified)</i>	150	1 each
<i>Orange Juice w/ calcium</i>	300	1 cup
<i>Milk - 2%</i>	297	1 cup
<i>Milk - Skim</i>	302	1 cup
<i>Broccoli</i>	89	1 cup
<i>Sardines</i>	321	3 oz

### IMPORTANT NOTE:

A sudden increase in your diet of green leafy vegetables can interact with certain blood thinning medications such as Coumadin (warfarin) and Plavix (clopidogrel). If green leafy foods such as spinach, broccoli and brussel sprouts are a normal part of your diet, it is important to eat a consistent amount from week to week.

## Include Your Personal Coach

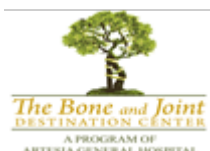
Involving a friend or relative as your coach is very important.

Your coach should plan to come with you to attend the preoperative class, visit during your hospital stay, provide support during physical therapy, and keep you focused on healing. They will also be a valuable extra set of eyes and ears to help keep you on track with all of the information you will be receiving over the next several weeks.



## Attend a Preoperative Class

Attend a class for joint surgery patients. Bring your coach. If you cannot attend, inform the Joint Care Coordinator.



# Guidebook for Shoulders

**Preoperative education class helps you and your coach prepare for your upcoming surgery and postoperative needs. The class provides an understanding of what will happen before, during and after surgery and allows an opportunity for questions and answers. It is important all patients and their coach attend a class 2-3 weeks prior to surgery.**

## **Class topics:**

- Meet the Joint Care Coordinator
- Review Preoperative Exercises & Breathing Exercises.
- Learn About Assistive Devices and Joint Protection
- What to expect: prior to surgery, during surgery and post-operative.
- Discharge Planning

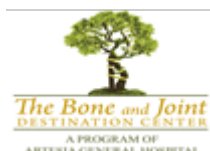


## **Get Started - Four to Six Weeks Before Surgery**

### **Herbal Medicine**

Herbal medicines and supplements can interfere with other medicines. Check with your doctor to see if you need to stop taking your herbal medicines before surgery.

Examples of herbal medicines: fish oil, Echinacea, ginkgo, ginseng, ginger, licorice, garlic, valerian, St. John's wort, ephedra, goldenseal, feverfew, saw palmetto, and kava-kava.





# Guidebook for Shoulders

## Healthcare Decisions

Advance Medical Directives are printed instructions that communicate the patient's wishes regarding healthcare. There are different directives. Consult your attorney concerning the legal implications of each.

- **A Living Will** explains your wishes if you have a terminal condition, irreversible coma, and are unable to communicate.
- **Appointment of a Healthcare Agent** (sometimes called a Medical Power of Attorney) lets you name a person (your agent) to make medical decisions if you become unable to do so.
- **Healthcare Instructions** are your choices regarding use of life-sustaining equipment, hydration, nutrition, and pain medications.

If you have an Advance Medical Directive, bring a copy of the document with you to the hospital.

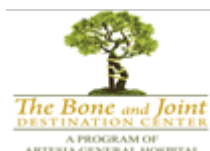
## Stop Smoking

Smoking:

- Delays your healing process.
- Reduces the size of blood vessels and decreases the amount of oxygen circulated in your blood.
- Can increase clotting which can cause heart problems.
- Increases blood pressure and heart rate.

***Smoking can impair oxygen circulation to your healing shoulder. Oxygen circulation is vital to the healing process.***

If you quit smoking before surgery, you will increase your ability to heal.





# Guidebook for Shoulders

## When you are ready:

- Decide to quit.
- Choose the date.
- Limit the area where you smoke; don't smoke at home.
- Throw away all cigarettes and ashtrays.
- Don't put yourself in situations where others smoke.
- Reward yourself for each day without cigarettes.
- Remind yourself that this can be done – be positive!
- Take it one day at a time – if you slip, get back to your decision to quit.
- Check with your doctor if you need products like chewing gum, patches, or prescription aids.

<sup>1</sup>Smoking Threatens Orthopedic Outcomes. Negative effects should prompt orthopedists to address the issue with patients. S. Terry Canale, MD; Frank B. Kelly, MD; and Kaye Daugherty <http://www.aaos.org/news/aaosnow/jun12/cover2.asp> Motrin is a registered trademark of McNeil-PPC, Inc. All rights reserved by trademark owner.

## Diabetes Management

If your blood glucose is not kept within a normal target range via diet, exercise, and medication, you are at risk for developing infection at the surgical site, your healing will be delayed, you are at risk for developing a pulmonary embolism, and increased risk for deep venous thrombosis (DVT) or blood clots.

The best way to determine if your diabetes is under control is to perform a blood test call Hemoglobin A1C. This test tells us what your average blood glucose levels have been over the last 3 months. The target range is 7%, which correlates with an estimated average blood glucose level of 170 mg/dl. If the result of your A1C is above 7%, for your safety, your surgery may be delayed until your diabetes is under control.

For more information about diabetes, nutrition counseling, and healthy lifestyles, please consult a diabetes educator and or dietician.





# Guidebook for Shoulders

## Start Pre-operative Exercises

Beginning an exercise program before surgery can help make recovery faster and easier. After surgery, you will temporarily be able to use only your non-surgical arm to help you with everyday tasks. We suggest you practice getting out of a chair with one hand, getting into and out of the shower, and using the non-surgical arm to complete activities such as grooming, eating, and going to the bathroom.

***It is important to be as flexible and strong as possible before having***

## Exercising Before Surgery

Consult your doctor before starting pre-operative exercises. Eight exercises are listed below that your doctor may instruct you to start doing and continue until your surgery. Take 15 to 20 minutes, twice a day to do your exercises. Perform exercises on both arms.



It is also important to strengthen your entire body, not just your arms before surgery. You should perform light endurance activities for your heart and lungs, for example walking for 10 to 15 minutes each day. When you walk, remember to swing your arms naturally. This is helpful and valuable to prepare your shoulder for surgery.

## Pre-operative Shoulder Exercises

**(Do not do any exercise that is too painful.)**

We recommend doing these exercises 4-6 times per day.

- Hand Pumps
- Grip Squeeze
- Neck Range of Motion
- Scapular Isolation Exercises
- Pendulum Exercises
- Pendulum Circles
- One Arm Row/Pull with Can (Light Weight)
- Ankle Pumps

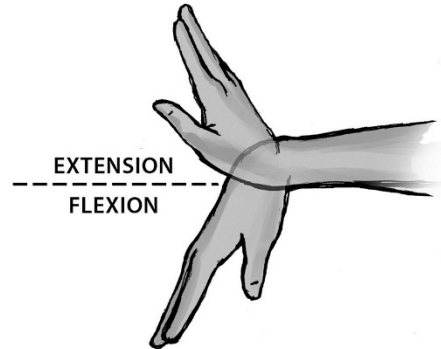


# Guidebook for Shoulders

## 1. Hand Pumps

While seated, rest arm on chair or table with the palm of your hand toward the floor. Bend your wrist up and then down.

**Perform 30 reps.**



## 2. Grip Squeeze

While seated, rest arm on chair or table. Grip hand size ball firmly, squeeze then release.

**Perform 30 reps.**



# Guidebook for Shoulders

## 3. Neck Range of Motion

### Up and Down Motion:

Sit up straight with your shoulders back and down, keeping your eyes and chin level. Move your head back and up tall as if you were being pulled by a string from the top of your head. Hold for 5 seconds. Slowly bend your head forward, hold for 5 seconds. Return to the starting position.

**Perform 10 sets.**



### Side to Side Motion:

Slowly tilt your head toward one shoulder. Hold 5 seconds. Slowly repeat to the opposite side while keeping your face straight ahead, hold 5 seconds. Return to the starting position.

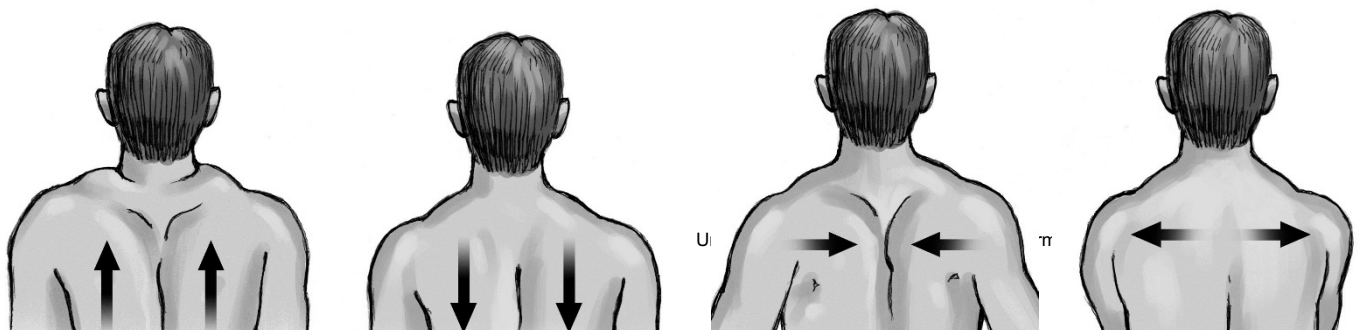
**Perform 10 sets.**



## 4. Scapular Isolation

1. **Elevation** - With your arms resting by your side, move your shoulder blades up toward your ears, and then slowly return to the starting position.
2. **Depression** - With your arms resting by your side, move your shoulder blades down, and then slowly return to the starting position.
3. **Retraction** - With your arms resting by your side, squeeze your shoulder blades together, and then slowly return to the starting position.
4. **Protraction** - With your arms resting by your side, move your shoulder blades apart, widening the distance between them and then slowly return to the starting position.

**Perform each exercise 10 reps.**



# Guidebook for Shoulders

1

2

3

4

## 5. Pendulum Exercises

While standing, bend 90 degrees at the waist so that you're directly facing the floor, using a table or counter for support. Let your arm dangle straight down. Then rock your body forward and backward and then side-to-side, using body movement to gently swing arm. Keep arm relaxed.

**Perform for 2-3 minutes.**



## 6. Pendulum Circles

While standing, using a table or counter for support, bend at waist 90 degrees with arm hanging parallel to legs. Draw circles in the air with your dangling arm.

**Perform for 2-3 minutes.**



## Guidebook for Shoulders

### 7. One Arm Row/Pull with Can

While standing and holding on to a sturdy surface, bend forward at the waist, holding a 14 oz. can or light weight. Hang arm parallel to legs, then pull the can up keeping your elbow at your side until you reach a 90 degree angle. Squeeze your shoulder blade toward the opposite side. Then slowly lower your arm back to the starting position.

**Perform 30 reps.**



### 8. Ankle Pumps

While seated, extend legs, flex, and point your feet.

**Perform 30 reps.**



# Guidebook for Shoulders

## Prepare Your Home

- Put things you use often on a surface that is easy to reach.
- Check railings to make sure they are not loose.
- Complete house cleaning, do laundry, and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them.
- Cut the grass, tend the garden, and other yard work.
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords and other obstructions from walkways.
- Install night lights in bathrooms, bedrooms, and hallways.
- Install grab bars in the shower/bathtub and put adhesive slip strips in the tub.
- Arrange to have someone collect your mail and take care of pets.
- Arrange for someone to drive for you after surgery until you are released to drive by your surgeon.



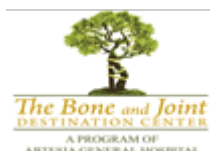
## Breathing Exercises

To prevent problems such as pneumonia, practice breathing exercises using the muscles of your abdomen and chest.

### Deep Breathing

- Breathe in through your nose as deep as you can.
- Hold your breath for 5 to 10 seconds.
- Breathe out as if you were blowing on hot soup. Notice your stomach going in. Breathe out for 10 to 20 seconds.
- Take a break and then repeat the exercise 10 times.

***Techniques such as deep breathing, coughing, and using an Incentive Spirometer may help prevent respiratory complications after surgery.***



# Guidebook for Shoulders

## Coughing

- Take a slow deep breath. Breathe in through your nose and fill your lungs completely.
- Breathe out through your mouth and concentrate on your chest emptying.
- Repeat.
- Take another breath, but hold your breath and then cough hard. When you cough, focus on emptying your lungs.
- Repeat all steps twice.

## Surgery Timeline

### Four Weeks Before Surgery

#### Start Vitamins, Iron

You may be instructed to take multivitamins, as well as iron. Iron helps build your blood count, which may help prevent the need for a blood transfusion.

### Two to Three Weeks Before Surgery

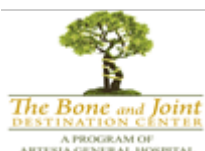
#### Pre-operative Class

Attend a class for shoulder surgery patients. Bring your coach. If you cannot attend, inform the Care Coordinator.

<b>Class Outline</b>	- Shoulder Disease	- Learn About Assistive Devices and Shoulder Protection
	- What to Expect from Coach/Caregiver	- Discharge Planning/Insurance/Equipment
	- Meet the Joint Replacement Team	- Complete Pre-operative Forms
	- Review Pre-operative Exercises	

### Night Before Surgery

**It is VERY IMPORTANT that you do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed. This includes chewing gum, tobacco, and hard candy.**



# Guidebook for Shoulders

## Plan For the Day Before Surgery

### Find Out Your Arrival Time at the Hospital

**You will receive a call the day before surgery (or Friday if surgery is Monday) and will be given instructions on what time your procedure is scheduled, what time to arrive at the hospital, and where to come the day of surgery.**

### Pack Your Bag - What to Bring to the Hospital

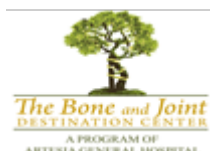
- Personal hygiene items such as your toothbrush, deodorant, dentures and so on
- Loose fitting clothes (shorts with an elastic band, tops, generous sweatpants)
- Flat shoes or tennis shoes (comfortable, supportive with non-slip soles)
- Glasses or contacts (if you wear them) and storage containers
- Hearing aids (if you wear them), and storage container
- Copy of Advance Medical Directives (if you have one)
- Insurance card, driver's license or photo I.D.
- CPAP machine (if you use one)
- Cell phone and charger



### Special Instructions

- Do not bring valuables - no jewelry, valuables, credit cards or cash
- Do not bring medications
- Remove makeup before your procedure.
- Do not use body lotion, deodorant or essential oils after shower.
- NO acrylic nails.
- **NO knives, cigarettes, or vapes allowed at hospital leave at home**

**\*\*Artesia General Hospital will not be responsible for lost or stolen items\*\***





# Guidebook for Shoulders

## Preparing Your Skin Before Surgery

Preparing or “prepping” skin before surgery can reduce the risk of infection at the surgical site. You can play an important part in reducing the risk of an infection at your surgical site by decreasing the number of germs on your skin prior to surgery.

### PLEASE FOLLOW THESE INSTRUCTIONS:

- Use antibacterial soap for showering every day for 5 days and for 2 minutes on surgical site, before your surgery.
- Do NOT shave for 7 days prior to surgery on any area of the body, including the legs and underarms.
- Do NOT use perfumes, powder or lotion on your skin for 24 hours prior to surgery

### SAGE PRODUCTS PATIENT PREOPERATIVE SKIN PREPARATION CLOTHS – “CHIN TO TOES” SKIN PREP

You will be provided with a package containing 3 packs of 2% chlorhexidine gluconate (CHG) cloths that look like baby wipes. An additional package will be given to you in pre-op on the day of surgery.

When should you NOT use these cloths?

- Have an allergy to chlorhexidine gluconate
- Currently have broken skin, rash, open wounds or burn
- Are receiving chemotherapy and/or radiation therapy

### INSTRUCTIONS FOR HOME USE THE EVENING BEFORE SURGERY

1. Take an evening bath or shower and shampoo your hair.
2. Put on clean pajamas and underclothing.
3. Wait at least one hour, until skin is dry and cool before using the CHG cloths. This allows the pores on your skin to close decreasing irritation.
4. Wash your hands with warm soapy water or use hand sanitizer prior to using cloths.
5. Use one cloth to prepare each area of the body. Wipe each area thoroughly in a back and forth motion, but do not scrub. Use all 6 cloths in the packages following the order shown in steps 1 through 6 below.
6. Allow area to air dry for one minute. Do NOT rinse or towel off. It is normal for the skin to have a temporary “sticky” feel for a short time as it dries.
7. If you experience redness or itching, rinse the area with cool water.
8. Throw used cleaning cloths in the garbage. Do not flush in the toilet.
9. Do not apply lotion, moisturizer or make-up after preparing the skin.
10. Be sure to sleep on clean sheets.



## Guidebook for Shoulders

11. DO NOT SHOWER or wash the morning of surgery. You may brush your teeth and wash your face.
12. Wear clean, freshly washed clothes to the hospital.

\*\*\*\*\*DO NOT USE THE CLOTHS ON THE FACE, EYES, EARS, OR GENITAL AREAS\*\*\*

USE ONE CLOTH TO PREPARE EACH AREA OF THE BODY IN THE FOLLOWING ORDER:

**Cloth 1** – Wipe your neck, chest and abdomen.

**Cloth 2** – Wipe both arms, front and back, starting with the shoulder and ending at the fingertips. **Be sure to thoroughly wipe the armpit areas.**

**Cloth 3** – Wipe both legs, starting at the thigh and ending at the toes. **Be sure to thoroughly**

**wipe behind your knees.**

**Cloth 4** – Wipe your back starting at the base of your neck to your waist line. **Help may be required.**

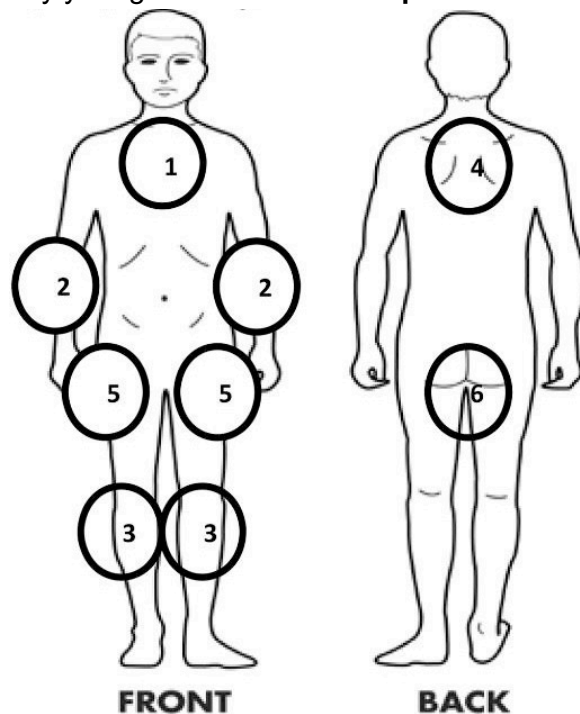
**Cloth 5** – Wipe your right and left hip followed by your groin. **Be sure to wipe folds in the groin area.**

**LADIES** – This is an external wipe only.

**Do NOT wipe internally or between the labia.**

**MEN** – Avoid wiping the urethral area (tip of penis).

**Cloth 6** - Wipe the outer buttocks – **not the rectal area.**



Skin may feel sticky for a few minutes. Do NOT wipe off.  
Allow skin to air dry.

# Guidebook for Shoulders

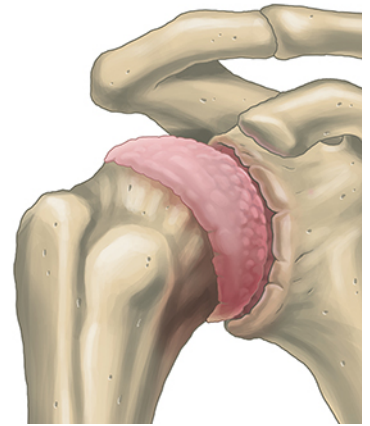
## Day of Surgery

You will be asked to come to the hospital 1 ½ - 2 hours before surgery to give staff time to start IVs, prep, and answer questions. It is important you arrive on time as sometimes the surgery is moved up.

## Frequently Asked Questions (FAQs)

### What is osteoarthritis and why does my shoulder hurt?

Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Joint cartilage is strong, smooth tissue that covers the ends of bones where joints are located. It cushions the bones during movement and because it is smooth and slippery, it allows for motion with minimal friction. Trauma and repetitive movement are reasons why the cartilage wears down exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, swelling, and loss of motion.



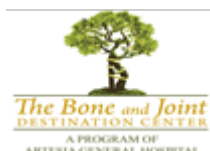
### What is a shoulder replacement?

The term shoulder replacement is misleading. The shoulder is not replaced, but rather an implant is used to re-cap the worn ends of the bone. There are several options for surgical treatment. Your surgeon will choose the right procedure for you.

- **Total Shoulder Replacement** involves replacing the arthritic joint surfaces with a metal ball attached to a stem, and a plastic socket.
- For people who need only the head of the humerus bone replaced, **Stemmed Hemiarthroplasty** is performed.
- With **Resurfacing Hemiarthroplasty**, the joint surfaces are replaced with a cap without a stem, therefore less bone is removed.
- **Reverse Shoulder Replacement** involves switching the socket and metal ball to allow different muscles to move the arm for those who have severe rotator cuff damage.

### How long will my new shoulder last and can a second replacement be done?

All implants have a limited life depending on an individual's age, weight, activity level, and medical condition(s). A shoulder implant's longevity will vary in every patient. An implant is a medical device





## Guidebook for Shoulders

subject to wear that may lead to mechanical failure. There is no guarantee that your implant will last for any specified length of time.

### What are the major risks?

Most surgeries go well, without complications. However, infection and blood clots are two serious potential complications. To avoid these complications, you will receive antibiotics and may be prescribed blood thinners depending on your other medical risk factors.

### How long will I be in the hospital?

Most patients will be hospitalized for one to two nights after surgery. Patients are generally discharged to home once they are able to complete activities such as dressing, bathing, toileting, and able to complete their home exercise program.

### What if I live alone?

- If possible it is best to return home and receive help from a relative or friend.
- If needed, you may be eligible to have a home health nurse and physical therapist visit you at home for two or three weeks, or to stay in a sub-acute facility following your hospital stay. The majority of patients do not require a stay in a sub-acute facility. Physical therapy will let you know if you need this option; requires approval from most insurance companies.



# Guidebook for Shoulders

## Section Two:

## At the Hospital

### Understanding Anesthesia

#### Anesthesiologists

The Operating Room and Post Anesthesia Care Unit (PACU) at the hospital are staffed by board certified anesthesiologists and certified nurse anesthetists. Your anesthesia will be provided by the anesthesia care team.

#### Types of Anesthesia

- **General anesthesia** - produces temporary unconsciousness.
- **Regional anesthesia** - involves the injection of a local anesthetic providing numbness, loss of pain, or loss of sensation to the extremity (Interscalene Nerve Block).

#### Side Effects

Your anesthesiologist will discuss the risks and benefits associated with each anesthetic option, as well as complications or side effects that can occur.

You will be given medications to treat nausea and vomiting which sometimes occurs with the anesthesia. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your discomfort should be minimal, but do not expect to be totally pain free. Staff will teach you the pain scale to assess your pain level.

### Understanding Pain

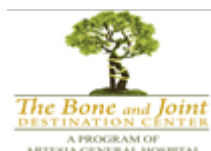
Pain can be chronic (lasting a long time) or intense (breakthrough) — and pain will change through the recovery process.



#### Pain Scale

Using a number to rate your pain can help the Joint Care Team understand and help manage it. “0” means no pain and “10” means the worst pain possible. Be sure to communicate with your nurse if your pain is getting worse. It is much easier to

From Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P.: *Wong's Essentials of Pediatric Nursing*, ed. 6, St. Louis, 2001, p. 1301. Copyrighted by Mosby, Inc. Reprinted by permission.





## Guidebook for Shoulders

control the pain before it gets worse. With good communication, the team can make adjustments to make you more comfortable.

### Hospital Care - What to Expect

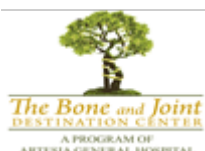
#### Before Surgery

- Your anesthesiologist will review your information to evaluate your general health and determine the type of anesthesia best suited for you. This includes your medical history, laboratory test results, allergies, and current medications.
- Intravenous (IV) fluids will be started and pre-operative medications may be given.
- Before you receive the anesthesia, monitoring devices will be attached (blood pressure cuff, EKG, and other devices).

#### During Surgery

- The anesthesia provider will manage vital signs — heart rate and rhythm; blood pressure; body temperature and breathing; as well as monitor your fluid and need for blood replacement if necessary.

#### After Surgery





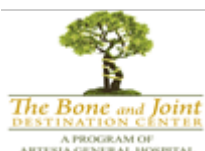
## Guidebook for Shoulders

- You will be taken to the Post Anesthesia Care Unit (PACU). Your pain level will be assessed, vital signs monitored, and an x-ray of your new shoulder may be taken.
- Depending on the type of anesthesia used, you may experience blurred vision, a dry mouth, and chills.
- You will then be taken to the (insert name).
- Initially, pain is minimal if you had a nerve block. You will be started on scheduled oral pain medication and have IV pain meds available if needed. Remember it is always best to stay ahead of the pain and take medications before the block wears off.
- We recommend that only one or two very close family members or friends visit on surgery day as you will be tired and need your rest.
- At some point on this day, you will be assisted out of bed to walk or sit in a chair. Mobility helps to relieve discomfort. It is important you begin ankle pumps. This will prevent blood clots from forming in your legs.
- Begin using your Incentive Spirometer and doing the deep breathing exercises you learned.

## Hospital Care - What to Expect

### Post-op Day One

- Expect to be out of bed, bathed, and dressed in your own clothes before breakfast. Button or zip front tops are best.
- Your surgeon will visit.
- The Physical Therapist will assist you with range of motion exercises and get you up walking.
- The Occupational Therapist will help you learn to dress, groom, and manage your sling.
- Pain will be controlled with oral pain medication.
- You will work on independently completing daily activities such as dressing, bathing, and performing your home exercise program.
- You will eat lunch with other patients, nursing staff, and your coach.
- Your coach is encouraged to be present. Visitors are welcome late afternoon or evening.
- Most patients go home this day, your physical therapist and nurse will let you know if you are doing well enough to go home.
- Expect to be out of bed, bathed and dressed in your own clothes. Button or zip shirts are the best.
- Day will start with a morning walk
- You will have therapy; it would be helpful if your coach participates.





## Guidebook for Shoulders

- The goal is to discharge you after morning therapy

### Physical Therapy After Surgery

The stages of recovery after shoulder replacement are typically divided into four phases. While each phase has typical timeframes listed, these should be considered as guidelines. Your surgeon and physical therapist will guide your individual progress through each phase. <sup>1</sup>

#### **Physical Therapy Phase I (Hospital Phase of Rehabilitation)**

After surgery, you can expect to have your arm immobilized in a sling. The goals will be to control pain, find a comfortable position to rest, and achieve functional independence for daily activities such as dressing and bathing while keeping your shoulder immobilized. You will also learn different range of motion exercises and stretches that you will continue at home. These exercises may vary depending on the reasons you had your surgery and the specific surgical procedure. Your team of therapists and nurses will teach you how to remove and adjust the sling and properly position your arm.

#### **Physical Therapy Phase II (Protection and Gentle Movement Weeks 1-6)**

At your first follow-up appointment after discharge from the hospital, your surgeon will determine when you will begin outpatient physical therapy. The ultimate goal of this phase is to protect the healing tissues, control pain, and gradually increase your range of motion while becoming more independent doing daily activities. At first, you will be working on passive range of motion. Passive therapy means the physical therapist will be moving your arm in prescribed directions to increase mobility. You should not be moving your shoulder on your own. It is important to increase motion before you begin to strengthen your shoulder. Be sure to follow your post-surgical precautions, and wear your sling when you are not performing your exercises. Follow your surgeon's or therapist's instructions.





# Guidebook for Shoulders

## Physical Therapy Phase III (Active Movement Weeks 6-12)

After your surgeon feels you have progressed through Phase II, you will advance to active assisted and then active range of motion exercises. The goal of this phase is to continue the gradual restoration of your shoulder range of motion. With active assisted exercise, you will use a cane/wand to “assist” the arm through a specified range of motion. After mobility and shoulder control improve, you will begin active range of motion exercises. This is moving your arm on your own. This progression is important to return you to previous activities of your choice. Your surgeon, however, may limit your range of motion. It is important to follow these precautions to ensure an optimal outcome. Some common precautions are limited shoulder external rotation, extension, and flexion (greater than 90 degrees). Continue to restrict your lifting; although pain free lifting up to 5 pounds may be allowed towards the end of this phase if you use your elbow and wrist (i.e. bending elbow with minimal shoulder motion to lift a half gallon of milk off of a low shelf).

## Physical Therapy Phase IV (Strengthening Phase Weeks 12+)

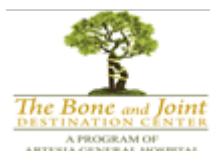
Once you are ready, your surgeon will allow you to participate in full active therapy. The goal of this phase is to gradually restore your shoulder mobility and return you to your normal activities and full independence. During this phase, you will independently perform exercises to help you achieve greater motion and strength. It is important to progress gradually through this stage and limit heavy lifting. Work with your physical therapist to reach your recovery goals without straining your muscles or developing incorrect movement patterns.

## Home Exercise and Self-Care

Your home exercise program will need to continue long after you are discharged from physical therapy. Before you are discharged from outpatient physical therapy, your therapist will provide you with a plan to help you maintain the progress you have made.



1. REHABILITATION FOR THE POSTSURGICAL ORTHOPEDIC PATIENT, ED 3  
By L Maxey; J Magnusson  
Copyright 2013, 2007, 2001 by Elsevier Mosby, Inc.





# Guidebook for Shoulders

## Discharge Plans

### Going Directly Home

- Have someone pick you up.
- Receive discharge instructions concerning medications, physical therapy, activity, etc.
- Take your Shoulder Guidebook with you.
- Patients going home will begin therapy at an outpatient PT/OT facility when directed by your surgeon.
- If Home Health services are needed, the hospital will arrange.

## Frequently Asked Questions (FAQs)

### What happens during surgery?

Hospital reserves approximately one to two hours for surgery. Time will be taken by operating room staff to prepare you for surgery. You will have general anesthetic or sedation - “being put to sleep.” Most patients also elect to have regional anesthesia or a “block” which numbs the shoulder and arm area for pain control after surgery. The choice is between you, your surgeon, and the anesthesiologist.

### Will surgery be painful?

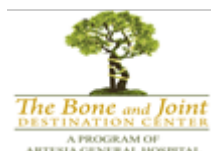
You will have discomfort following surgery, but we keep you comfortable with appropriate medication. Most patients will receive oral pain medication with some additional medication for “breakthrough” pain.

### How long and where will my scar be?

Surgical scars will vary in length, but most surgeons make it as small as possible. The incision will be approximately 4-6 inches long and located on the front of your shoulder. There may be lasting numbness around the scar. There are different approaches and techniques that will determine exactly how long and where the incision is made. Your surgeon will discuss this with you.

### How long will I need to wear a sling?

Patients should expect to wear a sling for approximately 2 to 4 weeks after surgery. The sling should be worn at all times including while





## Guidebook for Shoulders

sleeping. The sling may be removed while bathing/dressing and as directed by your therapist during stretching and exercising.

### Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. The Care Coordinator, physical therapist, and surgeon will help make necessary arrangements if you need more care after your hospital stay.

## Section Three:

# At Home After Surgery

## Caring for Yourself at Home

Things you need to know for safety, recovery, and comfort.

*Try not to nap  
during the day so  
you will sleep at*

### Be Comfortable

- Take pain medicine at least 30 minutes before physical therapy.
- Wean off prescription medication to non-prescription pain reliever. Take two Extra-strength Tylenol<sup>®</sup> tablets up to four times per day.
- Change position frequently (every 45 minutes – 1 hour) to prevent stiffness.
- Use ice for pain control at least 30 minutes each hour. Use before and after exercise program.

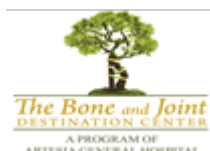
### Body Changes

- Appetite may be poor, but your desire for solid food will return.
- Drink plenty of fluids.
- May have difficulty sleeping.
- Energy level will be low. This may last for up to four weeks.
- Pain medication that contains narcotics promotes constipation. Use stool softeners twice daily while taking narcotics, and laxatives if necessary.



### Blood Clots

- You may be given a blood thinner to avoid blood clots in your legs.





## Guidebook for Shoulders

- If you are on chronic blood thinners you will be restarted on your normal medications after surgery. You may have to take shots for a few days until your oral medication returns to a therapeutic level.

### Incision Care

- Keep incision clean, dry, and covered with the water-resistant dressing provided until your follow up with surgeon in 10-14 days. (2 weeks post operative)
- No bathtubs, hot tubs, or swimming pools until approved by your surgeon.
- Change dressing only if it becomes soiled or no longer has a good seal (see instructions below).
- Notify surgeon if increased drainage, redness, pain, odor, or heat around the incision.
- Take temperature if feeling warm or sick. Call surgeon if temperature/fever exceeds 100.5 degrees.

### Dressing Change Procedure

1. Wash hands.
2. Open new dressing.
3. Remove old bandage.
4. Inspect incision for:
  - increased redness
  - increase in clear drainage
  - yellow/green drainage
  - odor
  - surrounding skin hot to touch
5. Tear half of backing off of the dressing and apply to incision.
6. Be careful not to touch the inside of the bandage that will lie over the incision.
7. Once first half of dressing is applied to incision, slowly pull rest of backing and smooth edges of the dressing as you apply.
8. Firmly rub edges of dressing to assure a good seal.





# Guidebook for Shoulders

## Recognizing and Preventing Potential Complications

### Infection

<b>Signs</b>	<ul style="list-style-type: none"><li>-Increased swelling and redness at incision site.</li><li>-Change in color, amount, and odor of drainage.</li><li>-Increased pain in shoulder area.</li><li>-Fever greater than 100.5 degrees.</li></ul>
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<b>Prevention</b>	<ul style="list-style-type: none"><li>-Take proper care of incision.</li><li>-Notify doctor and dentist you have a shoulder replacement.</li><li>-Notify dentist, doctor, or surgeon before having dental work or other invasive procedures done; prophylactic antibiotics may be prescribed.</li></ul>
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### Blood Clots

Surgery may cause the blood to slow and coagulate in veins of legs, creating a blood clot. If a clot occurs, you may need to be admitted to the hospital to receive intravenous blood thinners.

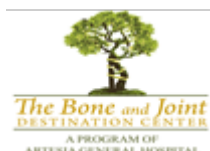
<b>Signs</b>	<ul style="list-style-type: none"><li>-Swelling in thigh, calf, or ankle that does not go down with elevation.</li><li>-Pain, heat, and tenderness in calf, back of knee, or groin area.</li><li>-Blood clots can form in either leg.</li></ul>
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<b>Prevention</b>	<ul style="list-style-type: none"><li>-Perform ankle pumps.</li><li>-Walk several times a day.</li><li>-Wear compression stockings.</li><li>-Take blood thinners as directed.</li></ul>
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### Pulmonary Embolism

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency — **CALL 911**.

<b>Signs</b>	<ul style="list-style-type: none"><li>-Sudden chest pain.</li><li>-Difficult and/or rapid breathing.</li><li>-Shortness of breath.</li><li>-Sweating.</li><li>-Confusion.</li></ul>
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## Guidebook for Shoulders

### Prevention

-Follow guidelines to prevent blood clot in legs.

## Post-Hospital Goals

**Most patients are discharged from the hospital within one to two days and go directly home. The following are typical goals for each phase of recovery.**

### Weeks One to Six

**Goal is protection of the healing structures by adhering to postsurgical precautions.**

- Continue wearing your sling as directed to allow the shoulder tissue to heal.
- Only perform the stretches and exercises provided by your therapists.
- Shower and dress each day.
- Take your pain medication as needed for pain.
- Do your home exercise program 3-5 times per day.
- Ice your shoulder for about 20 minutes several times a day, especially following exercise.
- Remember not to lift anything heavier than a glass of water.
- Take a daily walk.
- Find a comfortable sleeping position.

### Weeks Six to 12

**Goal is to gain more independence. Follow home exercise program to achieve the best results.**

- Achieve 1-6 week goals.
- Follow home exercise plan to increase mobility and begin strengthening.
- Shower and dress.
- Continue to restrict your lifting. Do not lift anything heavier than a glass of water.
- Resume homemaking tasks only if you can maintain your shoulder precautions.
- Do 20 minutes of home exercises three times a day.





## Guidebook for Shoulders

- Take a daily walk.
- Begin driving if you have stopped taking prescription pain medication and been approved by your surgeon.

### Weeks 12 Plus

**Goal is recovery to resume your daily activities and full independence. The goal of physical therapy at this point is to improve strength in your operative arm now that it is more stable. Home exercise program is important as you receive less supervised therapy.**

- Achieve 1 to 12 week goals.
- Prescribed exercises will increase movement of your shoulder to achieve optimal range of motion.
- Resistance and weight bearing exercises will be introduced.
- Perform home exercise program 3-5 times a day or as directed by your physical therapist to improve movement, function, and strength.
- Use of the sling is discontinued.

# Guidebook for Shoulders

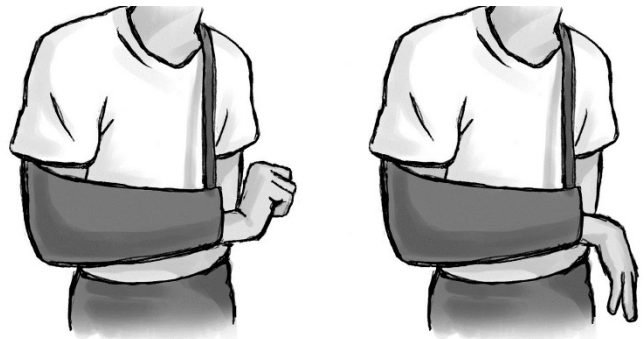
## Post-operative Exercises

Exercise is important to achieve the best results from shoulder surgery. Consult your doctor or physical therapist before starting an exercise program. Soon after discharge, you may be referred for exercise from a physical therapist, at an outpatient facility, or participate in a home exercise program. When instructed to do so, perform the following exercises 3-5 times per day. Do not continue exercises if they are extremely painful; contact your therapist or surgeon.

### 1. Wrist Flexion/Extension

While your shoulder is comfortably and secure in your sling, bend your wrist up and then down.

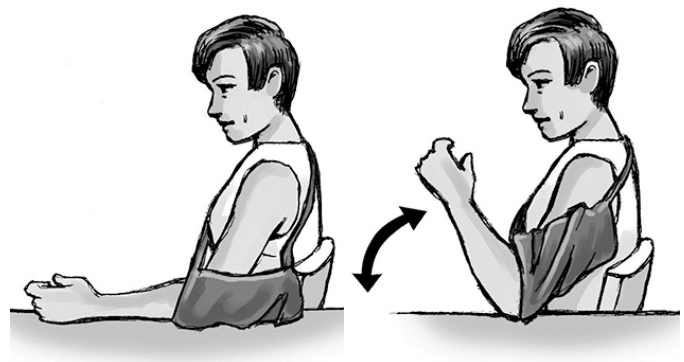
**Perform 15 reps.**



### 2. Elbow Flexion/Extension

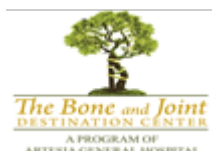
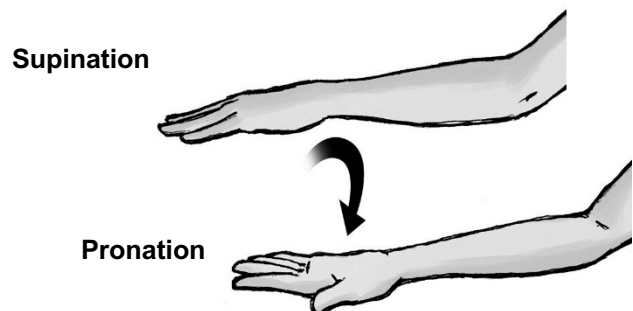
While seated with elbow supported, bend and straighten your elbow (thumbs up). Or lie on your back and place pillow under your arm. Bend and straighten your elbow.

**Perform 15 reps.**



### 3. Elbow Supination and Pronation

Rest your arm on a table with a slight bend in your arm. Then rotate your hand to face palm up. Return your palm to face down. **Perform 15 reps.**



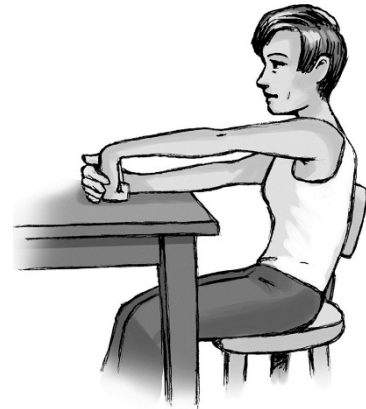


## Guidebook for Shoulders

### 4. Elbow Extension with Wrist Flexion Stretch

While seated, extend affected arm. With opposite hand, gently push hand down to flex the wrist.

**Hold for 5 seconds. Perform 15 reps.**



### 5. Elbow Extension with Wrist Extension Stretch

While seated, extend affected arm. With opposite hand, gently pull fingers towards you as you flex your wrist.

**Hold for 5 seconds. Perform 15 reps.**



### 6. Grip Squeeze

While seated, rest arm on chair or table.

Grip hand size ball firmly, squeeze then release.

**Perform 15 reps.**





## Guidebook for Shoulders

### 7. Neck (Active) Range of Motion

Tuck your chin to your chest and hold for 5 seconds.

Tilt head back, looking at ceiling and hold for 5 seconds.

Return to center. Move your head to the right while looking forward and hold for 5 seconds. Repeat to the left.

**Perform 15 reps in each direction.**

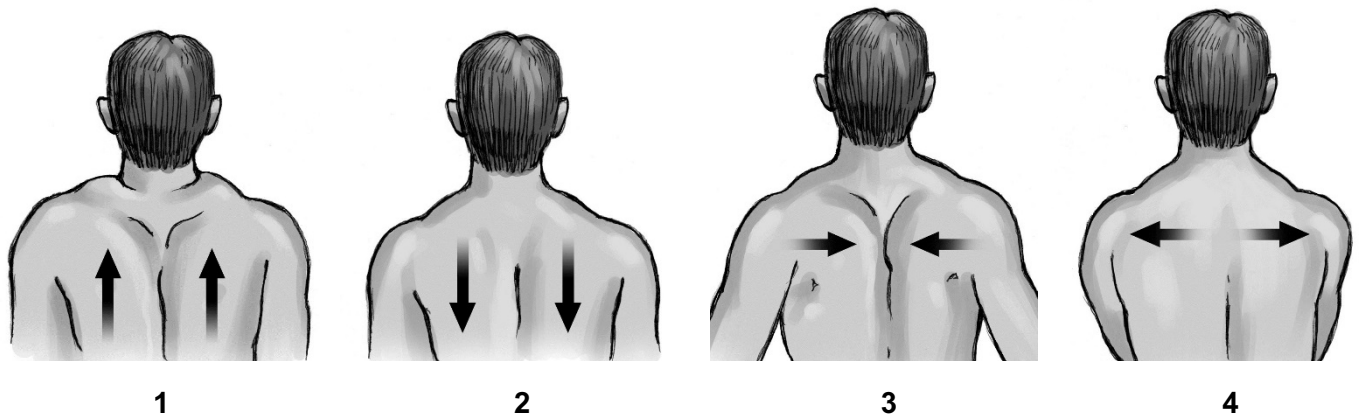


# Guidebook for Shoulders

## 8. Scapular Isolation

1. **Elevation** - With your arms resting by your side, move your shoulder blades up toward your ears, and then slowly return to the starting position.
2. **Depression** - With your arms resting by your side, move your shoulder blades down, and then slowly return to the starting position.
3. **Retraction** - With your arms resting by your side, squeeze your shoulder blades together, and then slowly return to the starting position.
4. **Protraction** - With your arms resting by your side, move your shoulder blades apart, widening the distance between them and then slowly return to the starting position.

Perform each exercise 10 reps.



## 9. Pendulum Exercises

While standing, bend 90 degrees at the waist so that you're directly facing the floor, using a table or counter for support. Let your arm dangle straight down. Rock your body gently forward and backward and then side-to-side allowing the motion to move your arm drawing circles in the air.

Perform for 2-3 minutes.



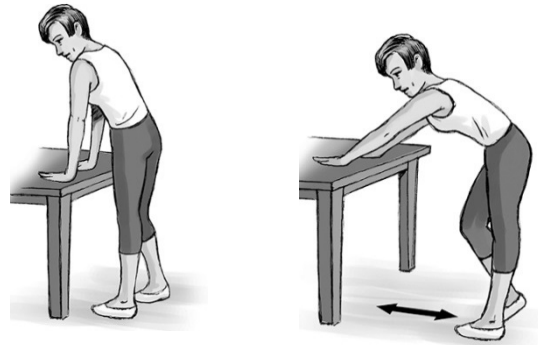
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## Closed Chain Pendulum Exercise Series

### 10. Flexion

Standing, place both palms on table. (Put hands on Table and then walk back, do not reach forward to table) Bend forward at the waist and allow your arms to gently extend then return to standing.

**Perform 15 reps.**



### 11. Abduction

Standing, place palm of affected arm on table and lean gently away from the affected arm then return to center.

**Perform 15 reps.**



### 12. Internal and External Rotation

Standing, place palm of affected arm flat on table and opposite arm by your side. Slowly rotate torso to the left until you feel a gentle stretch. Rotate to the right while keeping palm still. **Perform 15 reps.**



### 13. Ankle Pumps

Flex and point your feet.

**Perform 20 times.**

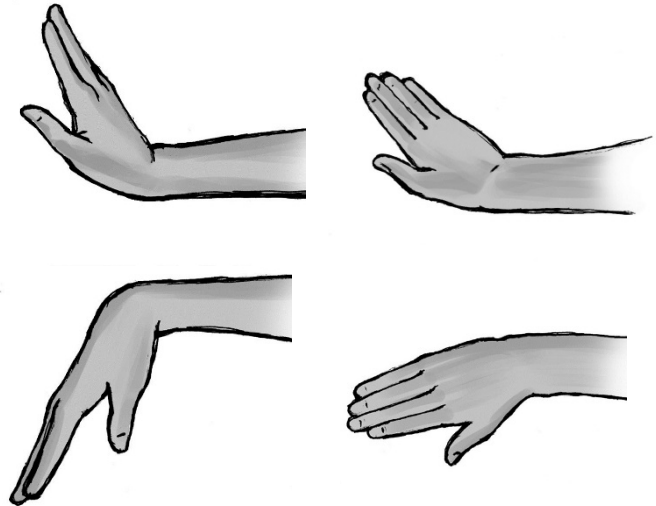


## Guidebook for Shoulders

### 14. Wrist Range of Motion

Bend wrist up towards ceiling, then downward. While keeping hand flat, bend wrist to the left and right, side to side.

**Perform 15 reps.**



### Shoulder Precautions:

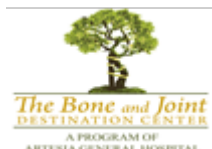
- Sling should be worn initially at all times, even when sleeping, until your doctor tells you to stop.
- Do not use your muscles to hold your shoulder in position, let the sling provide support.
- While lying down, a small pillow or towel roll should be placed behind the elbow to avoid shoulder from falling behind you.
- No lifting of objects heavier than a coffee cup.
- No excessive active or passive shoulder extension (arm motion behind back). Do not move your elbow back past your ribs for 6 weeks.
- No excessive stretching or sudden movements (particularly external rotation).
- No supporting of body weight by hand on involved side.

## Activities of Daily Living

### Stand from Chair in Sling:

Be sure to sit in chair with armrests.

1. Do not lean on your operated arm.
2. Hold the armrest with the unaffected hand.



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3. Scoot toward the front of the chair.
4. Only use non-surgical hand to push off armrest while affected arm is immobilized in sling. If a chair doesn't have an armrest, place non-surgical hand on the seat while pushing off. Have someone stand by you for support until you are balanced.
5. Reverse to sit down.

### Seated Position with Sling:

1. Pillows are used to keep proper position of your shoulder and spine, easing strain on your neck.
2. Place pillows under sling, behind the elbow and upper arm.



### Bed Transfers - getting into bed:

1. Back up to bed until you feel it on back of legs (need to be midway between foot and head of bed).
2. Reaching back with non-surgical hand, sit down on edge of bed and slowly scoot back toward center of mattress. (Silk pajama bottoms, satin sheets, or sitting on plastic bag may make it easier.)
3. Scoot hips around so you are facing the foot of the bed.
4. Do not use your operative arm to balance or reposition.



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## Bed Transfers - getting out of bed:

1. Scoot hips to edge of bed.
2. Sit up while lowering legs to floor using your non-surgical hand.
3. Scoot to edge of bed.
4. Use non-surgical hand to push off bed.
5. Balance before walking.
6. Do not use your operative arm to balance or reposition.

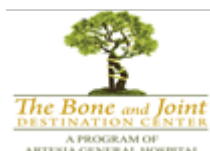
## Lying in bed with sling:

1. Lying on your back may be the most comfortable position. Keep a pillow under the operated shoulder to prevent it from falling backwards.
2. Initially, avoid lying on the operative shoulder. Once you are permitted, you may sleep on your non-operative side and prop the operated arm on a pillow so it does not fall forward.



## Car Transfers:

1. Push car seat all the way back; recline seat back to allow for adequate room to get in and out, but always have it upright for travel.
2. Place plastic bag on seat to help you slide.
3. Back up to car until you feel it touch back of leg.
4. Hold on to immovable object – car seat or dashboard – with your non-





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surgical arm. Watch your head as you sit down. Slowly lower yourself to car seat.

## Getting Dressed

**Always dress the operated arm first.**

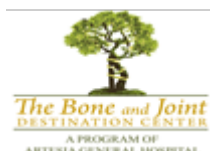
### Putting on shirt:

1. From dangle position, put your operated arm into the sleeve first.
2. Do not use your operated arm to assist.
3. Once your arm is in the sleeve, bring the garment around your back and put the other arm in.
4. Do NOT reach behind with the operated arm.
5. Replace sling.



### Taking off shirt:

1. Undo the neck strap of the sling.
2. Remove non operated arm from sleeve first.
3. From dangle position, use non operated arm to help remove affected arm from sleeve.
4. Put arm back into sling.





# Guidebook for Shoulders

## Using sock aid:

1. Slide sock onto sock aid.
2. Hold cord with non-surgical hand and drop sock aid in front of foot. Easier to do if knee is bent.
3. Slip foot into sock aid.
4. Straighten knee, point toe, and pull sock on with non-surgical hand. Keep pulling until sock aid pulls out.



## Using long-handled shoehorn:

1. While seated, with non-surgical hand, use reacher, dressing stick, or long-handled shoehorn to slide shoe in front of foot.
2. Place shoehorn inside shoe against back of heel.
3. Step down into shoe, sliding heel down shoehorn.



# Guidebook for Shoulders

## Around the House: Saving Energy and Protecting Your Joints

### Kitchen

- Keep sling on while performing chores and do not use operated arm.
- Packaging that can be opened easily, with one hand would be best.
- For the first several weeks, you may only use your non-surgical side to feed yourself.
- Remember DO NOT lift anything heavier than a cup of coffee or glass of water.
- Plan ahead! Gather all cooking supplies at one time. Sit to prepare meal.
- Place frequently-used cooking supplies and utensils where they can be reached without much bending or stretching.
- To provide better working height, use a high stool or put cushions on a chair when preparing meals.



### Bathroom

Remember NO reaching, pushing, or pulling with your operated arm. You may perform light cleaning with one hand only. Keep arm in sling while doing any light chores.

### Safety Tips and Avoiding Falls

- Your arm swing actually adds balance while walking. You may feel slightly off balance with your arm in a sling. A physical therapist may suggest you use a cane initially if you are at all unsteady while walking.
- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or have non-skid backs.
- Be aware of floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout. Install nightlights in bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs — this is a fire hazard.
- Sit in chairs with arms to make it easier to get up.
- Rise slowly from either sitting or lying position to avoid getting light-headed.
- Do not lift heavy objects for first three months and then only with surgeon's permission.



# Guidebook for Shoulders

## Dos and Don'ts for Rest of Your Life

### What to Do

- Notify your dentist or other doctor/surgeon in advance if you are having dental work or other invasive procedures. Generally, antibiotics are taken prior to procedure.
- Although risks are low for post-operative infections, a risk remains. A prosthetic shoulder could possibly attract bacteria from an infection located in another part of your body.
- If you develop a fever of more than 100.5 degrees or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a dressing or adhesive bandage on it, and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if area is painful or reddened.
- When traveling, stop and change positions hourly to prevent your shoulder from tightening.

### Exercise

With permission from your orthopedic surgeon and primary care doctor, you should be on a regular exercise program three to four times per week, lasting 20 to 30 minutes.

- Inappropriate activity with your shoulder may cause damage. Always review exercises with your surgeon before starting.
- Walking regularly is an excellent way to stay active as your shoulder is healing.

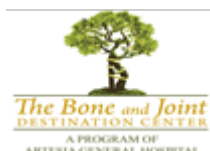
### Exercise – Do

- Choose low impact activity.
- Recommended exercise classes.
- Home program outlined in Guidebook.
- Regular one- to three-mile walks.
- Treadmill (for walking).
- Stationary bike.
- Aquatic exercises.
- Regular exercise at fitness center.
- Low-impact sports such as golf, bowling, gardening, dancing, swimming, etc.
- Consult surgeon or physical therapist about specific sport activities.



### Exercise – Don't

- Do not run or engage in high-impact or jarring activities.
- Do not participate in high-risk activities such as contact sports.





## Guidebook for Shoulders

- No heavy or repetitive shoulder lifting.
- Do not take up sports requiring strength/agility until you discuss with your surgeon or PT.

### Recommended Exercise Classes

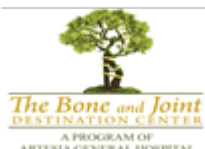
#### **Classes**

Check with your physical therapist regarding what classes they offer or recommend within your community.

#### **Aquatic**

Participants are led by certified aquatic fitness professionals through a series of designed exercises that, with the aid of the water's buoyancy and resistance, can improve shoulder flexibility and muscular strength. Warm water and gentle movements can help relieve pain and stiffness. Your doctor's permission is required.

***You need a regular  
exercise program to  
maintain the fitness  
and health of muscles  
around your shoulders.***



# Guidebook for Shoulders

## Importance of Lifetime Follow-up Visits

### When should you follow-up with your surgeon?

- Every year, unless instructed differently.
- Anytime you have mild pain for more than a week.
- Anytime you have moderate or severe pain.

There are reasons for routine follow-up visits with your orthopedic surgeon.

If you have a cemented shoulder, the integrity of cement needs to be evaluated. With time and stress, cement may crack. A crack in cement does not necessarily mean you need another surgery, but it means things need to be followed more closely.

Your shoulder could become loose and this might lead to pain. Alternatively, the cracked cement could cause a reaction in the bone called osteolysis which may cause the bone to thin out and cause loosening.

Second reason for follow-up is the plastic liner in your shoulder may wear. Tiny wear particles combine with white blood cells and may get in the bone and cause osteolysis (similar to what can happen with cement).

X-rays taken at follow-up visits can detect problems. New x-rays can be compared with previous films to make these determinations. This will be done in your doctor's office.

If you are unsure how long it has been or when your next visit should be scheduled, call your doctor.



# Guidebook for Shoulders

## Frequently Asked Questions (FAQs)

### **Will I need help at home?**

For the first few days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. If you go directly home from the hospital, the Care Coordinator or social worker will assess your needs. Family or friends need to be available to help. Preparing ahead before surgery can minimize amount of help needed. Having laundry done, house cleaned, yard work completed, clean linens, and single portion frozen meals will reduce the need for help.

### **Will I need physical therapy when I go home?**

Yes, you will have either outpatient or in-home physical therapy. Patients are encouraged to utilize outpatient therapy. Your Orthopedic Care Manager will help arrange for these appointments. If you need home physical therapy we will arrange for a physical therapist in your home. Following this, you may go to an outpatient facility several times a week to assist in your rehabilitation. Length of time for this type of therapy varies with each patient.

### **Will my new shoulder set off security sensors when traveling?**

Your shoulder replacement is made of metal alloy and may or may not be detected when going through some security devices. Inform the security agent you have a metal implant. The agent will direct you on security screening procedure.





# Guidebook for Shoulders

## Section Four:

### Appendix Glossary

- **Active Range of Motion:** Movement through available range of identified plane of motion without assistance.
- **Abdomen:** Part of body commonly thought of as the stomach; it's situated between hips and ribs.
- **Ambulating:** Walking.
- **Assistive Devices:** Walker, crutches, cane, or other device to help you walk.
- **Assisted Range of Motion:** Movement of arm through available range of identified plane with assistance of person, cane, or wand.
- **Compression Stockings:** Special stockings that encourage circulation.
- **Dorsiflexion:** Bending back foot or toes.
- **Dressings:** Bandages.
- **Embolus:** Blood clot that becomes lodged in a blood vessel and blocks it.
- **Extension:** Moving arm straight back behind body with elbow straight
- **External Rotation:** Moving arm in rotation position (i.e., hand behind head).
- **Flexion:** Moving arm in front of the body.
- **Incentive Spirometer:** Breathing tool to help exercise lungs.
- **Incision:** Wound from surgery.
- **IV:** Intravenous.
- **Osteolysis:** Condition in which bone thins and breaks down.
- **OT:** Occupational therapy.
- **PT:** Physical therapy.
- **Precaution:** Rule to promote optimal outcome.
- **Sling:** Device that holds arm in position for healing.

