

# Shoulder Surgery Guidebook

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# Shoulder Surgery Guidebook

## Your Activity Schedule

PRE-OP SURGICAL APPOINTMENT \_\_\_\_\_ at \_\_\_\_\_ AM PM

WITH DR. \_\_\_\_\_

The Wellness Center  
2815 New Pinery Road - Suite 3  
(608) 745-6420

LABWORK: \_\_\_\_\_

Main Hospital Entrance  
2817 New Pinery Road  
Check-in at Registration  
(608) 742-4131

SHOULDER CLASS \_\_\_\_\_ CHECK-IN TIME 12:45PM (Bring your Coach & Guidebook)

**For Total Joint Replacement Patients:**  
Divine Savior Main Hospital  
2817 New Pinery Road – lower level Café A/B  
(608) 745-6420  
Joint Care Coordinator: (608) 617-5260

**For all other Shoulder Surgery Patients:**  
The Wellness Center  
2815 New Pinery Road  
(608) 745-6290

DATE OF SURGERY \_\_\_\_\_ CHECK-IN TIME \_\_\_\_\_ AM PM

Divine Savior Healthcare  
Main Hospital Entrance  
2817 New Pinery Road  
Check-in at Registration  
(608) 742-4131

POST-OP APPOINTMENT \_\_\_\_\_ at \_\_\_\_\_ AM PM

WITH DR. \_\_\_\_\_

The Wellness Center  
2815 New Pinery Road  
Suite 3  
(608) 745-6420

OUTPATIENT THERAPY \_\_\_\_\_ WITH \_\_\_\_\_

The Wellness Center  
2815 New Pinery Road - Suite 1  
(608) 745-6290

OTHER: \_\_\_\_\_



## Welcome to Divine Savior Healthcare

Thank you for choosing Divine Savior Healthcare for your orthopedic care. We want to help you return to an active lifestyle as soon as possible. Our team is here to provide you with compassionate and expert care to improve your quality of life. A successful surgery requires that you take an active role in your pre-operative and post-operative care as well as your physical rehabilitation. We encourage family involvement, and we encourage you to speak up with questions regarding your care.

If you and your orthopedic surgeon have decided that you are a good candidate for surgery, you will need time to prepare, both physically and mentally. This guidebook is designed to help you prepare for your procedure and help you actively participate in your care plan. It will provide useful and important information about your surgery and serve as a reminder and reference after surgery. We encourage you to contact our team with any questions.

We hope that we are able to provide you with a truly excellent health care experience and that your recovery is quick and complete.

### Mission of Divine Savior

Divine Savior Healthcare's mission involves serving the healthcare needs of Portage and the surrounding communities since 1917. We are deeply committed to a process of continuously improving the quality of care and services provided as an integral part of the Church's healing ministry to all persons. We believe God is the author of life, that every life holds meaning and that caring for life is our reason for being.



# Shoulder Surgery Guidebook

## Quick Reference — Contact Numbers

### Divine Savior Healthcare Main: 608-742-4131

Please use the above number after hours or for emergencies or to be directed easily within the facility. If there is a number or department not listed, please contact the main hospital number to be connected to that area. **(608-742-4131)**

#### Orthopedic Clinic:

Total Joint Care Coordinator..... 608-617-5260

#### Concierge/Guest Services

at the Wellness Center: ..... 608-745-6239

*Clinic & Concierge Hours: M-F 8:00 a.m. – 4:30 p.m.*

Tivoli: ..... 608-745-5900

Home Care: ..... 608-745-6400

#### Rehab Services:

Inpatient: ..... 608-745-5063

Tivoli: ..... 608-745-4347

Outpatient – Portage

at the Wellness Center: ..... 608-745-6290

Outpatient-Crossroads: ..... 608-589-5333

If there is a number or department not listed, please contact the main hospital number to be connected to that area. **(608-742-4131)**

#### Joint Care Coordinator (JCC):

- Will review at-home needs after surgery.
- Will assess and plan for anesthesia and medical clearance for surgery.
- Will act as your advocate throughout treatment.
- Will answer questions and coordinate hospital care.
- Will coordinate discharge plan.

**Orthopedic Clinic Patient Care Staff** — will care for you during your clinic visits before and after surgery.

**Registered Nurse (RN)** — will ensure orders by your doctor are completed and help manage your comfort during your stay.

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

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

## Shoulder Surgery

### Frequently Asked Questions

You and your Orthopedic Surgeon have decided that surgery is the right decision for you. Below is a list of commonly asked pre and post-surgical questions that will help make your recovery more successful. Many of these topics will also be discussed in greater detail in upcoming sections of this manual.

**1. What next?**

- a. You and your surgeon will select a date for the procedure.
- b. You are scheduled for a pre-operative appointment, a post-operative appointment, post-operative rehabilitation, and a medical clearance appointment if deemed necessary.

**2. What happens at the Pre-operative appointment?**

- a. You and your surgeon will review the diagnosis and procedures to be performed in detail.
- b. You will review “frequently asked questions.”
- c. You will review the surgical consent form, the risks, benefits, and the expected outcomes of the procedure in detail.

**3. What time will my surgery start?**

- a. The Surgery department will call you before your procedure with your arrival time.
- b. Please arrive on time.
- c. There are rare instances when the care of patients with acute injuries must take precedence over scheduled, elective procedures. Should this happen to you, your procedure will be rescheduled as soon as possible to make certain that your experience goes as smoothly as possible.

**4. Will I need any tests done before surgery?**

- a. Your Orthopedic Surgeon and the anesthesia department will arrange any tests you may need and educate you about them as needed.
- b. Some surgeries require a urinalysis to rule out a urinary tract infection.
- c. Depending on your age and level of health your primary Physician may be asked to examine you and provide medical clearance before your procedure. The pre-operative clinic appointment and the anesthesiology guidelines will help to determine if further testing is needed before surgery.

**5. Should I take all of my medications before surgery?**

- a. Please consult with your primary Physician regarding your medications
- b. Your surgeon may ask you to stop taking all NSAIDs (aspirin, Motrin, Aleve, Diclofenac, etc.) one week in advance of surgery.
- c. Typically, you will need to stop medications that thin your blood: ie: Coumadin, Plavix. It is important that you ask your primary care physician before stopping any medications.
- d. Please ask about medication a few weeks in advance if you are uncertain.

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## 6. Do I need to shower before surgery?

- a. Yes, you will need to shower the night before, as well again the morning of your surgery.
- b. After each shower, you will use a Sage cloth wipe (given to you at your pre-operative visit), covering your whole body from your chin to toes.
- c. You need to avoid shaving armpits for at least 3 days before surgery to avoid any nicks, cuts and scrapes to your skin.
- d. Do not apply deodorant, lotions, oils, creams or ointments to your skin after showering.
- e. If you wear nail polish, please remove it before arriving for surgery.

## 7. Why can't I eat or drink after midnight?

- a. If your stomach has food or liquid in it and we sedate you for surgery, you may throw up from the medications. This can cause aspiration pneumonia which can be deadly. We are very serious about this restriction.
- b. Sips of water for prescription medication are allowed.

## 8. What can I do at home before surgery to help with rehab after surgery?

- a. Daily stretching as tolerated to keep your shoulder as limber as possible is important. You may be sent to therapy prior to surgery for stretching.
- b. Practice using your opposite hand to perform activities of daily living (ADL) such as eating, dressing, toileting, brushing your teeth, etc.
- c. Clean up any clutter around your home. You will not want to fall after your surgery.
- d. Arrange your home so you can get around safely without navigating stairs if possible.
- e. Consider how you would be most comfortable sleeping post-operatively.
  - i. Reclining chair might be most comfortable
  - ii. Or... prop yourself in bed with pillows under you head, shoulders, and arm to achieve a semi-reclined position.
- f. Have a phone at your bed or chair side.
- g. Have a night-lite in your bathroom or hallway.
- h. Have ready made meals for the first week post surgery.
- i. Have plenty of ice on hand for pain and swelling control.

## 9. What type of anesthesia will be used?

- a. The anesthesia professional typically will give you the opportunity to have a regional anesthetic as well as a general anesthetic.
- b. Inter-scalene block- a local anesthetic is injected into the nerve roots of your shoulder and arm to temporarily block sensation.

## 10. How long will my surgery take?

- a. Most shoulder surgeries last between 1 ½ and 2 ½ hours.
- b. If the surgery is going to take longer, your physician will contact your family/care-giver during the case.

## 11. What will my incision look like?

- a. Typically, there will be 3-5 small incisions around the shoulder for arthroscopic surgeries.
- b. Typically, there will be a 2-4 inch diagonal incision on the front part of the shoulder for fracture repairs.
- c. For open biceps tenodesis repairs, there is typically a 1-2 inch incision on the front of the shoulder.

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# Shoulder Surgery Guidebook

## 12. When will my stitches come out?

- a. Any non-dissolvable stitches will typically come out at your first follow up appointment at 10-14 days post surgery.

## 13. Will I wear a sling?

- a. Yes, you will wear a sling full time until specified by your surgeon.
- b. You may remove your sling for showers, ROM exercises, and if using a Continuous Passive Motion (CPM) machine.
- c. When you remove your sling support your shoulder in the “happy position” by pointing your hand forward and placing a couple of pillows underneath your arm and armpit. This will like help reduce the pain.

## 14. When should I wear the sling?

- a. After the first two weeks it is okay to be out of the sling around the house. Let your arm swing naturally when you walk. Continue to follow all restrictions with regard to ROM and lifting limitations as instructed by your physician or therapist.
- b. Typically a sling is required for sleeping initially. Your surgeon or therapist will instruct you regarding sling use.
- c. You should wear the sling for the first 6 weeks when out of the house.

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

- a. **Arthroscopic procedures:** you will be discharged home the same day of surgery after you have met the guidelines for safe discharge set by the anesthesiology staff.
- b. **Shoulder replacement procedure:** you will spend 1-2 days in the hospital.

## 16. How much pain will I have?

- a. Your inter-scalene block should wear off between 12 and 24 hours after surgery. You will know this when your fingers start to tingle. At this point you will have about 3 hours before the block is completely worn off.
- b. At this point, you will need to take your prescribed pain medication as instructed or you may have a significant amount of pain.
- c. The first night can be quite uncomfortable, but with consistent use of pain medication, ice, proper positioning, and rest, your pain should be controllable.
- d. After the first 48 hours your pain should continue to improve slowly and by two weeks after surgery, you should be feeling much better.
- e. The worst pain typically lasts 8-12 hours.

## 17. Should I put ice on my shoulder? (Have plenty of ice on hand for 1-2 weeks)

- a. Yes, ice will help reduce swelling and pain.
- b. Do not fall asleep with ice on your shoulder as this can cause serious damage to your skin, especially while the pain block is still working.
- c. Ice packs should be placed on your shoulder for 20 minutes followed by 20 minutes of rest without ice. This schedule should be repeated throughout the first 24-48 hours as possible. After that, ice should be used as needed to control pain and reduce swelling.
- d. Your physician or therapist may also discuss using a cold therapy unit for pain and swelling control. Prior authorization by your insurance company will likely be required.

*Continued on next page*

## 18. What medications will be prescribed?

- a. Your Orthopedic Surgeon will prescribe medication on the day of your surgery. Please discuss any medication allergies or sensitivities with him before then.

**\*\*Please remember not to drive while taking prescribed pain medications as they may alter your reaction time and alertness.**

## 19. When can I shower after surgery?

- a. You may remove your dressing 48 hours after surgery and then you may shower.
- b. Let warm, soapy water run over your incision. Do Not scrub or rub your incision. Pat it dry with a clean towel and then place a clean, dry bandage on it to keep it from being irritated under your clothing.
- c. Do not submerge incisions under water until cleared by your surgeon.

## 20. How should I care for my incision?

- a. Place a dry bandage on your incision after your shower every day.
- b. You may keep it open to the air as much as you like, but you should cover it when you leave the house and for sleeping.
- c. Do not expose your incision to the sun. The sun can cause the scar to heal in a less cosmetic way.
- d. Do not rub your incision or put any lotions, creams, oils or ointments on it until your physician or therapist instruct you to do so.

## 21. What are the signs of possible infection?

- a. Redness and swelling around the incision.
- b. Drainage from the incision of any kind.
- c. Splitting open of the skin edges.
- d. Fevers greater than 101 degrees F.
- e. Pain that is “uncontrollable”.

**\*\* If you suspect infection, call your Orthopedic Physician immediately.**

## 22. What is a CPM (Continuous Passive Motion machine) and will I need one?

- a. A CPM is a machine that moves your shoulder in a slow and controlled manner to help minimize stiffness and pain during your first two to four weeks after surgery.
- b. Your Orthopedic Surgeon will determine if a CPM is right for you based on the results of your procedure. If needed, the physician’s staff will order a CPM that will be delivered to your home and a skilled technical rep will train you to use it. A prior authorization may be required by your insurance.

## 23. How often should I use my CPM?

- a. Your physician will modify your protocol based on the results of your surgery. As a general rule you should be in the CPM at least 3-4 hours daily.
- b. Each session in the CPM should be at least one hour and should include a 15 minute period or warm up followed by 30-40 minutes of progressive stretching and another 15 minutes to cool down.
- c. Follow the protocol provided by your surgeon.
- d. If it is too difficult to increase the motion 2 degrees every 15 minutes, try 1 degree every 15 to 30 minutes.
- e. Always begin your next workout session at least one step lower than the previous session to avoid “cold stretching”.

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## 24. What are my post-operative restrictions?

- a. Specific directions will be given by your surgeon or therapist, depending on the severity and type of repair.
- b. **Rotator cuff repair patients:**
  - i. No lifting of your arm using your own power (NO Active Range of Motion) for 6 weeks post operation.
  - ii. You may use your other arm, another person, or the CPM to move you shoulder passively for six weeks post operation.
  - iii. No lifting anything heavier than the sports section of the newspaper for six weeks post operation.
  - iv. You may use your arm for other activities that do not involve lifting, or raising your hand above waist level (e.g. keyboarding, buttoning your pants).
- c. **Other shoulder surgeries:** specific direction will be given to you by your Orthopedic Surgeon or therapist.

## 25. Do I have to sleep any certain way after surgery?

- a. You will probably find it more comfortable to sleep in a reclining chair or in bed with multiple pillows to support you in a reclined position and support your arm even with your trunk.
- b. Initially, while sleeping you should...
  - i. Wear your sling.
  - ii. Support your elbow with one or two pillows.
  - iii. Cover your incisions with a clean, dry bandage.
  - iv. Ask your surgeon how long this should be continued.

## 26. When can I drive?

- a. You may drive when you are no longer taking narcotics and your shoulder is functioning well enough for you to have normal response times and agility to safely navigate your vehicle without compromising your healing process.
- b. The average patient feels comfortable retuning to driving between 4 and 6 weeks after surgery. You may wish to discuss this with your Doctor and you should contact your insurance company regarding any specific restrictions they may have in the post-operative period.

## 27. When do I return to the Orthopedic Surgeon's office for follow up?

- a. 10 to 14 days after hospital discharge.
- b. 6 weeks after hospital discharge.
- c. 12 weeks after hospital discharge.
- d. 24 weeks after hospital discharge
- e. As needed or as directed by your surgeon thereafter.

## 28. Should I schedule an appointment to see my primary care physician after surgery?

- a. Your Orthopedic Surgeon may ask certain patients to see their physician after surgery. If you have further questions please write them in the note section found at the back of this guidebook to discuss with a member of your care team

## Social Service Support

Our social service staff is here to assist you. They can provide you with resources and services you may need after your surgery. Below is a list of resources that may benefit you if indicated after your surgery. We encourage you to reach out to these agencies prior to your surgery to arrange for services if needed.

## Healthcare Decisions/Advanced Medical Directives

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. Our Social Services department at Divine Savior Healthcare can also assist in helping to explain these decisions.

- **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. If you do not have this and would like assistance in completing, a member of our Social Services department can assist. You may download the document directly from the internet and complete on your own as long as you have 2 non-family members available to witness your signature.

### Instructions and the document can be found at:

<http://www.dhs.wisconsin.gov/forms/AdvDirectives/F00085.pdf>. The Social Workers at Divine Savior

Healthcare are also able to assist you in drafting this document. Please call 608-742-4131 to schedule a time prior to your surgery.

## Community Resources

- **Aging and Disability Resource Center**—your one stop shop for information and assistance regarding services available in your community including but not limited to private pay in home services and applying for public assistance programs.
  - Columbia County: 608-742-9233 or [www.co.columbia.wi.us/columbiacounty/adrc](http://www.co.columbia.wi.us/columbiacounty/adrc)
  - Marquette County: 608-297-3164 or [www.adrcinformation.org](http://www.adrcinformation.org)
- **Medical Transportation (Commission on Aging):**
  - Columbia County: 608-742-9213
  - Marquette County: 608-297-3104
- **Home Delivered Meals:**
  - Columbia County: 608-742-9233
  - Marquette County: 608-297-3146
- **ABC Connections:** An interfaith volunteer caregiver program serving the elderly and disabled in Columbia and southern Marquette counties. Please call 608-742-4039 for more information

## 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.
- Gather extra pillows to support your arm in your chair and bed.
- Prepare meals and freeze them
- Consider pre-pay bills or have someone help with making bill payments.
- Grocery shop and plan for light snacks to take with medication
- Arrange living space to accommodate CPM chair (needs outlet)
- Consider sleeping arrangements – recommend recliner for first couple of weeks, but consider if surgery is on Right side, chair recline lever is usually on Right
- Arrange to have help taking care of children and / or pets for the first couple weeks.
- Have phone accessible to you at all times
- Prepare extra ice for polar pack or make ice packs (freeze hand sanitizer in Ziploc bag)
- 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 (approximately 4-6 weeks). If you need support for driving, consider others who can offer rides or use of public transportation such as taxi or medical transport services. (See Social Services section for resources)



## 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-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.



### 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 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.

### 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.

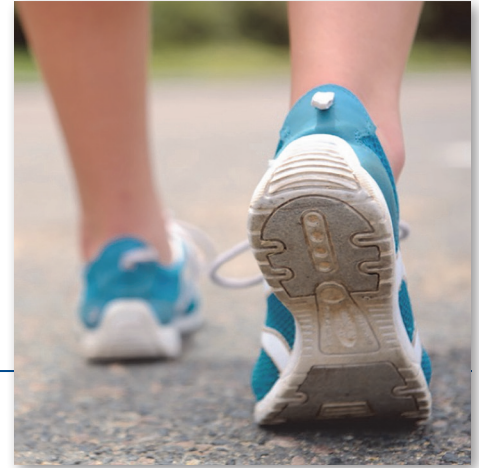




## Start Pre-operative Exercises

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 surgery.**



## 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.)**

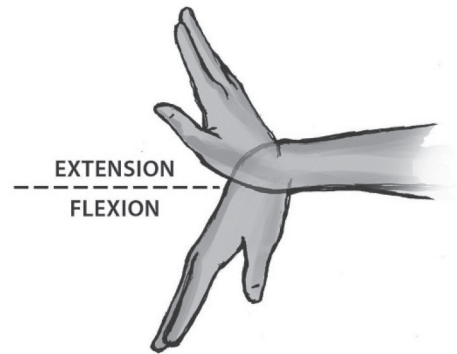
We recommend doing these exercises 4-6 times per day.

- 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

## 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.



## 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.

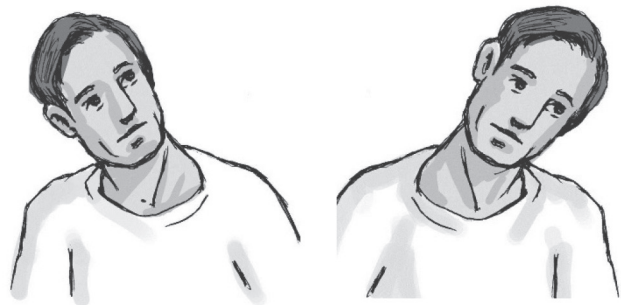
Perform 10 sets.



### 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.

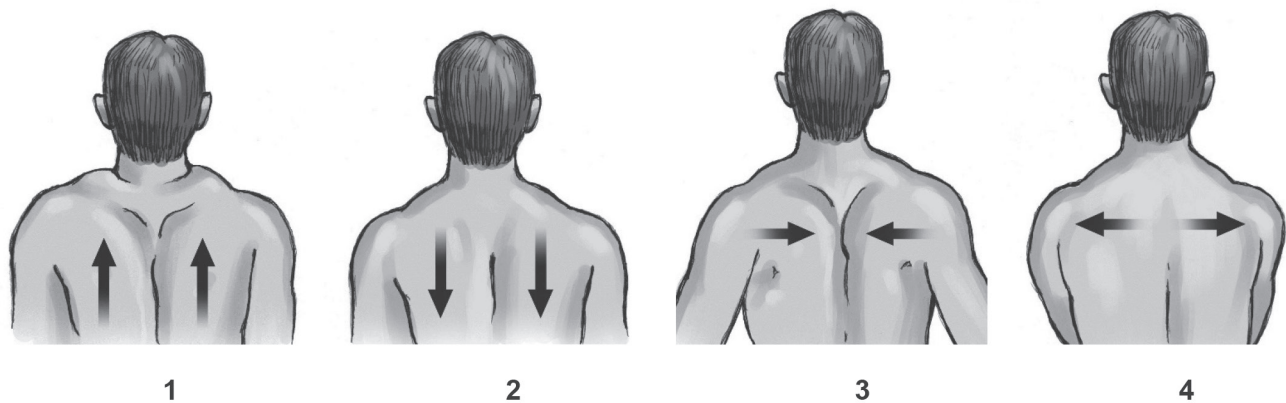
Perform 10 sets.



## 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.



## 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. Rock your body forward and backward and then side-to-side, using body movement to gently swing arm.

Perform for 2-3 minutes.

**Do not stand and make circles with your arm...Keep your arm relaxed.**



## 6. 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.



## Joint Replacement Surgery

### 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.

### 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.

#### Shower Prep

Before surgery, you will have an important role in reducing your risk of infection at the surgery site. You can reduce the number of germs on your skin by gently cleansing your skin with the Sage 2% Chlorhexidine Gluconate Wipes.

Please follow the following instructions the evening before your surgery and repeat again the morning of surgery:

***If you have any scrapes, rash, scabs, infections, or breaks in the skin anywhere on or near your operative site, please contact your orthopedic surgeon before showering/bathing.***

## Sage Wipe Instructions for Surgical Skin Preparation

**What are SAGE wipes?** Sage Wipes [2% chlorhexidine gluconate (CHG)] are germ-killing (antiseptic) cloths used to wash your skin. It is very important in reducing infection risks for surgery patients! The living skin is a constant source of germs. CHG kills 99% of germs on the skin to help prevent germs from getting into an open wound or your bloodstream and causing serious infection.

**When should you NOT use these wipes?** Do not use on children under two months of age. Do not use these wipes if you:

- Have an allergy to Chlorhexidine Gluconate (CHG)
- Currently have severe skin breakdown, rash or burns
- Are receiving radiation therapy
- Are receiving thiotepa (chemotherapy drug)

When should you use these wipes? You will use them twice: the evening before and again the morning of surgery. There are 2 wipes in each pack; you will use a total of 3 packages the night before surgery. You will have another bath or shower the morning of surgery and use the remaining 3 package of wipes, repeating the steps again.



If you do experience redness or itching, rinse the area with cool water. Dress in clean clothes, and notify your nurse once admitted to the hospital.

*Continued on next page*

# Shoulder Surgery Guidebook

## How to use the wipes?

1. After showering, dry off with a clean towel. Allow your skin to fully dry and cool off before using wipes. Cool, dry skin is less likely to get irritated from the Sage wipes.
2. Use 3 package of wipes, using a circular or back and forth motion over your body. Wipe each area thoroughly, but do not scrub. Do not use the wipes on your head or face.
3. Use three packages (total of six wipes) of Sage wipes:

**Cloth 1** Wipe your chest and abdomen.

**Cloth 2** Wipe both arms, starting at the shoulder and ending at fingertips. Then thoroughly wipe armpit areas.

### Open a new pack:

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

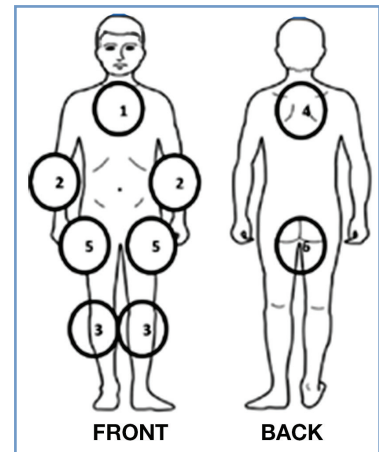
**Cloth 4** Wipe your back starting at the base of your neck to your waist line. Help may be required.

### Open a new pack:

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

**Cloth 6** Wipe the buttocks. Wash hands or use hand sanitizer.

4. Do not rinse or wipe off the skin after using the CHG wipes. Your skin may feel tacky or sticky for a minute or two until the Sage product dries; this is normal. Do not apply lotions, oils, creams, or ointments to skin. Let the skin air dry. Skin may feel sticky for a short time as it dries. Put on clean clothing. Sleep in clean bed sheets.



## Items to Bring to the Hospital

- Personal hygiene items (toothbrush, deodorant, battery-operated razor, etc.)
- Loose fitting shorts or pants with elastic waist
- Button front or zip front tops
- Slide on shoes or shoes with elastic shoelaces; flat shoes or tennis shoes
- Battery-operated items (NO electrical items)
- Copy of Advance Medical Directives (if you have one)
- Insurance card, driver's license, or photo ID
- Co-payment if required by insurance company

## Special Instructions

- Pre-admission testing nurse will inform you which medications, if any, to take on the morning of surgery.
- Leave jewelry, valuables, and large amounts of money at home.
- Remove makeup before procedure.
- Remove finger nail polish.
- No body lotion or deodorant on the day of surgery.

## Hospital Care on Surgery Day — 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

- 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 your room.
- 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 encouraged to get 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 after a Shoulder Replacement — What to Expect

### POST-OP DAY 1

- It is expected in the hospital that you will be out of bed, bathed, and dressed in your own clothes before breakfast. Button or zip front tops are best.
- Your surgeon will visit while you are in the hospital
- The Physical Therapist will assist you with walking if indicated.
- The Occupational Therapist will help you learn to dress, groom, and manage your sling, they will go over your exercise program and teach you about your precautions.
- 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 order your lunch and eat. Discharge to home could be in the afternoon.
- Your coach is encouraged to be present.
- Most patients go home the day after surgery with our team working to assure you are safe to go home.

### POST-OP DAY 2

- Expect to be out of bed, bathed, and dressed in your own clothes. Button or zip front shirts are best.
- You will have therapy; it would be helpful if your coach participates.
- The goal is to discharge you after morning therapy.

## Shoulder Surgery

### 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.

### 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.

### Items to Bring to the Hospital

- Loose fitting shorts or pants with elastic waist
- Button front or zip front tops
- Slide on shoes or shoes with elastic shoelaces; flat shoes or tennis shoes
- Copy of Advance Medical Directives (if you have one)
- Insurance card, driver's license, or photo ID
- Co-payment if required by insurance company

### Special Instructions

- Pre-admission testing nurse will inform you which medications, if any, to take on the morning of surgery.
- Leave jewelry, valuables, and large amounts of money at home.
- Remove makeup before procedure.
- Remove finger nail polish.
- No body lotion or deodorant on the day of surgery.



## Surgery Day — 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

- 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.
- Initially, pain is minimal if you had a nerve block. 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.

## Pain can be managed in several ways:

- Pain Medication
- Changing positions
  - Pillows, CPM, exercise
- Ice
- Rest
- Deep breathing
- Use of sling/pillows for support

## “Normal” Post-surgical Discomfort

### Incision Site

- Soreness, pressure
- Tender to touch
- Deep ache in shoulder and down arm

### Swelling/Bruising

- Tightness around the incision/joint
- Treat with elevation, ice and moving of fingers and elbow

## Recognizing and Preventing Potential Complications

### Infection

#### SIGNS

- Increased swelling and redness at incision site.
- Change in color, amount, and odor of drainage.
- Increased pain in shoulder area.
- Fever greater than 100.5 degrees.

#### PREVENTION

- Take proper care of incision.
- Notify doctor and dentist you have a shoulder replacement.
- Notify dentist, doctor, or surgeon before having dental work or other invasive procedures done; prophylactic antibiotics are generally prescribed.

## Therapy After Shoulder 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 therapist will guide your individual progress through each phase. 1

### **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 (elbow at your side). 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.

### **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 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 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.

### **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. Your therapist will direct your progression under the direction of your following your surgeon's protocol. 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).

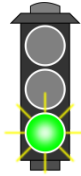
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# Watching the signs of a healthy recovery for Joint Replacement

Keep your appointments for rehab and your follow-up in the Ortho clinic.

Maintain joint precautions! Keep up with daily exercises, walking, stockings, vitamins, and your anticoagulant if ordered.

**GREEN**



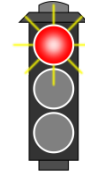
You are in control

**YELLOW**



Take Action

**RED**



Take Action NOW!

|                                   |   |   |   |
|-----------------------------------|---|---|---|
|                                   | For non-urgent questions regarding your total joint replacement, call the Joint Care Coordinator – messages left will be returned within 1 business day (608) 617-5260                        | <b>Monday to Friday 8 to 4:30pm, call the Orthopedic Triage RN (608) 745-6420</b><br><br><b>After hours, weekends and holidays, call the main hospital (608) 742-4131</b>   | <b>Call 911 or seek immediate medical attention</b>   |
| <b>Swelling and Pain</b>          | Pain that is controlled to a tolerable level with medication, alternating periods of rest with walking/exercise, ice and elevation<br><br>Some swelling, but decreases with ice and elevation | Unable to get out of bed due to pain and/or swelling<br><br>New numbness or tingling in hands or feet<br><br>Swelling that does not decrease after ice and elevation<br><br>Mild onset calf pain, redness or tenderness | <b>Intense calf pain or tenderness with redness or swelling in either leg</b><br><br><b>Chest pain, difficulty breathing or shortness of breath</b> |
| <b>Bandage</b>                    | Clean, dry and sealed in place<br><br>Minimal increase in drainage on bandage, but bandage not leaking or saturated   | Bandage is full of fluid, leaking or saturated through<br><br>Bandage came off or loose, edges unsealed to skin   | <b>Any fall that results in a suspected or obvious injury to your surgical limb</b>   |
| <b>Incision Site</b>              | Bandage clean and dry<br><br>Once dressing removed... None to minimal thin fluid drainage only<br><br>Incision looks pink, skin is pulled together  | Thick drainage with or without odor<br><br>Redness, warmth and swelling   | <b>Stroke symptoms: which include sudden numbness or weakness of face, arm or leg on one side of the body, sudden difficulty speaking</b>           |
| <b>Fever</b>                      | No chills<br>Temperature less than 101deg F<br>No chills  | Temperature more than 101/5deg F<br><br>Chills  |   |
| <b>Diet, urination and bowels</b> | Able to eat and drink<br><br>Urinating normally, with no burning or hesitation<br><br>Bowel movements at least every 2 days   | Poor intake of food and/or fluid<br><br>Nausea or vomiting<br><br>No bowel movement for more than 3 days after taking stool softener and/or laxatives as recommended  |   |

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

Once you are ready, your surgeon will allow you to participate in strengthening. 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 therapist to reach your recovery goals without straining your muscles or developing incorrect movement patterns.

## **Home Exercise and Self-Care**

It is a very important part of your recovery to be compliant with your home exercise program throughout each phase. You are ultimately responsible for your recovery and your outcome will be better if you follow the instructions given to you at each session. Your home exercise program will need to continue long after you are discharged from therapy. Before you are discharged from outpatient therapy, your therapist will provide you with a plan to help you maintain the progress you have made.



## At Home after Surgery

### Caring for Yourself at Home

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

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

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### Be Comfortable

- Take pain medicine at least 30 minutes before physical therapy.
- Wean off prescription medication to non-prescription pain reliever when tolerated. Take two Extra-strength Tylenol® 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.



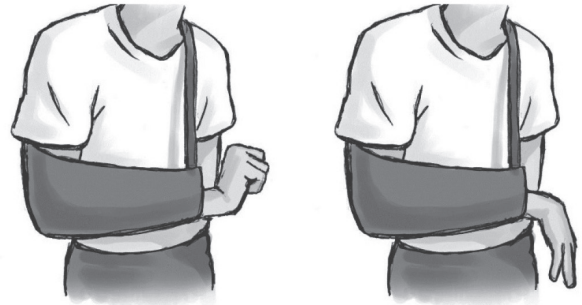
## Post-operative Exercises

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.

### Wrist Flexion/Extension

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

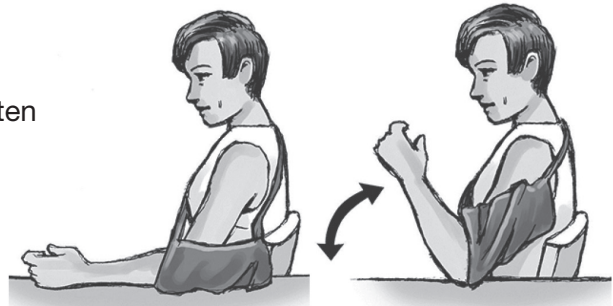
Perform 15 reps.



### Elbow Flexion/Extension

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

Perform 15 reps.



### Grip Squeeze

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

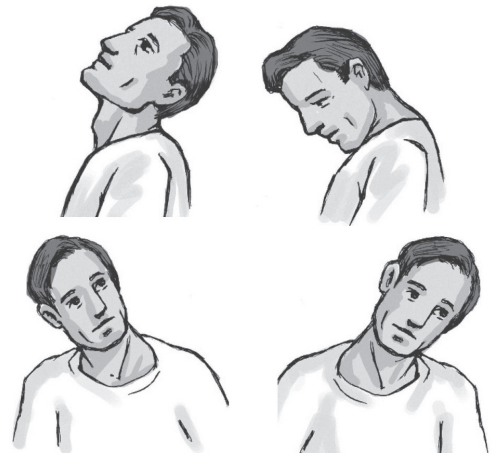
Perform 15 reps.



### 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.

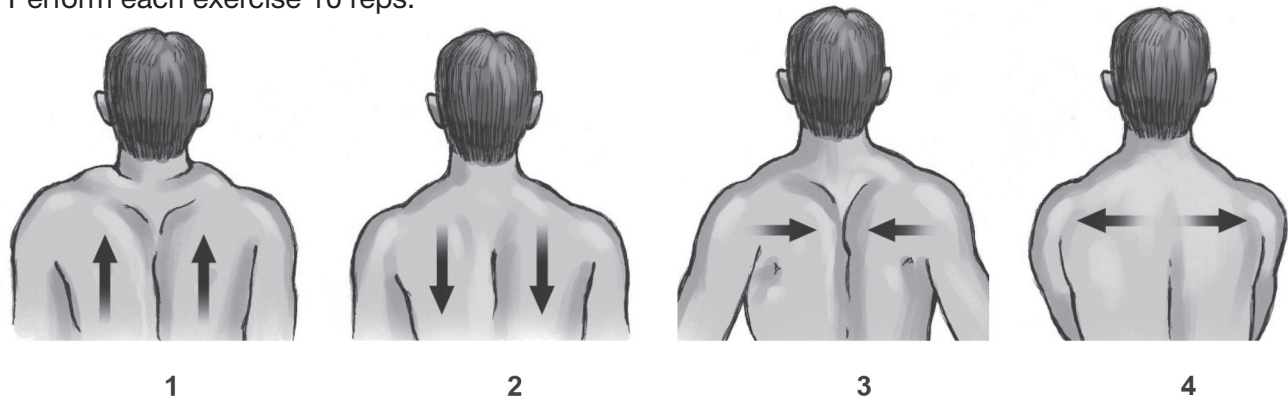




## Scapular Isolation

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. ***Rock your body forward and backward and then side-to-side, using body movement to gently swing arm.***

Perform for 2-3 minutes.

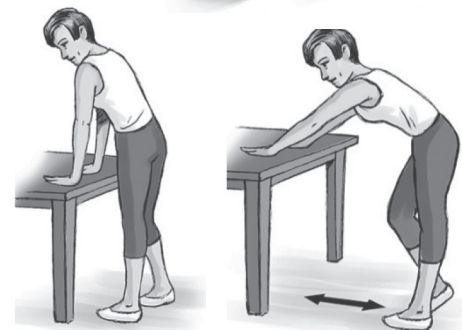
**Do not stand and make circles with your arm...Keep your arm relaxed!**



## 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.



## Ankle Pumps

Flex and point your feet.

Perform 20 times.





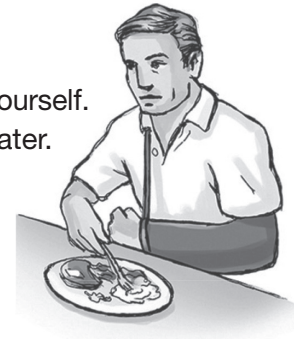
## Shoulder Precautions:

- 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.

## 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 or occupational 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.

## Precautions after Surgery

### What to Do

- Although risks are low for post-operative infections, a risk remains.
- 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. 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.
- No heavy or repetitive shoulder lifting.
- Do not take up sports requiring strength and agility until you discuss it with your surgeon.

## Homework

The surveys in this section have been designed to help us understand and plan for your care. Some of the responses may also be required by the Centers for Medicare and Medicaid, depending on your insurance. Please complete the surveys in this section and bring to your Joint Journey class.

Today's Date: \_\_\_\_\_ Date of surgery: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

How comfortable are you filling out medical forms by yourself?

Extremely                  Quite a bit                  Somewhat                  A little bit                  Not at all  
                                                                                                                                       

Person completing surveys:    Patient/Self    Other: \_\_\_\_\_

Race:                   American Indian or Alaskan Native                   Asian  
                                 Black or African American                                   White  
                                 Native Hawaiian or Other Pacific Islander                   Other

Ethnicity:                   Hispanic or Latino                                   Not Hispanic or Latino



# Shoulder Surgery Guidebook



## QuickDASH Upper Extremity Patient Reported Outcomes

*For office use*

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_

ICD 10\_Dx Code \_\_\_\_\_  
 Surgical? Yes / No # of visits \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Admit \_\_\_\_ / \_\_\_\_ DC \_\_\_\_ / \_\_\_\_  
 Clinician \_\_\_\_\_

|  | No Difficulty | Mild Difficulty | Moderate Difficulty | Severe Difficulty | Unable |
|--|---------------|-----------------|---------------------|-------------------|--------|
| 1. Open a tight or new jar   | 1             | 2               | 3                   | 4                 | 5      |
| 2. Do heavy household chores (e.g., wash walls, floors)  | 1             | 2               | 3                   | 4                 | 5      |
| 3. Carry a shopping bag or briefcase   | 1             | 2               | 3                   | 4                 | 5      |
| 4. Wash your back  | 1             | 2               | 3                   | 4                 | 5      |
| 5. Use knife to cut food   | 1             | 2               | 3                   | 4                 | 5      |
| 6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., hammering, tennis, etc.) | 1             | 2               | 3                   | 4                 | 5      |

|  | Not At All | Slightly | Moderately | Quite A Bit | Extremely |
|--|------------|----------|------------|-------------|-----------|
| 7. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbors or social groups? | 1          | 2        | 3          | 4           | 5         |

|  | Not Limited At All | Slightly Limited | Moderately Limited | Very Limited | Unable |
|--|--------------------|------------------|--------------------|--------------|--------|
| 8. During the past week, were you limited in your work or other daily activities as a result of your arm, shoulder or hand problems? | 1                  | 2                | 3                  | 4            | 5      |

| PLEASE RATE THE SEVERITY OF THE FOLLOWING SYMPTOMS IN THE LAST WEEK  | Not Limited At All | Slightly Limited | Moderately Limited | Very Limited | Unable |
|--|--------------------|------------------|--------------------|--------------|--------|
| 9. During the past week, were you limited in your work or other daily activities as a result of your arm, shoulder or hand problems? | 1                  | 2                | 3                  | 4            | 5      |
| 10. Tingling (pins and needles) in your arm, shoulder or hand  |                    |                  |                    |              |        |

|   | No Difficulty | Mild Difficulty | Moderate Difficulty | Severe Difficulty | Unable |
|---|---------------|-----------------|---------------------|-------------------|--------|
| 11. During the past week, how much difficulty have you had sleeping because of the pain in the arm, shoulder or hand? | 1             | 2               | 3                   | 4                 | 5      |

QuickDASH DISABILITY/SYMPTOM SCORE  $[(\text{sum of } n \text{ responses}/n) - 1] \times 25$ , where n is equal to the number of completed responses.

The QuickDASH score may not be calculated if there is greater than 1 missing response.

**Total Raw Score** \_\_\_\_\_



# Shoulder Surgery Guidebook

## STOP BANG Questionnaire

Name: \_\_\_\_\_

Age: \_\_\_\_\_

DOB: \_\_\_\_\_

1. Snoring

Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Tired

Do you often feel tired, fatigued, or sleepy during daytime?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Observed

Has anyone observed you stop breathing during your sleep?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Blood Pressure

Do you have or are you being treated for high blood pressure?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. BMI

Height \_\_\_\_\_ Weight \_\_\_\_\_

6. Age

Age over 50 years old?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Neck circumference

Neck circumference greater than 16 inches?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Gender

Gender male?

Yes \_\_\_\_\_ No \_\_\_\_\_

SCORE: \_\_\_\_\_

Yes = 1, No = 0

For scores 4 or higher, patients may anticipate a call from the Pulmonary clinic with a referral for a sleep study at approximately 6-8 weeks after surgery."





# Shoulder Surgery Guidebook

## M-RAPT Discharge Environment and Safety Checklist

|                          |   |   |
|--------------------------|---|---|
| NAME:                    | SURGERY DATE:                           | D/C Date:<br>Hospital staff to complete |
| SURGEON:                 | PROCEDURE:                              |   |
| PCP:                     | INSURANCE: <input type="checkbox"/> CJR | FACILITY/AGENCY OF CHOICE               |
| CAREGIVER AFTER SURGERY: | PRIMARY D/C PLAN:<br>H/OP    HH    SNF  | FINAL D/C PLAN:<br>H/OP    HH    SNF    |

| About You  | Value   | Score   |
|--|---|---|
| 1. What is your age group?                                 | < 50 years<br>50-65 years<br>66-75 years<br>>75 years   | =3<br>=2<br>=1<br>=0  |
| 2. Gender?   | Male<br>Female  | =2<br>=1  |
| <b>Residence</b>   |   |   |
| 3. Where do you live?                                      | Home<br>Nursing Home/Assisted Living<br>Homeless  | =2<br>=2<br>=0  |
| 4. Who do you live with?                                   | Friend/Family<br>Other Caregiver<br>Alone<br>Will they be your caregiving support?  | =2<br>=2<br>=0<br>Y/N   |
| 5. Describe your residence?                                | Single Level<br>Multi-Level<br># Steps to enter _____<br># Steps to upstairs _____<br>Railing to enter<br>Railing to upstairs<br>Bedroom on 1 <sup>st</sup> floor<br>Sleeping arrangement<br>Bathroom on 1 <sup>st</sup> floor<br>Tub<br>Step in Shower | =2<br>=1<br><br><br>Y/N<br>Y/N<br>Y/N<br>Bed/Chair<br>Y/N<br>Y/N<br>Y/N |
| <b>Mobility</b>  |   |   |
| 6. Do you require assistance to walk or care for yourself? | No – I am independent<br>Yes – I need some help<br>Yes – I need help for most things  | =2<br>=1<br>=0  |
| 7. How far on average can you walk?                        | Two blocks or more (+/-rest)<br>1-2 blocks (+/-rest)<br>Housebound (most of time)   | =2<br>=1<br>=0  |



# Shoulder Surgery Guidebook

|   |   |  |
|---|---|--|
| 8. Which gait aide do you use? (more often than not)                                | None =2<br>Cane =1<br>Crutches/walker =0<br>Wheelchair =0   |  |
| <b>Support</b>  |   |  |
| 9. Do you use community supports?<br>(home help, meals on wheels, district nursing) | None or one per week =1<br>Two or more per week =0  |  |
| 10. Will your caregiver be with you most of the day/night?                          | Yes =2<br>No =0   |  |
| 11. Do you have financial worries for getting food and medicines?                   | No =2<br>Yes =0   |  |
| 12. Do you have transportation home?  | Yes =2<br>No =0   |  |
| 13. Do you have transportation to Physical therapy/doctor's appointment?            | Yes =2<br>No =0   |  |
| <b>Health Status</b>  |   |  |
| 14. Health Status   | Rarely Sick at All =3<br>Sick with Chronic Illness Several Times a Year =2<br>Always Sick =0  |  |
| 15. Chronic Illness   | No Chronic Conditions =3<br>1 Chronic Condition =2<br>2 or More Chronic Conditions =0   |  |
|   | Irregular Heart Rhythm _____<br>Stroke, Blood Clot _____<br>CHF _____<br>COPD, Asthma _____<br>Smoker _____<br>Diabetes _____<br>Obesity _____<br>Depression _____<br>Psychiatric Condition _____<br>Chronic Pain _____<br>Other: _____<br><br>(Check all that apply) |  |

D/C Planning (functional, safety, social) Score: \_\_\_\_\_  
 Readmission Tracking: Yes/No



# Shoulder Surgery Guidebook

## Joint Journey Initial Interview Form

Patient Name: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Which joint are you having replaced?

Hip       Knee       Shoulder

Do you have any allergies to medications?

Yes       No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any other allergies (e.g. foods, latex, environmental)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have allergies, what was your reaction (e.g. itching, anaphylaxis, nausea/vomiting)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

History of tobacco use?

Never smoked

Current smoker

Past smoker      Year you quit: \_\_\_\_\_

Currently chew tobacco

Past chewer      Year you quit: \_\_\_\_\_

If you are a smoker/chewer please indicate how much.

Number of packs per day:       less than ½ pack

½ pack per day

1 pack per day

1 ½ pack per day

2 packs per day

How many years have you smoked/chewed? \_\_\_\_\_

Are you interested in quitting?  Yes       No

Do you drink alcohol?

Yes       No

If yes, what type? \_\_\_\_\_

Amount: \_\_\_\_\_ drinks per week

How many years have you drank? \_\_\_\_\_ years

Have you ever been in treatment, detox, or have a history of tremors from not drinking?  Yes       No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you use recreational drugs?

Yes       No

If yes, what type? \_\_\_\_\_

Frequency of use: \_\_\_\_\_ times per week

Have you ever had a blood transfusion or received a blood product such as platelets?

Yes       No

If yes, did you have a reaction?  Yes       No

What was the reaction (e.g. chills, temperature, itching, chest pain)?

Have you had a blood transfusion, pregnancy, or transplant in the past 3 months?

Yes       No

If yes, blood bank lab must be obtained within 3 days of surgery.

Do you wear dentures or have a partial?

Yes       No

If yes, please list: \_\_\_\_\_

Do you have any loose teeth?  Yes       No

If yes, please explain: \_\_\_\_\_

Do you have vision problems?

Yes       No      Which eye?       Right       Left       Both

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Do you wear glasses or contacts?

Yes       No

Have you ever had eye surgery?

Yes       No



# Shoulder Surgery Guidebook

## Do you have hearing problems?

Yes  No

If yes, please describe: \_\_\_\_\_

What ear?  Right  Left  Both

Do you wear a hearing aide?

Yes  No

## Do you have any problems with sleep?

Yes  No

If yes, please explain: \_\_\_\_\_

How many hours of sleep do you get a night? \_\_\_\_ hours

## Do you have sleep apnea?

Yes  No

If yes, do you have a CPAP machine?  Yes  No

**STOP BANG Score** \_\_\_\_\_

**Referral to Sleep Medicine** \_\_\_\_\_

What helps you to sleep at night (e.g. reading, music, fan, darkness)? \_\_\_\_\_

**Please list your current medications. Please include over the counter medications and herbals. If you need more space please continue list on last page of this packet.**

| Medication | Amount | Frequency |
|------------|--------|-----------|
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |

## Please list previous surgeries and date of those surgeries.

| Surgery | Date |
|---------|------|
|         |      |
|         |      |
|         |      |
|         |      |
|         |      |
|         |      |
|         |      |
|         |      |
|         |      |

## Name of preferred pharmacy and location?

\_\_\_\_\_

\_\_\_\_\_

## Please check the below conditions that pertain to your health history.

- |   |   |
|---|---|
| <input type="checkbox"/> Hypertension       | <input type="checkbox"/> Coronary Artery Disease      |
| <input type="checkbox"/> Angina             | <input type="checkbox"/> Stent                        |
| <input type="checkbox"/> Myocardial Infarct | <input type="checkbox"/> Congestive Heart Failure     |
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> COPD                         |
| <input type="checkbox"/> Seizures           | <input type="checkbox"/> Trans Ischemic Attacks*      |
| <input type="checkbox"/> Vertigo/dizziness  | <input type="checkbox"/> Cerebral Vascular Accident*  |
| <input type="checkbox"/> Thyroid Disease    | <input type="checkbox"/> Ulcers                       |
| <input type="checkbox"/> Liver Disease      | <input type="checkbox"/> Cancer _____                 |
| <input type="checkbox"/> Bleeding Disorder  | <input type="checkbox"/> Diabetes                     |
| <input type="checkbox"/> PE and/or DVT      | <input type="checkbox"/> Arthritis                    |
| <input type="checkbox"/> Renal Disease      | <input type="checkbox"/> Kidney Stone                 |
| <input type="checkbox"/> Colitis            | <input type="checkbox"/> Recurrent Urinary Infections |
| <input type="checkbox"/> Hyperlipidemia     |   |

Other: \_\_\_\_\_

Topical TXA intraop indicated for any condition with \*

## Do you have a history of skin problems or have a current condition?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Do you have any problems with bladder function?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_





# Shoulder Surgery Guidebook

**Do you have any problems with bowel function?**

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Do you have any major concerns regarding your hospitalization (e.g. financial, self-care, resources, fears)?**

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**If female, please indicate the following.**

Menopausal

Irregular Periods. Date of last period: \_\_\_\_\_

Regular Periods. Date of last period: \_\_\_\_\_

Other: \_\_\_\_\_

**If female, please complete the below questions.**

Date of last pap smear? \_\_\_\_\_

Date of last mammogram? \_\_\_\_\_

Do you perform monthly breast exams  Yes  No

Date of last colonoscopy? \_\_\_\_\_

Do you have any of the following?

Endometriosis  Fibroids

Breast Tenderness  Nipple discharge

Other \_\_\_\_\_

**If male, please complete the below questions.**

Date of last prostate exam? \_\_\_\_\_

Do you perform monthly testicular exams  Yes  No

Date of last colonoscopy? \_\_\_\_\_

Do you have any of the following?

Elevated PSA  Benign Prostate Hypertrophy

Testicular Pain  Penile Discharge

**Do you feel safe at home?**

Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

**Do you have a history of abuse?**

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Have you been exposed to a communicable disease?**

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Have you ever had tuberculosis or positive skin test?**

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Have you received the pneumococcal vaccine within the last 5 years?**

Yes  No

**Have you received the influenza (flu) shot this flu season?**

Yes  No

**Do you have pain at this time?**

Yes  No

If yes, please rate pain 0=no pain to 10=worst pain \_\_\_\_\_

Describe pain \_\_\_\_\_

\_\_\_\_\_

**Do you have chronic pain?**

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**How do you manage/treat your pain at home?**

Ice to area

Heat to area

Medications

Meditation

Distraction strategies

Elevation

Massage

Stretching

Other \_\_\_\_\_



# Shoulder Surgery Guidebook

**Are you independent with self-cares?**

Yes  No

If no, please explain: \_\_\_\_\_

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**Who is your support system while in the hospital and once you are discharged home from hospital?**

Family

Friend

**Who lives with you at home?**

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**Do you expect to return to your home after surgery?**

Yes  No

If no, please explain: \_\_\_\_\_

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**Are you utilizing any type of resources at home?**

Home oxygen

Home health agency

Lifeline

Meals on Wheels

Other: \_\_\_\_\_

**What is your mobility status?**

Ambulates independently

Use an assistive device such as walker or cane

Use crutches

Wheel chair

Needs assistance to transfer

Bedridden

**Have you lost weight recently without trying?**

Yes  No

If yes, how much weight? \_\_\_\_\_

**Have you had a decrease in your appetite?**

Yes  No

**Do you follow a special type of diet?**

Yes  No

If yes, please explain: \_\_\_\_\_

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**How would you rate your appetite?**

Good

Fair

Poor

**Do you have any of the following?**

Nausea

Vomiting

Difficulty swallowing

**During your hospitalization, would you like to see a chaplain?**

Yes  No

**Do you have any religious or cultural practices that we need to know about?**

Yes  No

If yes, please explain: \_\_\_\_\_

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**Would you accept a blood transfusion if one was needed during your hospitalization?**

Yes  No

**Are you able to understand and follow directions?**

Yes  No

If no, please explain: \_\_\_\_\_

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**What is your preferred language for reading?**

English

Spanish

Other: \_\_\_\_\_

**How do you learn best: Check all that apply.**

Reading

Visual

Discussion

Demonstration



# Shoulder Surgery Guidebook

**How can we help to eliminate any learning barriers?**

- Provide teaching to caretaker/parent
- Provide teaching to family member
- Make sure patient is wearing their glasses
- Make sure patient is wearing their hearing aid
- Other: \_\_\_\_\_

**Would you like information on the following?**

- Current illness
- Medications
- Diet
- Activity
- Equipment

**Please use this section to tell us anything else that you feel is important for us to know about you.**

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