



live your life.



Shoulder Replacement Surgery Guide

Our Mission

CCM Health provides exceptional patient care that focuses on improving the health and well-being of those we serve.

Our Vision

CCM Health will be the health and wellness leader and the employer of choice in our region.



Thank you for choosing CCM Health!

Thank you for choosing to have your joint replacement surgery completed at CCM Health. Pain and limited mobility affect millions of people and we are committed to helping you reach your goals and regaining positive quality to your life.

This information guide is designed to help give you the necessary tools and understanding of joint replacement surgery to enhance your recovery effort. Our goal is to help you and your support system ensure that you are prepared and ready to achieve the best outcome possible.

The information provided is intended to help prepare you for success. By completing this education, you are starting your joint replacement journey in the right way.

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Health Care Team



Rodney Brandt, MD
Orthopedic Surgeon



Anthony Nwakama, MD
Orthopedic Surgeon



Shayna Lovdahl, PA-C
Orthopedic Physician Assistant

Your Orthopedic Surgeon will:

- consult and assess your surgical needs,
- complete your surgery,
- provide post-surgical aftercare,
- follow up with you to ensure your best outcome.

Your Orthopedic Physician Assistant will:

- assist in your surgery,
- evaluate your progress and provide care after your joint replacement surgery.

Your Primary Care Provider/Hospitalist will:

- round on you daily during your hospital stay to evaluate and talk about your progress and goals.

Your Joint Replacement Navigator (Registered Nurse) will:

- direct all before and after surgery processes, including:
 - provide education prior to surgery,
 - perform a review of your medications,
 - coordinate pre-operative appointments,
 - answer questions that you may have.

Your Operating Room Team

Your Registered Nurse will:

- admit you on the day of surgery and prepare you for your procedure,
- provide education before and after surgery,
- provide continual assessments for safety and positive outcomes.

Your Certified Registered Nurse Anesthetist (CRNA) will:

- provide anesthesia care during your surgery,
- provide pain and nausea medications, if needed, after your surgery.

Your Surgical First Assist will:

- support your surgeon with the surgical procedure.

Your Certified Surgical Technician will:

- assist your surgeon with instrumentation during your surgery.

Your Medical/Post-Surgical Team

Your Nursing Staff (RNs and LPNs) will:

- provide care for you while you are in the hospital,
- help manage postoperative pain and prevent complications,
- continue providing education during your hospital stay,
- help you achieve your goals.

Your Certified Nursing Assistants (CNA) will:

- assist your nurse(s) with providing routine daily cares, hygiene, and room upkeep.

Your Physical Therapist will:

- evaluate your mobility after surgery,
- provide coaching and guidance to perform safe physical activity and exercises,
- assess your home needs to help you be successful at home.

Your Occupational Therapist will:

- assist you in recovering and improving skills needed for daily living tasks,
- be a great resource to identify special equipment needed in the hospital or home.

Your Care Management Coordinator will:

- assist you in being discharged from the hospital,
- coordinate with your health care team to reach discharge goals,
- assist in arranging extended care if unable to be discharged to your home,
- be a great resource for questions related to hospital discharge, community resources, and aftercare plan.

Your Support Person/Coach will:

- be a positive and supportive person to help you meet your goals before and after surgery,
- be involved with your care and education.

Pre-Surgery Time Line

Two to four weeks prior to surgery:

- If not already scheduled, schedule your pre-operative History and Physical Exam with your primary care provider within 30 days of your surgery date.
- Start taking a multivitamin daily if okay with your primary care provider.
- Start doing your pre-operative exercises on both shoulders/arms. Exercises found on page 10-11.
- Make sure dental work is up-to-date.
This will help prevent a blood infection which could travel to your new joint.
- It is recommended to stop smoking and using tobacco products. Nicotine affects your body's ability to fight infection, increases respiratory difficulties, and slows bone healing.
Talk with your provider about options to assist in quitting tobacco use.
- Refer to page 12 and prepare your home for after-surgery.

One week prior to surgery:

- Stop taking all herbal supplements.
- Remove any artificial nails from fingers.
- If taking a blood-thinning medication, follow provider instructions on when to stop.
Examples of these medications include Warfarin, Plavix, Xarelto, and Eliquis.
- Make sure to protect your skin. If you notice any new skin issues such as scratches, cuts, or rashes, specifically on the shoulder the surgery is planned for, contact the CCM Health Surgery Department immediately at (320) 321-8155.
- DO NOT** shave surgical area prior to surgery, including your armpit.

Two to three days before surgery:

- Pack your supplies for the surgery. Refer to page 13 for more information.
- If you have a walker and other assistive devices, prepare to bring them on the day of surgery.
- A registered nurse from the surgery department will call you one to three days before your surgery is scheduled to give you further instructions and your scheduled arrival time.

The night before surgery:

- Do not eat or drink anything after midnight unless instructed to do so by your provider or the surgical registered nurse. This includes avoiding chewing gum or hard candy.
- Do not use any tobacco products.
- Complete the pre-operative antibacterial shower per instructions on page 14.

The morning of surgery:

- Complete the pre-operative antibacterial shower per instructions on page 14.
- Take your medication as instructed by your provider.
- Pre-operative instruction:**
 - Do not eat or drink anything after midnight.
 - You may brush your teeth, swish and spit.
 - If you wear dentures, do not secure them firmly in your mouth. You will be asked to remove them for surgery.
 - Remove all valuables and jewelry, including all rings.
 - Do not apply any lotion, deodorant, make-up, or leave-in hair products.
 - Wear glasses instead of contacts, if possible.

Contact your Joint Replacement Navigator or the CCM Health Surgery Department if:

- You develop a cold, fever, or any other acute illness.
- You develop a new skin condition such as rash, scratch, or cut on the operative leg.
- You experience any change in your medical condition.

Before Surgery Checklist

- Schedule a pre-op History and Physical Exam with your primary care provider.
- Prior authorization will be completed by CCM Health staff before your surgery is scheduled, however, not all insurance companies pay 100% of all surgery, hospital, and therapy costs. Call your insurance company to answer any coverage and financial questions you may have.
- Have an up-to-date list with all your prescription medications and supplements, including the strength and what time of day you prefer to take them.
- Perform Physical Therapy exercises before surgery as described in this information guide. These can be found on pages 10-11.
- Complete a safety walk-thru of your home before surgery. See the Preparing Your Home section on page 12.
- Pack your hospital bag.
 - Loose-fitting comfortable clothes (A front-closing top may be easiest.)
 - Toiletries
 - Entertainment items (books, tablet, knitting, etc.)
 - Specialty medical devices (such as a C-PAP machine)
- Complete Chlorhexidine wash the night before and morning of surgery, and follow any other preoperative instructions you receive. Bathing instructions can be found on page 14.

History and Physical Exam with Primary Care Provider

Once your surgery is scheduled, you will need to have a History and Physical Exam completed by your primary care provider. This appointment must be completed within 30 days of your surgery date.

If a history and physical is not completed before surgery, your procedure will need to be rescheduled.

Your provider will examine you to determine if you are in appropriate physical condition to go through surgery and anesthesia. Tests that your provider may ask you to complete at this appointment include:

- Blood work
- Urine analysis
- X-ray
- Electrocardiogram

If abnormal results are found, your provider will discuss these with you and order additional tests as needed to ensure your safety before surgery.

Physical Therapy Exercises

Shoulder Exercises | Before Surgery

FRONTAL PLANE PENDULUMS



Bend forward slightly at the waist with feet shoulder-width apart, and let your surgical arm hang in front of you. Shift your weight side to side to create a swinging motion with your surgical arm, using momentum to drive the motion and not your shoulder muscles. Stay in a pain-free range, and gradually increase the size of the swing as you are able.

Repeat _____ times. Do _____ times per day.

SAGITTAL PLANE PENDULUMS



Bend forward slightly at the waist with your surgical arm hanging in front of you, and step forward with your opposite foot. Shift your weight forward and backward between your feet to create a front-to-back swinging motion with your surgical arm, using momentum to drive the motion and not your shoulder muscles. Stay in a pain-free range, and gradually increase the size of the swing as you are able.

Repeat _____ times. Do _____ times per day.



Scan with your smartphone or tablet to visit our YouTube Channel today and watch all the pre-surgery exercises!

Physical Therapy Exercises

Shoulder Exercises | Before Surgery

ELBOW RANGE OF MOTION



With the upper part of your surgical arm against your side, bend and straighten your elbow to maintain your motion.

Repeat _____ times. Do _____ times per day.

HAND RANGE OF MOTION



Open and close your hand fully.

Repeat _____ times. Do _____ times per day.

WRIST RANGE OF MOTION - EXERCISE #1



With the upper part of your surgical arm against your side and a bend in your elbow, flip your hand back and forth between palm up and palm down.

Repeat _____ times. Do _____ times per day.

WRIST RANGE OF MOTION - EXERCISE #2



With the upper part of your surgical arm against your side and a bend in your elbow, bend your wrist forward and backward.

Repeat _____ times. Do _____ times per day.

Preparing Your Home

- Make sure all sidewalks and walkways to your home are free of ice and snow as these are fall hazards.
- Make sure all walkways are free of clutter, throw rugs, or loose carpets as these can pose a tripping hazard.
- Remove electrical/phone cords from walkways.

Things to consider:

- Place nightlights in the bedroom, bathroom, and hallways to avoid tripping or bumping into things at night.
- Some patients prefer to sleep in a reclining chair for a short time after surgery.
- Prepare meals ahead of time. Freeze in single-serving containers, have easy-to-fix options available at home, or consider utilizing Meals-on-Wheels.
- Arrange all items frequently used for easy reach/access such as meal prep items, clothing, medications, and personal hygiene items.
- Place non-slip strips or mats in the shower or tub.
- Find a chair in your home that will allow you to sit comfortably and allow you to get in and out easily.
- Install handrails on your steps, if necessary.
- Install grab bars near your shower and toilet.
- Arrange to have someone collect your mail and take care of pets or loved ones while you are in the hospital.
- Arrange to have someone assist with things such as taking out the garbage, grocery shopping and housekeeping for up to a few weeks after surgery.
- Acquire additional adaptive equipment such as a sock-aid or a reacher/grabber device, and possibly a toilet riser or commode.*
- Sock aids and reacher/grabber devices are available during your inpatient stay if you do not have your own.

*Depending on your insurance, some adaptive equipment may be covered, please inquire with your insurance company regarding specific coverage and requirements.

Additional options for purchasing personal adaptive equipment include Walmart and Amazon.

Checklist of Items to Bring to the Hospital

- Your insurance card, prescription card, and photo ID.
- Your Joint Replacement Guide.
- Personal bag (shirt, pants, underwear, pajamas). Clothes should be loose fitting and comfortable.
- Comfortable slip-ons or walking shoes. Slip-on shoes should be relatively secure.
- Toiletry items (soap, shampoo, toothbrush, denture care items, deodorant, electric razor, etc.)
- Any free time activities you like, such as: books, magazines, games, needlework, tablet/laptop, etc.

If you have the following, please bring as well:

- Adaptive equipment such as a sock aid or reacher/grabber.
- Cell phone and charger.
- Eyeglasses, contact lenses/case, hearing aids, batteries, and case.
- C-PAP Machine (if applicable).

Please leave at home for safety:

- Jewelry and valuables (rings, earrings, necklaces).
- Credit card, checkbook, and large sums of cash.
- Prescription medication, unless directed otherwise.*

*While you are in the hospital, all prescribed medications will be dispensed to you from our in-house pharmacy.

Pre-operative Antibacterial Bathing Instructions

You will be given an antibacterial soap called chlorhexidine gluconate (CHG) at your clinic visit. A common brand name for this soap is Hibiclens.

If you are allergic to CHG, use liquid Dial antibacterial soap instead.

Instructions for showering:

Shower with CHG two times before surgery.

- The evening before your surgery.
- The morning of your surgery.

Do not shave the area of your body where your surgery will be performed, including your armpit.

Start each shower or bath by washing your hair with your normal shampoo and conditioner.

Rinse your hair and body thoroughly after you wash your hair to remove the soap residue. Do not use leave-in conditioner styling agents.

Apply the CHG soap to a wet clean washcloth and wash your entire body only from the neck down.

To avoid injury or burning, do not use CHG near your eyes or ears.

- Wash thoroughly, paying special attention to the area where surgery will be performed.
- Wash your body gently for 5 minutes. Do not scrub your skin too hard.
- Rinse your body thoroughly.
- Pat yourself dry with a clean, soft towel.
- Do not use lotions, powder, or deodorants.
- Dress in clean, loose-fitting, comfortable clothes.





Arriving at the Hospital for Surgery

Come to the main clinic entrance to register for your surgery. While registering for your surgery, you may be asked to present your insurance card, ID card, or Medicare ID.

Once registered, you will be directed to the surgery waiting area until a registered nurse calls you back to your pre-operative room. The nurse will then greet you and start the admission process. You will be in the pre-operative area preparing for surgery for approximately two hours.

A nurse anesthetist will assess your physical condition, medical history, and discuss anesthesia options best suited for you. Types of anesthesia that are generally used during these procedures are:

- **General anesthesia** - deep sleep involving a breathing tube.
- **Nerve Block** - A nerve block is used to numb the arm where surgery will be done.

When it is time for surgery, you will be taken to the operating room and your family can wait in the waiting room. You will be in the operating room for approximately two hours.

When your surgery is finished, you will be taken to the surgical recovery area. You may feel sleepy, cold, have a dry mouth or a sore throat, be nauseous, or have some discomfort. These feelings are normal.

Registered nurses will monitor your vital signs and your comfort level closely. Once you are awake enough and it is considered safe, you will be transferred to your inpatient hospital room. Patients are typically ready for transfer out of the surgical recovery area within one hour.

Your Hospital Stay

Once you arrive at your hospital room, the nursing staff will greet you, help you get settled, and continue your surgical aftercare.

An ice pack will be regularly used on your new joint.
Ice is very important to help reduce post-operative pain and swelling.

There will be a big dressing and/or wrap around your surgical shoulder.

Sequential Compression Devices (SCD) will be used on your lower legs to help prevent blood clots.

If needed, you may have oxygen running to your nose in a small clear tube or through a mask.
Your oxygen, heart rate, blood pressure, pain, and overall comfort will be monitored frequently by your nurse.

Pain is expected with joint replacement surgery, and medications will be provided to you to help make you as comfortable as possible.



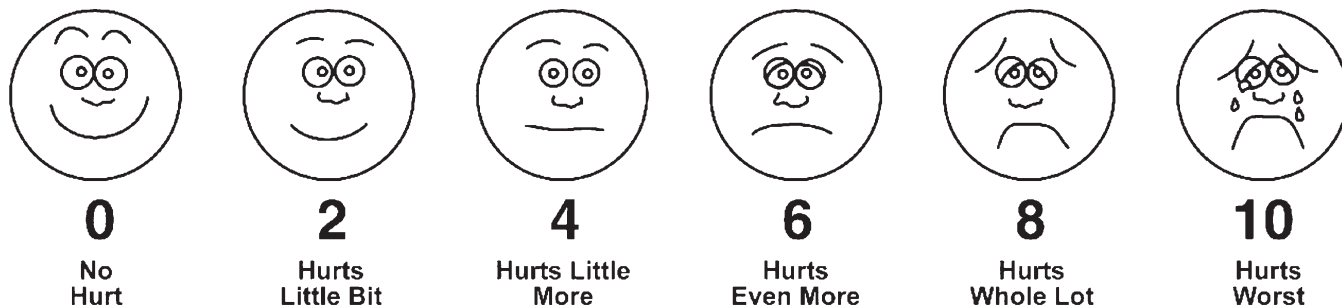
Pain Management

Pain and discomfort are expected after shoulder replacement surgery. It is everyone's goal to assist you in controlling your pain. The better your pain is controlled, the more quickly you will recover.

Having a realistic expectation of pain and discomfort is important to your success. You must remind yourself that each day you will feel better. It is important to set goals and remember that the end goal will be worth the challenging times ahead.

Rating your pain or discomfort is important to your success in recovering from surgery. Everyone is different with the pain that they experience. **It may not be realistic to expect or achieve no pain or discomfort in the early days after surgery, but it should be tolerable.**

You will be asked often to rate your pain using the 0-10 pain scale. Zero being no pain and 10 being the worst pain ever. The faces below may be used to assist in rating your pain.



It is important to stay on top of your pain control. Maintaining pain levels at or below five out of 10 is typically the goal, as it is easier to maintain lower levels of pain rather than reduce more intense spikes of pain (greater than six out of 10). Pain medications may not be given on a regular schedule, you may need to request them.

Nursing will assist you in choosing the best medication option based on the type and level of pain you are experiencing. Oral pain medication will take 20-30 minutes before it starts working. Medication provided through your IV will work within minutes. If you feel a pain medication is not helping, talk with your nurse or provider.

Controlling Pain and Discomfort

Your pain and discomfort should decrease as your swelling reduces, and you will likely see improvement of your mobility.

- **Rest:** Take breaks when needed. Dividing larger tasks into smaller parts with breaks can be more comfortable than trying to push through a big project from start to finish.
- **Ice:** Apply ice to your surgical site at least four times/day for 20 minutes. More frequently is better, if able. At a maximum, this can be done hourly.
- **Activity:** It is important to allow time for your shoulder to heal. Complete exercises after surgery, as instructed. Your surgeon will determine when to start formal physical therapy.
- **Distraction:** Focusing on activities can help you manage your pain or discomfort. Watch TV, read a book, listen to music, or visit with your support people.

To have the best results in controlling discomfort, multiple approaches will need to be used.

A positive attitude and realistic expectations can go a long way!

Your Hospital Care

Day 0: Day of Surgery

After surgery and post-operative recovery, you will be transitioned to your hospital room. Nursing staff will get you settled into your room and continue to monitor you throughout your stay. Expect that you will be up to the chair for supper that evening. Depending on progress, you may be ready for discharge.

Day 1: After Surgery

A physician will see you each day you are in the hospital. This may be your surgeon, primary care provider, or hospitalist. Meals should be eaten while sitting up in a chair. If you have IV pain medication, nursing staff will work with you to transition to oral medications. You will also be using your incentive spirometer (IS) to prevent pneumonia and SCDs to prevent blood clots. If your pain is controlled, you will be able to go home.

You will be ready for discharge. Your physician, care management coordinator, and therapy team will evaluate your progress and determine if you are ready to go home and arrange for your discharge.

Dedication to your exercises and communication regarding any difficulty or discomfort you experience will help in determining the best discharge plan for you. Taking breaks when needed can also be helpful during this time. You will continue to use your incentive spirometer to prevent pneumonia.

Planning for Discharge

Going home:

You will need to arrange a ride home after leaving the hospital. Please coordinate this with your support person/coach prior to your surgery. You will receive verbal and written instructions regarding your medications, cares after surgery, and your follow-up appointments. Your surgeon or discharging provider will determine if and when you should begin outpatient physical therapy. The CCM Health Rehabilitation Services Department, or other facility of your choice, will contact you to schedule your outpatient therapy appointments when the orders are received. Follow instructions provided regarding bandage changes. Stitches or staples on your surgical incision will be removed by a nurse or provider at your follow-up appointment.

Preventing Complications

Blood Clots

Blood clots can develop after major surgery due to a decrease in physical activity.

- Do several sets of 10 ankle pumps throughout the day.
- You should have sequential compression devices (SCDs) on your lower legs after surgery. These pumps help push blood from your lower extremities back to your heart, especially during the short period after surgery when you are less mobile.
- You will be highly encouraged to stay active while in the hospital with physical therapy, occupational therapy, and nursing staff.

Pneumonia

- An incentive spirometer (IS) is an important tool in the prevention of pneumonia. An IS helps you breathe deeply and keeps your lungs strong. Respiratory therapy or a nurse will educate you on the use of an IS the day of surgery and throughout your hospital stay.
- Do several repetitions on your IS at least three times per hour while you are awake.
- Deep breathing and coughing also assist in keeping your lungs clear. Two deep breaths followed by a cough multiple times throughout the day is a good goal to set.
- Being active and changing positions is important in maintaining healthy lungs. Sitting up and moving about in your room will help prevent pneumonia.

Infection

- You will receive an antibiotic before surgery and for 24-hours after surgery. Your surgeon and primary care provider will address whether more antibiotics are needed throughout your hospital stay.
- Keep your incision site clean and dry. Showers are OK. Do not submerge the incision site under water until after your follow-up appointment.
- Report signs and symptoms of infection, such as:
 - redness and tenderness surrounding the surgical site,
 - green or yellow drainage from your incision,
 - fever of 101 degrees or greater.

Constipation

- Pain medication and inactivity can cause constipation.

To help prevent constipation:

- drink plenty of non-caffeinated fluids,
- eat foods high in fiber such as fruits, vegetables, and whole grains,
- use stool softeners as recommended by your provider (Miralax and Metamucil are examples),
- be physically active.

Falls

- Multiple things can increase your risk for falls, including:
 - pain medication,
 - unfamiliar environments,
 - general instability.
- Always ask nursing staff for assistance with walking and transferring until a physical therapist has cleared you to do this independently.
- If you are ever unsure, call for assistance.

Pressure Ulcers

- Pressure ulcers can develop over bony body parts such as elbows, heels, and buttocks with prolonged immobility.
- Ways to prevent pressure ulcers include:
 - frequent changing of positions,
 - using lotion on your skin,
 - maintaining proper nutrition and drinking fluids,
 - being active,
 - decreasing opportunities for friction and sheering of the skin.
- If you have pain in any bony area, notify nursing staff.

Traditional Shoulder Precautions

- For traditional shoulders: no external rotation beyond 30 degrees.
- Wear your sling as needed for comfort.
- Follow shoulder precautions at all times until cleared to progress your activity.
- Do not lift anything with your surgical arm.
- Do not support or move your body weight with your surgical arm, such as pushing up from a chair.

Reverse Shoulder Precautions

- Wear your sling as needed for comfort.
- Follow shoulder precautions at all times until cleared to progress your activity.
- Do not lift anything with your surgical arm.
- Do not support or move your body weight with your surgical arm, such as pushing up from a chair.

Rehabilitation Services

Occupational Therapy

- You will be visited by an Occupational Therapist (OT) either the day of surgery or day after surgery. This visit will include an evaluation to assess your needs and discharge plan, physical assessment of your abilities, and instruction on early exercises and shoulder precautions.
- You will be visited by an Occupational Therapist or Certified Occupational Therapy Assistant for one to two sessions during your stay.
- Typically, you will be assisted to achieve mobility needed to safely and independently move through your home, bathe, and dress. This will be together with Physical Therapy, usually in separate sessions.
- Occupational Therapy staff will teach you how to be as independent as possible with activities of daily living, including getting dressed in clothing you brought from home, bathing, and training you to use adaptive equipment as needed.
- Adaptive equipment you may need, such as a reacher/grabber or sock aid, will be made available to you during your stay unless you already have these items. If other equipment is recommended for you, this will be discussed.
- You will work toward safely completing grooming and hygiene tasks as well as toileting independently.
- Pendulum and range of motion exercises will be taught and practiced; these are found on pages 10-11. Your shoulder precautions will be reviewed with you.
- If you are going to have assistance in your home from a spouse or caregiver, Occupational Therapy staff may request they attend an occupational therapy session for educational purposes.
- Occasionally, there is a need for additional occupational therapy after you return home. This will be determined during your hospital stay, and arrangements will be made if necessary.

Physical Therapy

You may meet with a Physical Therapist (PT) either the day of surgery or the morning after surgery. They will complete an evaluation and get you started with your exercises in collaboration with Occupational Therapy, if needed. You will work most with Physical Therapy in an outpatient setting after you are discharged from the hospital. Your surgeon will determine when to start outpatient physical therapy.

Rehab Care

- You will likely be seen the morning after surgery, before being discharged from the hospital.
- It will be uncomfortable. This will gradually improve, and remember you are trading a pain that was not going to end for one that will.
- Ice will be very important once the bandages are removed. Apply for twenty minutes per hour, on the skin. If you do not dislike the first five minutes, it is not cold enough.
- Goals are to be independent with your exercises, general mobility, activities of daily living, and understanding your shoulder precautions, prior to discharge.
- Your provider will tell you when you can drive.
Technically, if you are taking a narcotic pain medicine, you are under the influence.

Early Mobilization

- A MEDICAL PROFESSIONAL NEEDS TO BE PRESENT FOR TRANSFERS until told otherwise by those medical professionals.
- Keys to early mobilization
 - Pain control.
 - Vitals signs stable.
 - Anesthesia or blocks have worn off.
- You will be instructed on early and gentle range of motion exercises to practice after surgery. These should be pain-free, with no extreme range of motion.

Physical Therapy Exercises

Shoulder Exercises | After Surgery

FRONTAL PLANE PENDULUMS



Bend forward slightly at the waist with feet shoulder-width apart, and let your surgical arm hang in front of you. Shift your weight side to side to create a swinging motion with your surgical arm, using momentum to drive the motion and not your shoulder muscles. Stay in a pain-free range, and gradually increase the size of the swing as you are able.

Repeat _____ times. Do _____ times per day.

SAGITTAL PLANE PENDULUMS



Bend forward slightly at the waist with your surgical arm hanging in front of you, and step forward with your opposite foot. Shift your weight forward and backward between your feet to create a front-to-back swinging motion with your surgical arm, using momentum to drive the motion and not your shoulder muscles. Stay in a pain-free range, and gradually increase the size of the swing as you are able.

Repeat _____ times. Do _____ times per day.



Scan with your smartphone or tablet to visit our YouTube Channel today and watch all the post-surgery exercises!

Physical Therapy Exercises

Shoulder Exercises | After Surgery

ELBOW RANGE OF MOTION



With the upper part of your surgical arm against your side, bend and straighten your elbow to maintain your motion.

Repeat _____ times. Do _____ times per day.

HAND RANGE OF MOTION



Open and close your hand fully.

Repeat _____ times. Do _____ times per day.

WRIST RANGE OF MOTION - EXERCISE #1



With the upper part of your surgical arm against your side and a bend in your elbow, flip your hand back and forth between palm up and palm down.

Repeat _____ times. Do _____ times per day.

WRIST RANGE OF MOTION - EXERCISE #2



With the upper part of your surgical arm against your side and a bend in your elbow, bend your wrist forward and backward.

Repeat _____ times. Do _____ times per day.

Before Leaving the Hospital

While you are in the hospital, a health care team consisting of your physician, nurses, physical therapist, occupational therapist, and care management coordinator will work with you on discharge planning. Your therapy needs, prescriptions, and adaptive equipment needs will be reviewed.

Continuous evaluation of your strength and endurance levels along with your family resources, home environment, support systems, and insurance benefits will all be considered when planning for discharge.

For most shoulder replacement patients, 12 - 16 weeks of outpatient physical therapy is recommended. This may vary with each patient.

Sometimes, outpatient physical therapy is not the best option for the patient. In these situations, home health therapy can be scheduled. If you have Medicare as your insurance carrier, qualification for home health therapy requires that you are homebound, meaning that it is a significant and taxing effort for you to leave the home, and there are few exceptions (church or doctor appointments). Once the patient is strong enough and no longer meets homebound criteria, the therapy can be transitioned to the outpatient setting.

Returning Home

Your hospital stay will likely be **one day**, after which our goal is for you to return home. You will have been educated on the necessary techniques, exercises, and skills needed to help ensure a safe transition home.

When you first get home, it is not uncommon to have a decreased appetite, difficulty sleeping, or decreased energy level. This is all normal after having surgery, and as you improve, you will gradually return to feeling normal. The goal is to keep a positive attitude and remember some days will be more challenging than others.

Pain Management at Home

- **It is normal to have manageable pain after surgery.** To help manage your pain, you will receive a prescription for a narcotic pain medication. It is also helpful to add an over-the-counter anti-inflammatory, such as ibuprofen or naproxen, if it is ok with your primary care provider. Acetaminophen (Tylenol) is recommended at 1,000mg every eight hours if the narcotic prescription does not already have it included.
- Make a schedule to take your pain medications regularly. Be sure to take your pain medication at least 30 minutes before your physical therapy and performing your home exercise program.
- Time your pain medication and take a dose before going to bed. This may help keep you comfortable through the night and get better rest.
- Use ice packs to help with pain and swelling. **Swelling is expected.** Ice may feel particularly good before and after completing your home exercise program. You should ice your shoulder at least 20 minutes, four times per day; more is better if you have swelling.
- Taking pain medication and being less active can put you at risk of constipation. Use stool softeners as recommended by your primary care provider. Be sure to eat plenty of fiber (fruits and vegetables). Also drink six to eight glasses of water each day.
- Continue to take a multivitamin everyday if it is OK with your primary care provider.

Prevention of Infection

- Wash your hands, especially before touching the bandages.
- Keep your incision covered until seen by your provider.
- Keep your incision clean and dry.
- Follow the bandage change instructions you were provided at discharge.
- Showering is permitted once you return home. Follow your instructions provided at discharge.
- No tub baths or soaking in a pool or hot tub is allowed until the incision line is healed.
- Notify your primary care provider or surgeon if you have signs of infection. These include:
 - A change in color or odor,
 - increased pain,
 - surrounding skin feels hot to the touch,
 - an increasing amount of redness around your incision.
- Call your primary care provider or surgeon if your temperature is higher than 101 degrees.
- Do not have any dental work, unless in an emergency, for three months after your surgery.
- Notify your dentist that you have had a joint replacement. You should take a prophylactic antibiotic when you have dental work or any other invasive procedure to help prevent mouth bacteria from traveling in your blood stream to your artificial joint.

This will need to be done for the rest of your life.

Home Exercise Program

- Continue to do your exercise routine two times per day.
- Wear your sling as needed for comfort.

Blood Clot Prevention

When you go home, you will still be at risk for blood clots because you will not be at your “normal” physical activity. Ankle pumps, exercises, and frequent walks will help you prevent a clot from forming.

- Try to change position once every hour while awake to prevent blood clots.
- When you take a prolonged car ride, make sure that you get out and walk for a few minutes every one to two hours. If flying, do ankle pumps often when sitting, and get up and walk in the aisle every one to two hours.
- Call your physician if you begin to experience calf pain, increased leg swelling that does not go down with elevation, or increased warmth or redness in the calf.
- Sometimes, an unrecognized blood clot can break off and travel to the lungs. This serious and possibly fatal condition is a pulmonary embolus. The signs are sudden chest pain, difficult/rapid breathing, shortness of breath, sweating, and confusion.

If you notice these symptoms call 9-1-1 immediately.

Considerations for After Surgery: Post-Acute Discharge Planning

Considering the questions below will help you and CCM Health staff work together to figure out a discharge plan that is best suited for your care needs.

Please mark your answers in the checkboxes below:

- Do you live alone? YES NO
- Will someone be staying with you upon discharge from the hospital? YES NO
- Is everything in your home on one level? YES NO
- Will someone be able to drive you to outpatient therapy appointments? YES NO

Answers to the above questions will help determine which setting will be the safest and most beneficial transition for you after leaving the hospital.

Most often, patients transition back to their homes. While in the hospital, physical therapists and occupational therapists will work with you to improve functional abilities and teach adaptive ways of doing routine daily activities.

If more rehab is needed prior to returning home, the following options may be considered.

It is important to acknowledge that there are certain qualifying criteria for the following options that must be met in order to secure admission and ensure insurance coverage of further services.

Your Care Management Coordinator will work with you. Some options include:

- **Home Health Care:** Based on homebound status, a registered nurse (RN), home health aide, and/or PT and OT will work within your home. If you have Medicare parts A or B coverage, Medicare will cover 100% of the cost if it is documented by your doctor that in-home services are medically necessary and that you are homebound due to medical conditions that contribute to your normal inability to leave your home to participate in outpatient therapies. Otherwise, most other insurances require patients to privately pay for in-home services.
- **Skilled Swing Bed:** Skilled Swing Bed represents a status change from an acute level of care to one that allows for a patient to receive skilled nursing care in the hospital environment. In order to qualify for a Swing Bed stay, you MUST have a skilled need such as PT, OT, IV medications, etc.

Medicare part A will cover a skilled swing bed stay 100% if a patient has a qualifying three-night acute stay prior to change in bed status. Other insurance may cover the cost of the stay if prior authorization is obtained ahead of time.

- **Short-Term Rehab Stay at a Skilled Nursing Facility:** Patients may seek placement at a skilled nursing facility (SNF). Specific criteria must be met in order to be considered for admission to the facility and for insurance to cover the services you receive there.

If you feel that you will need placement at a skilled nursing facility once you discharge from the hospital, please research facilities that you would be interested in using. The Care Management Coordinator will assist in making referrals to those facilities that you identify as preferred.

Other Considerations:

- **Transportation:** It is helpful to have someone identified ahead of time who will be able to pick you up from the hospital and bring you home – whether it is your spouse, friend, or neighbor. Transportation arrangements made with a company to provide services are not typically covered by insurance and therefore would need to be paid for out of pocket by the patient.
- **Meal Planning:** Once home, many patients find it helpful to have meals already prepared which will be easy to heat up or are ready to eat. Also available are community resources such as the Meals on Wheels Program sponsored by Prairie Five Community Action council, which will deliver meals to your home. If this is an option that you would like to learn more about, please ask the Care Management Coordinator during your hospital stay.

Frequently Asked Questions

1. What is a shoulder replacement?

There are two types of shoulder replacements: a total shoulder replacement and a reverse shoulder replacement.

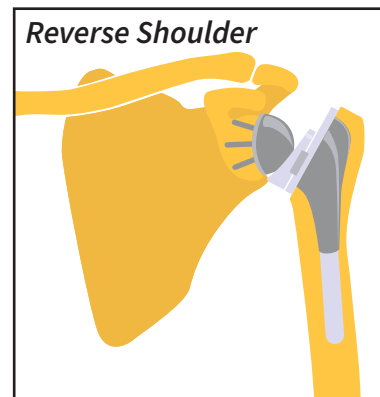
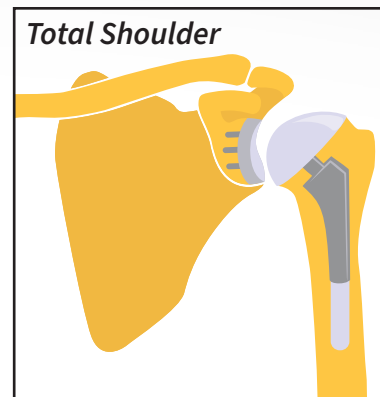
Total Shoulder Replacement:

With a traditional shoulder replacement, the ball (humeral head) of the shoulder and socket are replaced with a titanium alloy ball and socket.

With a traditional shoulder replacement, the muscles and tendons around the joint need to be intact. These muscles and tendons function together to move the shoulder and together the muscles and tendons make up the rotator cuff. If the rotator cuff is damaged, a reverse shoulder replacement would be indicated.

Reverse Shoulder Replacement:

With a reverse shoulder replacement, both the ball and socket are replaced. However, the positioning of the implants are reversed. The ball is placed on the socket side of the joint which is opposite/"reverse" of where it is typically located.



2. What are the results of a total shoulder replacement?

90%-95% of patients achieve good to excellent results with relief of discomfort and significantly increased activity and mobility.

3. Am I too old for this surgery?

Age is not a problem if you are in reasonable health and have the desire to continue living a productive, active life. You may be asked to see your personal physician for an opinion about your general health and readiness for surgery.

4. Why do they sometimes fail?

The most common reasons for failure is loosening of the artificial surface from the bone, infection, or instability.

5. Should I exercise before the surgery?

Yes. You should either consult an outpatient physical therapist or follow the exercises listed in this guide. Exercises should begin as soon as possible.

6. What are the major risks?

Most surgeries go well, without any complications. Infections and blood clots are two serious complications that are most concerning. To avoid these complications, we use antibiotics and blood thinners. We also take special precautions in the operating room to reduce risk of infections. The chances of this happening in your lifetime are 1% or less.

7. How soon will I get moving?

Depending on your post-op recovery, you will hopefully be up in a chair for supper that evening. The next morning you will be instructed on your exercises before discharge.

8. How long will I be in the hospital?

Most patients will be hospitalized for one day after surgery. There are several goals that you must achieve before you can be discharged.

9. How long does the surgery take?

Surgery usually takes two hours to complete. Some of this time is used by the operating room staff to prepare for the surgery.

10. Do I need to be put to sleep for this surgery?

You will have a general anesthetic, which is a deep sleep.

11. Will the surgery be painful?

You will have discomfort following the surgery, but we will keep you comfortable with appropriate medication. Your doctor will work with nursing to help control your discomfort.

12. Who will be performing the surgery?

Your orthopedic surgeon will do the surgery and may be assisted by a physician's assistant and surgical tech.

13. How long and where will my scar be?

Approximately 3 inches long, located to the front part of your shoulder.

14. Will I need any equipment?

An occupational therapist can help you decide what assistive devices possibly are needed.

15. Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. Some may transfer to a Swing Bed or short-term rehabilitation facility.

16. Will I need help at home?

Yes. The first several days or weeks, depending on your progress, you will need someone to assist you. If you qualify, a home health care nurse can come to your house. It is helpful if family members or friends are available to help.

17. Will I need physical therapy when I go home?

More than likely. Your surgeon will determine if you will need physical therapy. We can help you arrange for physical therapy as an outpatient at the clinic of your choice. If necessary, we will arrange for a physical therapist to provide therapy at your home. The length of time required for this type of therapy varies with each patient.

18. How long until I can drive and get back to normal?

Your pain medication may determine how long before you can return to driving. If you are using narcotic pain medication, you may not return to driving until it is discontinued as this would be considered driving under the influence. Your surgeon will let you know when you may drive.

Getting “back to normal” will depend somewhat on your progress. Consult with your surgeon or physical therapist for advice on your activity.

19. How often will I need to be seen by my doctor following the surgery?

Two to three weeks after discharge, you will be seen for your first post-operative office visit. The frequency of follow-up visits will depend on your progress. Many patients are seen at six weeks, twelve weeks, and then yearly.

20. What physical/recreational activities may I participate in after my recovery?

You are encouraged to participate in low impact activities such as walking, dancing, golfing, hiking, swimming, bowling, and gardening.

For more information regarding shoulder replacement surgery, please visit these resources.



**American Academy of Orthopaedic Surgeons Patient Education Site:
orthoinfo.org**



JOINT REPLACEMENT PROGRAM

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