



TOTAL SHOULDER REPLACEMENT

Patient Booklet

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ABOUT US

Northwest Specialty Hospital

WELCOME

At Northwest Specialty Hospital our motto is Patients First. It defines our hospital, our culture and our life's work. The safety and satisfaction of our patients is at the core of everything we do. As one of the few remaining hospitals in the nation owned and operated by surgeons, our decisions as an organization are guided by their real-life experience with patients like you. We hope that you will enjoy our five star cuisine and relaxing atmosphere as you receive care from some of the best surgeons in the area and our compassionate staff. Our goal is to provide you with the best experience possible, so we designed this document to help guide you through your upcoming surgical procedure. If there are any questions you may have about your procedure, please feel free to let a member of our team know. It is truly an honor that you have chosen us to care for you, and we would like to thank you for your trust in us.



Sincerely,

Rick Rasmussen

CHIEF EXECUTIVE OFFICER

OUR HOSPITAL

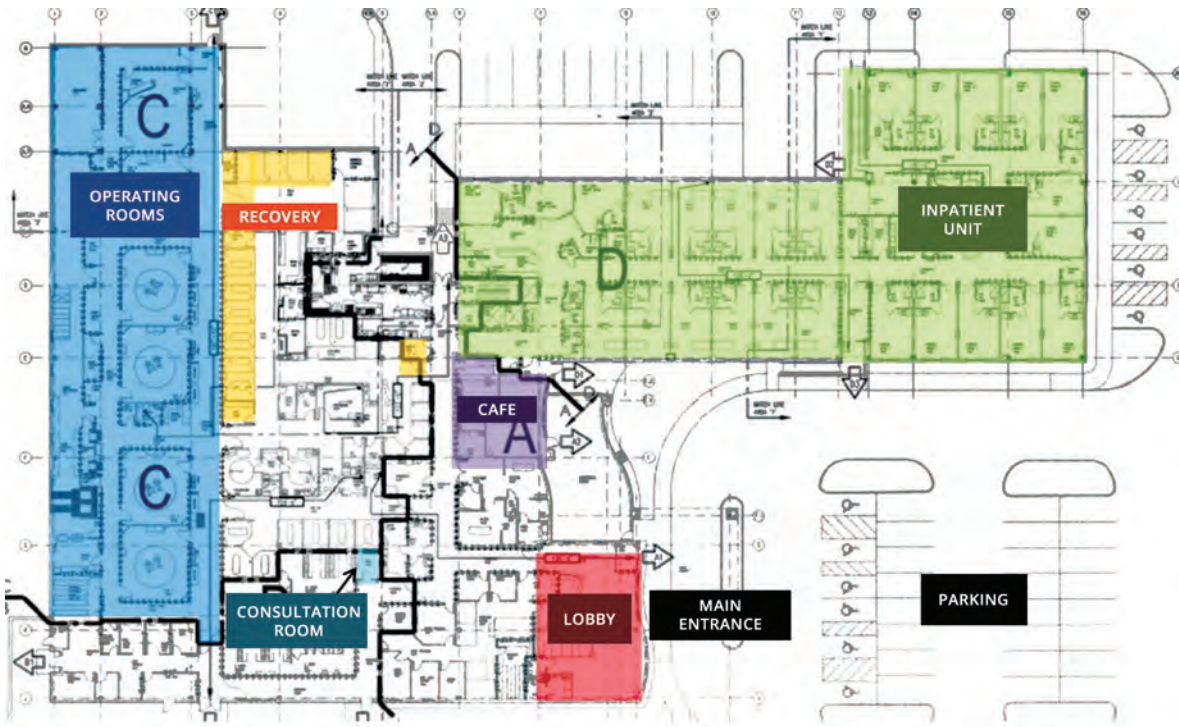
Northwest Specialty Hospital is owned and operated by a team of local physicians, with a shared mission of delivering patients superior care at an affordable rate. Our physicians have invested personally, professionally and financially in your care. They have dedicated their lives to creating a hospital that allows them to practice on their own terms and do what's best for patients. Instead of dealing with complicated bureaucratic issues of the big-hospital system, our physicians run Northwest Specialty Hospital in a way that allows them to focus on what matters most, delivering excellent patient-centered care.



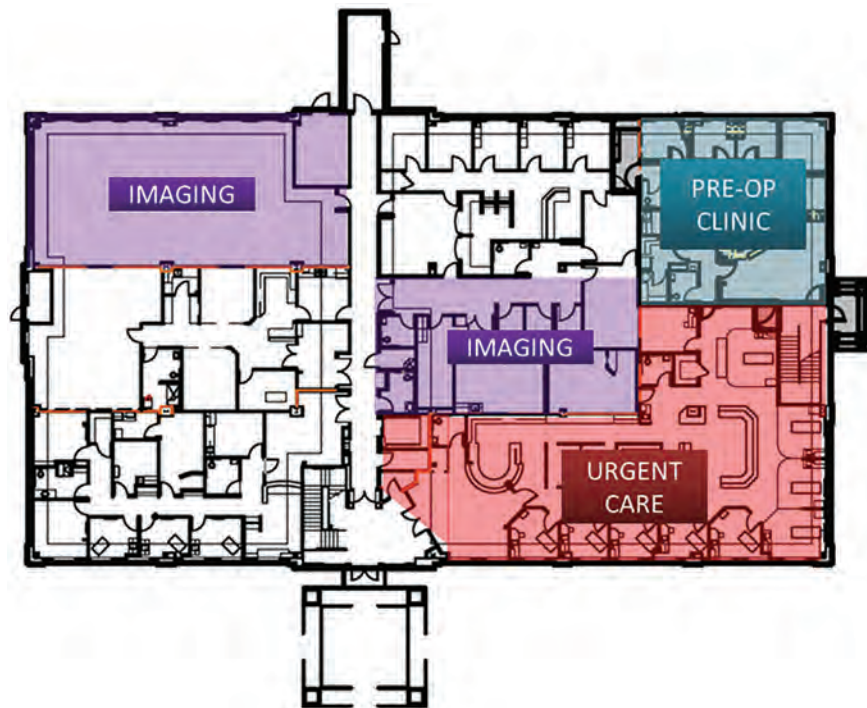
NORTH IDAHO'S ONLY 5-STAR HOSPITAL

By the Centers for Medicare and Medicaid for Patient Satisfaction

FACILITY MAPS



NORTHWEST SPECIALTY HOSPITAL



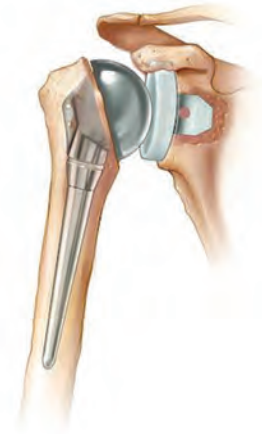
NORTHWEST URGENT CARE

OVERVIEW

Total Shoulder Replacement & Joint Structure

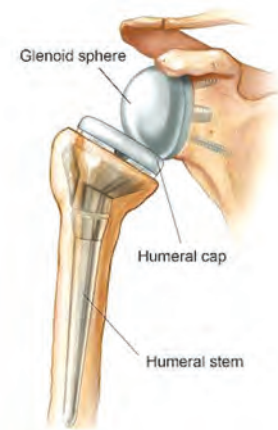
TOTAL SHOULDER REPLACEMENT

Total Shoulder Replacement, also known as a Total Shoulder Arthroplasty (TSA), is a procedure used to treat severe pain and stiffness resulting from end stage arthritis of the shoulder. The surgery involves replacing the damaged humeral head (joint ball) with a metal ball and putting a new smooth plastic surface on the glenoid (socket). Partial Shoulder Replacement (Hemiarthroplasty) may also be indicated with certain severe shoulder fractures of the humeral head, or in cases where the supporting soft tissues (rotator cuff) are insufficient. This technique requires the replacement of the ball component only. The procedure replaces the joint surfaces with artificial ones, removes scar tissue, and balances the muscles to restore the best possible function.



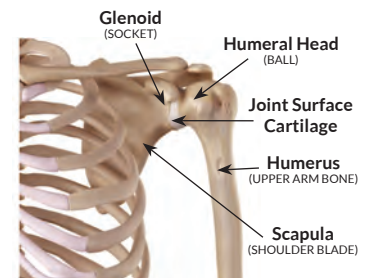
REVERSE TOTAL SHOULDER ARTHROPLASTY

Reverse Total Shoulder Arthroplasty is a type of shoulder replacement done for patients who have developed Rotator Cuff Arthroplasty (arthritis of the shoulder joint developing from a massive rotator cuff tendon tear). This procedure is also done for patients who have complex fractures or to revise a failed conventional Total Shoulder Arthroplasty (TSA). Patients with Rotator Cuff Arthroplasty have significant loss of function of the affected shoulder and often are unable to lift their arm even to shoulder height. With a traditional Total Shoulder Replacement, the ball and socket joint are replaced. In the Reverse Total Shoulder Replacement, a metal ball is placed on the glenoid and the top of the humerus is converted to a socket. The Reverse Shoulder Arthroplasty allows for restoration of overhead motion, alleviates pain and helps restore a functional shoulder.



SHOULDER ANATOMY

To understand a Total Shoulder Replacement you must first understand the structure of the shoulder joint. Your shoulder is made up of two bones: the arm bone (humerous) and the shoulder blade (scapula). The shoulder is a ball and socket joint. The ball (humeral head) fits into a shallow socket (glenoid) in your scapula to form the shoulder joint.



HEALTHY VS. ARTHRITIC SHOULDERS

Healthy Shoulder: A smooth slippery cartilage covers the joint surfaces. Muscles and tendons surrounding the shoulder provide stability and support.

Arthritic Shoulder: Due to injury, inflammation and/or degradation over time, the smooth cartilage disappears – resulting in a bone on bone joint. This results in limited movement and joint pain.



FREQUENTLY ASKED QUESTIONS

Northwest Specialty Hospital

What are the risks involved?

Infection: As with all surgery, there is the risk of infection. Your pre-admission test results will confirm you have no active infections before surgery. Antibiotics administered before and after surgery, along with other precautions such as cleaning the surgical site with antimicrobials, will further help prevent infection.

Blood Clots: To reduce the risk of blood clots and promote circulation, you will be asked to pump your feet and exercise your ankles following surgery and during your recovery. After surgery your doctor will have you on some type of blood thinner, generally aspirin unless contraindicated.

Congestion: Breathing deeply after surgery and coughing frequently are important ways to prevent congestion from building up in your lungs, which could lead to pneumonia. You will also be given a breathing device called an Incentive Spirometer, to use after surgery to help improve lung function.

Numbness: You will experience some numbness on both sides of your incision following surgery. This is normal and should not cause you concern. During surgery, the nerves around the joint are disturbed, and as these heal, you may experience a tingling sensation. You may experience permanent numbness in a small area around your incision, however this will not affect the function of your shoulder. It is extremely rare to have permanent numbness or weakness in the area as a result of trauma to the nerve.

Complications: As with all surgery, there is the possibility of complications from any of the above or from anesthesia, and could be severe enough to result in death. Please discuss all concerns with your surgeon and anesthesiologist before surgery.

How long is the procedure?

The average surgery will take 1 1/2 hours and will be one of the first surgeries of the day.

What is a “nerve block”?

A nerve block is given by injection and numbs the surgical area. General anesthetic is given through an IV line or by breathing from a mask. Medications for pain and to help relax you may also be given.

PRE-SURGICAL PLANNING

Making Sure You are Ready for Surgery

PREPARING FOR YOUR SURGERY

Our preoperative clinic is designed to make sure you are ready for surgery. They are responsible for collecting, reviewing and getting approval from your surgeon, anesthesia, and the hospital, prior to giving you the green light for surgery. They will also help you understand how to prepare for your surgery, including: what to wear, what to eat, what to drink, what medications you can or cannot take, and answer any questions that you might have. The appointment should take approximately 30-60 minutes.



QUALITY CARE SINCE 2003 | PROUDLY OWNED AND OPERATED BY PHYSICIANS

Preoperative Clinic

750 North Syringa Street, Suite 190, Post Falls, ID 83854

P: (208) 262-2328

F: (208) 619-5057

H: 8:00AM - 4:30PM

YOUR COACH

The person you select as your coach is critical to your success. This person needs to understand their directions and knowledgeable in the aspects of your surgery.

In addition, this person needs to be willing to do the following:

- Commit to attending your education class with you
- Assist you with your pre-surgical preparation (home preparation, exercises, appointments, etc.)
- Transport you to and from your surgery
- Assist you with post-surgical instructions
- Stay with you for the first 24 hours at home

HOME CARE TIPS

You and your family may want to consider these tips to help make your home safe and comfortable when you return from your surgery.

BATHROOM

Purchase a nonslip bath mat for inside your tub or shower. A shower hose, shower chair and seat riser for your toilet would also be helpful. You may want to install grab bars, as well.

CLEAR THE WAY

You may find it helpful to re-arrange furniture and other household items to make it easier for you to move around your home. Clearing the way of tripping hazards like rugs and cords will make it easier for you to maneuver around.

CONCENTRATE ON CONVENIENCE

Remember to put your most frequently used items within easy reach to avoid excessive bending or reaching. Remotes, phones and chargers may be items that you'll want to have easy access to when needed.

STAIRS

If you have to climb stairs to get home, or they are in your home, please discuss that with your physical therapist after your surgery. Make sure stairs that have handrails are secure.

FURNITURE

A bed or chair that has a firm back and/or armrests, is recommended to achieve supported reclined positions. Limit your sitting for long periods in "traditional" chairs. If you plan on using your home recliner, please inform your physical therapist of what type of recliner you have (electronic vs. non), to ensure you are using proper body mechanics with use. **Chairs with wheels should not be used under any circumstances.**

FIRM FOOTWEAR

You should avoid slippers, or shoes with open backs as they do not provide adequate support and can lead to slips and falls.



REST AND RELAX

Avoid yard work or heavier chores for 10 days prior to surgery. Make other arrangements for outdoor work, such as gardening, mowing the grass, snow shoveling, or snow removal, for at least 2 weeks after surgery. Do laundry ahead of time and put clean linens on your bed. Be prepared with additional pillows for supporting the operated arm.

FOOD PREPARATION

In order to minimize cooking, prepare meals in advance and freeze them.

CLEAR LINES OF SIGHT

Nightlights are helpful in bathrooms, bedrooms, and hallways to avoid the risk of tripping or other injuries.

NEWSPAPER DELIVERY

Contact your newspaper provider to request off-the-ground delivery to avoid bending for 2 weeks after surgery.

ANIMALS

If you have pets, you may want to consider boarding them for a few days after you return home. No leash-walking pets for at least the first 2 weeks.

MEDICATIONS

Our goal at Northwest Specialty Hospital is to empower you with knowledge and understanding of your medications, including why you may be taking medications and what side effects you might experience. Understanding how to prevent potentially harmful blood clots through movement, physical therapy and medications, is an important part of your recovery. For your pain treatment, NWSH uses the multimodal approach. This includes multiple agents used to reduce the need for more opioids during the recovery process.

- Anesthetic (numbing agent) works as a nerve block
- Tylenol (acetaminophen) helps with pain relief
- NSAID (anti-inflammatory) helps with pain relief and inflammation

We want you to feel as much a part of your treatment plans as possible! Our goal is to provide the best outcome by utilizing the most advanced treatments available, including ones that have been studied and recommended by clinical organizations such as the American Academy of Orthopedic Surgeons.

ANTICOAGULANT (VTE PROPHYLAXIS)

A venous thromboembolism (VTE) is a blood clot in the vein. A deep vein thrombosis (DVT) is a blood clot in the deep veins of your leg/calf. A pulmonary embolism (PE) is a blood clot in the lungs. Following surgery, you are at an increased risk for clotting. Physical therapy, movement, and chemical VTE prophylaxis (medications) are keys to the prevention of clots.

The specific anticoagulant chosen is based on physician preference and patient history. Several options of common anticoagulants used at NWSH include: Aspirin, Lovenox (enoxaparin), Coumadin (warfarin), Xarelto (rivaroxaban), and Eliquis (apixaban).

All anticoagulants carry some of the same side effects. Common side effects are minor bruising and bleeding, rarer side effects are blood in the urine/stool, or severe headaches.

PAIN CONTROL USING THE MULTIMODAL APPROACH

Anesthetics (nerve blocks using medications such as lidocaine, bupivacaine or ropivacaine) work by slowing nerve pain signals, which results in decreased pain. The blocks will last for 12 to 24 hours depending on the patient. Our goal is to improve early, pain free movement and limit the need for oral opioid use.

PAIN CONTROL USING THE MULTIMODAL APPROACH (CONT.)

Tylenol (acetaminophen) is a medication available over-the-counter, typically given around the clock for the first two to three weeks. Acetaminophen (APAP) is broken down in the liver; if you have a healthy liver you can have 4000 mg of acetaminophen per 24 hours. If you have an unhealthy liver the recommended maximum daily dose is 2000 mg. It is important to check the labels of any products you are taking, over-the-counter products often have acetaminophen in them (cough and cold products). Some pain medications already have acetaminophen in them as well, (Norco/hydrocodone/APAP) and Percocet (oxycodone/APAP). Alcohol is also metabolized in the liver. Discuss your alcohol consumption with your provider. Taking more than the recommended daily dose of acetaminophen can cause liver damage.

NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) are medications that work by decreasing inflammation, which decreases pain. They are available in intravenous (IV) and oral formulations. The usual options at NWSH include Celebrex (celecoxib) given orally once daily, or Toradol (ketorolac) given intravenously or intramuscularly every 6 hours. There are also NSAIDs that are available over-the-counter as well: ibuprofen (Advil) and naproxen (Aleve). If you are given a prescription for celecoxib at home, it's important to not take any ibuprofen or naproxen while you're on this medication.

Opioids are medications used for pain. There are different categories of opioids used at NWSH. Ultram (tramadol) is used for less severe pain. Rescue or stronger opioids used for more severe or breakthrough pain include Roxicodone (oxycodone), Norco (hydrocodone + acetaminophen), Percocet (oxycodone + acetaminophen), and Dilaudid (hydromorphone).

OPIOID SIDE EFFECTS

There are some common side effects of opioids you should be aware of. They can cause some drowsiness or dizziness, dry mouth and eyes, nausea and vomiting, and urinary retention. If you notice any of these side effects while at the hospital, communicate with the nursing staff. It is best to get up slowly from seated or lying positions to avoid falls associated with dizziness. Taking your pain medication with a little bit of food can help reduce nausea and vomiting if you experience those side effects.

Another side effect is constipation. Opioids decrease bowel mobility. It is recommended you have a combination of a stool softener (Colace – 100 mg by mouth twice daily) and a stimulant laxative (Milk of Magnesia – 30 ml by mouth twice daily, or Senna – 8.6 mg by mouth twice daily). An osmotic laxative option is MiraLAX (polyethylene glycol – 17 grams (1 capful) mixed with 8 ounces of liquid by mouth once daily), if you don't experience a bowel movement within two days of surgery.

COMMON MEDICATIONS GOING HOME

An anticoagulant will be prescribed by your physician for a specified time. The pain medication regimen that worked best for you at the hospital will be prescribed for home usage, as well as any anti-inflammatory medications. You will need to pick up your constipation prevention medications over the counter, and continue taking them as long as you are taking your pain medications. These are common medications for home discharge dispensing, but this does not mean every patient will go home with these medications. Each patient's discharge medications are individualized to them based on surgeon preference, patient allergies/intolerances and other factors.

PRE-OP

Pre-operatively, we will administer an antibiotic to prevent surgical site infections. The recommended antibiotic for a Total Joint Replacement is Ancef (cefazolin). We may change your antibiotic due to potential allergies or health history.

In addition, you will likely get a nerve block in the pre-op area, where pain medication and a sedative are administered to keep you as comfortable as possible. The goal of the nerve block is to provide long lasting (about 18-24 hours) pain control to the shoulder surgical area. This experience is very patient specific and your block may last shorter or sometimes longer than 24 hours. Along with nerve blocks, we utilize a Multi-Modal pain control approach to manage post-operative pain.

These medications will be explained more in depth in the pre-op area. All treatments are designed to minimize post-operative pain or nausea.

OPERATING ROOM

Anesthesia will provide sedation, and pain medications will be administered, as well as medications to prevent nausea.

RECOVERY

During the recovery process, pain control and treating nausea are the focus areas. Pain control is achieved utilizing short acting intravenous (IV) pain medications if necessary. The goal is to utilize the previously mentioned Multi-Modal pain control approach to prevent pain in order to reduce the amount of opioid pain medications you may be exposed to during your hospital stay, while maintaining tolerable pain levels.

INPATIENT

If you are staying overnight, you may receive a number of medications/therapies to prevent infection, control pain and treat nausea. The nursing staff should explain why you are taking a medication, as well as any possible side effects. You will also likely receive medication to prevent harmful clots from forming. This medication is usually administered the night of surgery or the morning after. You should be visited by a member of the pharmacy team, who will go over the medications you have been receiving at the hospital, discuss the possible side effects and review new medications with you to avoid harmful side effects. The pharmacist's goal is for you to feel comfortable with the medications at home, how and when to take medications, and understand potential side effects with new medications.

Managing your pain is a top priority. You will be asked to assess your pain often in the hospital and rate your pain on a pain scale of 0-10. 0 is no pain, while 10 is the worst pain. Expect that your pain will increase with activity. It will typically be 2-3 points higher than your resting pain goal, and you should still have enough pain relief to participate in therapy and ambulate. Once back at rest, your pain should start to return to baseline in about 30 minutes.

You will be given handouts, should you need a reference on the side effects of medications or why certain medications are being given at the hospital. If you have any further questions or concerns regarding your medications, please ask your nurse or request the pharmacist to speak with you. We are happy to clarify any questions you might have.

HAND WASHING

Hand washing will be critical. A serious form of bacteria known as MRSA frequently inhabits the skin or nose of healthy people and when introduced into the home setting during recovery, it can be harmful. Hand hygiene is the single most important method of controlling the spread of bacteria. We ask all visitors and caregivers to wash their hands before and after contact with patients and their surroundings.

SHOWERING INSTRUCTIONS

Follow these directions the evening before, and the morning of, your surgery.

STEP 1: Shower using regular shampoo and soap, wash hair and entire body, rinse thoroughly.

STEP 2: Wet the provided shower sponge and apply 1/2 the bottle of CHG to the shower sponge. **Turn OFF the water.**

STEP 3: Firmly massage all areas of the body below the chin with the shower sponge. Pay attention to your surgical sites and surrounding areas. Wash groin and buttocks last.

STEP 4: Wait 2 minutes before rinsing off.

STEP 5: Dry off with a clean towel.

STEP 6: Wear clean clothes and use clean bed linens.

STEP 7: Repeat the morning of your surgery with the other 1/2 of the CHG bottle. **Do NOT shampoo your hair or apply any lotions, creams, body sprays, perfume, or powder after using the CHG soap, it will decrease the desired effects.**

PREPARING FOR YOUR SURGERY

Northwest Specialty Hospital

UPON RECEIPT OF BOOKLET DATE: _____

- Schedule a total joint education class with your Nurse Navigator: (208) 500-9813

4 WEEKS PRIOR TO SURGERY DATE: _____

- Follow your doctor's preoperative orders
- Complete any lab work or other assessments (chest x-ray, etc.), ordered by your surgeon
- Schedule and attend your joint replacement class
- Begin your daily exercise program
- Stop smoking

2 WEEKS PRIOR TO SURGERY DATE: _____

- Stop taking prescription diet medications and herbal medications
- Stop any yard work or heavier chores
- Start making home preparations

7-10 DAYS PRIOR TO SURGERY DATE: _____

- Stop taking blood thinners, aspirin, or medications containing aspirin, and anti-inflammatory medications such as Ibuprofen, Motrin, Advil, Aleve, Naproxen, Relafen, and hormone replacement therapy, unless otherwise instructed by your surgeon
- Do not shave the area of your body where surgery will be performed, your underarms or your groin area for 1 week prior to surgery
- Do not get a pedicure or paint your toenails
- Complete any additional testing or labs recommended by your surgeon
- Notify your doctor's office if you become ill, have broken skin, or a rash
- Prescriptions will be determined by your doctor
- Obtain order for outpatient physical therapy for after your surgery
- Keep doing your exercises as instructed by your physician
- Practice using only the non-operative arm
- Get plenty of good rest

PREPARING FOR YOUR SURGERY (CONT.)

4 DAYS PRIOR TO SURGERY

DATE: _____

- Reduce alcohol consumption
- Begin to pack your bag for your surgery
- Your coach should pack a bag of items to keep them occupied at the surgery center
- Review preoperative instructions for showering and medications
- Be well rested

THE DAY BEFORE SURGERY

DATE: _____

- Fill the new prescriptions (if any) given to you by your doctor
- Change your towels and the linens on your bed
- Complete house preparations like grocery shopping, meal preparation, etc.
- Don't eat or drink anything after midnight unless otherwise instructed by your surgeon**
- Skin preparation reduces the risk of infection. See showering instructions on page 3.7

WHAT TO BRING

- Any information and paperwork provided before your surgery
- Photo ID and insurance card
- Telephone numbers of support contacts
- Robe, socks, underwear, and short- sleeve night wear in case of an overnight stay
- Loose, comfortable clothes suitable for exercising
- Toiletries
- Non lace-up, closed toed, loose fitting shoes with non-slip soles
- Eyeglasses, hearing aids and extra batteries
- Phone charger
- Remove all rings and piercings
- Bring any medical devices such as CPAP
- **Bring any durable medical equipment you are using, such as a walker**
(You may obtain a front wheeled walker prior to surgery at a local medical supply company or secondhand thrift store. Your physical therapist at the hospital can also supply one for you at the hospital.)

YOUR SURGERY

Total Shoulder Replacement

PREPARING FOR SURGERY

- Shower with CHG soap as directed
- Do not use lotions, talcum, perfume, make-up, or nail polish
- Take your heart and blood pressure medications with a sip of water – do not take insulin or diabetes medications unless instructed to do so (no diuretics)
- DO NOT eat or drink**

PARKING

Northwest Specialty Hospital has free and convenient parking close to the main entrance.

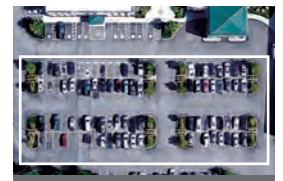
NORTHWEST SPECIALTY HOSPITAL

1593 East Polston Avenue, Post Falls, ID 83854

P: (208) 262-2300

H: Monday - Friday: 5:00AM - 5:00PM

nwsh.com



CHECKING IN

Welcome to Northwest Specialty Hospital! Once you have arrived at our facility, please check in with our reception desk. After you have been completely checked in, we will escort you back to the preoperative evaluation area where we will begin the process of preparing you for surgery.

THE OPERATION

Most surgeries take 1 1/2 hours to complete. The person(s) responsible for your transportation and home care following your procedure can either choose to leave or stay on campus. Should they decide to leave, they have the option of receiving a call once you are about to be discharged. Should they decide to stay, we offer gourmet coffee, free Wi-Fi, television and access to our award winning café to make their stay more comfortable. Your guest can check the status of your surgery on a board, or receive a notification device alerting them when your procedure has been completed.

POST-SURGICAL CARE

The Recovery Process

THE CONSULTATION

Friends, family members, your coach or anyone else you designate, may speak with your surgeon following your procedure to receive a summary of how the procedure went, and what to expect post-surgically.

POST-OP AND RECOVERY

At the end of the surgery, the anesthesia will be reversed, and you will be transferred to the recovery room. You may wake up with a cold therapy unit on your shoulder and will leave the surgery center with it on. In the recovery area, the nurses will monitor your vital signs and keep you comfortable. Medications will be administered as necessary for pain or nausea.

You will then be moved to a room for Phase 2 and will be monitored for a few hours, or transferred to the inpatient unit. You will be discharged to return home once you are stable if you are having your surgery as an outpatient. The medications administered after the surgery center, as well as the nerve block, should provide excellent pain relief at home.

PAIN LEVEL ASSESSMENT

Managing your pain is a top priority. You will be asked to assess your pain periodically in the hospital and rate your pain on a pain scale of 0-10. 0 is no pain, while 10 is the worst pain. Expect your pain to be between a 4-5 while resting and that your pain will increase with activity. It will typically be 2-3 points higher than your resting pain number. You should still have enough pain relief to participate in therapy, and you WILL be expected to ambulate the day of your surgery.

Most pain medications are taken *as needed*. You are required to communicate with your nursing team when you are *beginning to experience a need for another dosage*. Once back at rest, your pain should start to return to baseline in about 30 minutes.

Once at home, you will be scheduled to attend your physical therapy, either at an outpatient clinic or to receive it at home through a home health care agency, as directed by your physician.

DISCHARGE

It is extremely important to follow the postoperative pain management protocol to ensure ongoing pain relief. Unless otherwise indicated, home medications are *as needed*. If you aren't having pain, you don't need to take pain medications. Prior to discharge, a physical therapist or one of the members of the nursing team, will have you walk and confirm that you are stable for discharge. You will be given a brief home instruction sheet, as well as detailed home instructions found on the next several pages of this booklet. Incision care and monitoring at home will be discussed with you by your primary RN. Any dressings required will be sent home with you.

Make sure to have your stool softeners/laxatives available for constipation prevention while you are taking pain medications. Some of these are Colace, MiraLAX, Milk of Magnesia, Dulcolax, Senokot, and Senna.

YOUR DISCHARGE CHECKLIST

- All home medication prescriptions are filled
- Outpatient therapy or a home health agency contacted for the day after surgery
- All necessary home equipment has been acquired
- Post-op appointment scheduled
- OK to shower on the 3rd day post-op or as directed by your physician
- Your coach will be with you for 24 hours after discharge

ICE

Icing the arm is critical to the post-operative period. This should be done hourly for the first 2-3 weeks. Always use a cloth or towel to wrap the ice pack to protect the skin.

ARM OUT OF SLING

It is important to take your arm out of the sling 2-3 times a day for circulation. Please refer to the pendulum shoulder photo in the exercise section. Just allow the shoulder to hang down and do small circular motions. Do not do any other exercises until you meet with your physical therapist.

INCISION CARE

- **If your incision was closed with glue**, your discharge nurse will educate you on dressing changes (if any) and how long to keep your incision(s) covered per your MD orders.
- **If your incision was closed with steri-strips or sutures**, keep a dressing over the wound for 5 days after surgery. You will have to cover this to shower. After 5 days, you can remove the dressing and allow shower water to run over the steri-strips or sutures at the incision site, and pat dry. Do not pull off the steri-strips, they will fall off naturally on their own.
- Do not soak the wound for 4 weeks (eg: shower only).
- If the wound appears to be draining, cover with gauze and tape and call your surgeon's office.
- Do not apply ointments, creams, lotions, or alcohol to the incision site.
- Wash your hands prior to touching your incision, sutures, or glue.

REHABILITATION EXERCISES

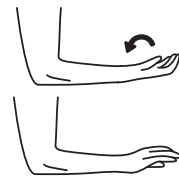
Exercise is essential to strengthen your shoulder and ensure you maintain a healthy range of motion. Your physician/physical therapist recommends you perform the following exercises as part of your rehabilitation program.

Your physical therapist will instruct you on your post-operative home exercise program. The goal is to initiate range of motion of the shoulder, as well as gentle strengthening and management of swelling. In order to tolerate your exercise program and gain the greatest benefit from your therapy sessions, it is important that your pain be controlled. Refer to the exercises presented on the following pages to continue performing post-operatively.

PRONATION/SUPINATION □

With your elbow at your side, alternate turning your palm up and palm down.

REPS: 15 | TIMES PER DAY: 2-3



ELBOW FLEXION/EXTENSION □

Keeping your shoulder relaxed, bend and straighten your elbow. Do not use weight in your hand.

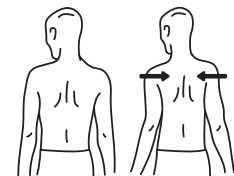
REPS: 15 | TIMES PER DAY: 2-3



SCAPULAR RETRACTIONS □

Keeping your elbows at your sides, squeeze your shoulder blades together and then relax.

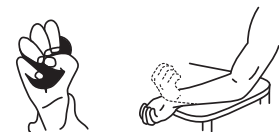
REPS: 15 | TIMES PER DAY: 2-3



BALL SQUEEZE/WRIST CURLS □

Either squeeze a ball or roll your wrist while in the sling. Use a variety of grips and directions.

REPS: 15 | TIMES PER DAY: MANY



ACTIVE ASSISTED SHOULDER FLEXION □

Use your non-operative arm to assist in moving the operating arm up.

REPS: 15 | TIMES PER DAY: 2-3

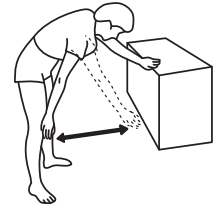


EXERCISE (CONT.)

PENDULUMS (SIDE TO SIDE; FORWARD AND BACK) □

Steadying yourself with your other hand on a table or chair, allow your arm to dangle. Let your shoulder relax and swing your hips from side to side, allowing your arm to swing freely. Repeat with swinging your hips forward and back.

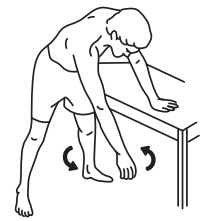
REPS: 30 (OR FOR 1 MINUTE) | TIMES PER DAY: 2-3



PENDULUMS (CIRCLES) □

Steadying yourself with your other hand on a table or chair, allow your arm to dangle. Let your shoulder relax and swing your hips in a circle, allowing your arm to swing freely. Repeat in the opposite direction.

REPS: 30 (OR FOR 1 MINUTE) | TIMES PER DAY: 2-3



DRESSING

- When dressing, put your operative arm in the sleeve first. When getting undressed, take your operative arm out last. Loose fitting or button-down shirts are recommended.

RESTRICTIONS

- Perform external rotation, or move the operative shoulder midway from body, to become familiar with the available range of motion as determined by your physician.
- No active internal rotation of the operative shoulder
- Avoid leaning or bearing weight on your operative arm
- Avoid lifting any object weighing more than 1 pound, using only your operative arm. You may perform light activities of daily living using you operative arm (eating, drinking, using a remote control, etc.).
- Avoid any reaching activities: overhead, sideways, backward
- No driving until approved by your physician

GUIDELINES

- Your physical therapist at the hospital will educate you on safety at home after asking questions about your home environment. This includes furniture, vehicle transfers, showering, toileting, and stairs. Always ask questions if you have any concerns or unusual situations.
- Your exercise program should be carried out 3 (three) times per day.
- Your arm sling is typically worn for 3 - 4 weeks post-operatively unless otherwise prescribed by your physician. The sling may be removed to perform your therapy exercises.
- **While sleeping or sitting:**
 - Keep your shoulder in the immobilizer unless instructed otherwise by your physician.
 - Place a pillow under your forearm for support. You should be able to “see” the position of your elbow while lying down. Use extra pillows as needed as instructed by your physical therapist.

ASSISTED HOME CARE

GETTING A LITTLE HELP AT HOME

Sometimes it's nice to obtain a little extra help (housekeeper, grab bars, walkers, etc.) either before surgery to prepare your home, or after your return from the hospital. Companies that provide related services:

HOUSE CLEANING AND MEAL PREPARATION

- Comfort Keepers (208) 357-4295
- Home Helpers (208) 769-9560

MEDICAL ASSISTIVE DEVICES

- Soper's Mobility Aids (208) 772-6474
- Bellevue (208) 676-1768

WHEN TO CALL US

Call your doctor's office if:

- You have a fever of over 101 degrees
- Your incision becomes more red, swollen, painful, or if it has a discharge that has an odor
- Your incision opens or bleeds excessively
- Your pain medication is not controlling your pain
- You have side effects from your medications, such as nausea, a rash, or itching
- You have fallen

The recovery from joint surgery is time intensive.

GENERAL GUIDELINES

Week 1-2: In the first couple of weeks you should be able to move around and care for yourself with some assistance. You should walk around every couple of hours during the day to help prevent blood clots, respiratory problems, and constipation.

Week 2-3: You should be making improvements in your motion and overall strength. Continue walking around every couple of hours when awake.

Week 4-6: You should be feeling stronger and more mobile, returning to normal activities of daily living, such as driving, taking long walks, and be able to tolerate full days out of the house.

Week 10-12: You should be able to tolerate more physically intensive activities, such as golfing, dancing, hiking, and riding a bike.

Always discuss any specific restrictions/concerns with your physician prior to initiating activity. Use the above as a guideline only.

IMPORTANT INFORMATION

Healthcare Contacts

REGISTRATION LIAISON

Wendy Burlingame

P: (208) 262-2259

F: (208) 262-2390

HOSPITAL

Northwest Specialty Hospital (NWSH)

1593 East Polston Avenue, Post Falls, ID 83854

P: (208) 262-2300

F: (208) 262-2390

nwsh.com

IMAGING

Northwest Specialty Hospital (NWSH)

1593 East Polston Avenue, Post Falls, ID 83854

P: (208) 262-2333

F: (208) 262-2380

nwsh.com

INPATIENT

P: (208) 262-2398

PRE-OPERATIVE DEPARTMENT

P: (208) 262-2328

F: (208) 619-5057

nwshpreop@surgerypartners.com

URGENT CARE

Northwest Urgent Care

750 North Syringa Street, Suite 100, Post Falls, ID 83854

P: (208) 262-2600

F: (208) 262-2700

nwurgent.com

NURSE NAVIGATOR

P: (208) 500-9813

Thank You

When you make the decision to have surgery, you place your life in the hands of the surgeon and their care team.

At Northwest Specialty Hospital, one of the highest honors we can receive is to know that we have your trust in us to provide that care. It is a responsibility we take seriously.

We would like to take this moment to show our sincere appreciation to you, and thank you for choosing us.



Patients first.

Patients first.

