



NORTHERN ARIZONA HEALTHCARE



# Shoulder Replacement Guidebook

The Ultimate Guide to  
Your New Joint

Improving health, healing people.

**Always** better care.

**Every** person, every time...**together.**



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# Welcome

Welcome to Northern Arizona Healthcare's Joint Replacement Program!

The Joint Replacement Program you are about to enter will give you specialty care throughout your joint replacement journey. We want to help you improve your quality of life by giving you personalized care.

Our goal is to help you live with greater independence and movement.

In order to do this, we focus on four major points:

- Helpful and timely education
- Living a life of wellness
- High motivation
- Attentive and dedicated staff

## Meet your Team

Your healthcare team includes your orthopedic surgeon and office staff, anesthesiologist, operating room staff, a nurse navigator, an orthopedic trained nursing staff, physical and occupational therapists and care coordinator experts. Your overall care and wellness during your joint replacement experience is important to us, so it is a group effort between the medical team, laboratory, radiology, environmental and nutrition services. Our team will follow you throughout your stay and after discharge to help you have a successful recovery experience.

If you have any questions or comments, please call the nurse navigator (*Cottonwood (928) 639-6297* or *Flagstaff (928) 214-2812*) or your orthopedic surgeon's office. We look forward to meeting you and your loved ones and welcoming you to our program. Thank you for letting us help you with better bone and joint health.

Sincerely,

*Northern Arizona Healthcare*



# Purpose of the Guidebook

The purpose of this Guidebook is to start you off in the right direction, answer your questions and address any concerns.

Preparation, education, consistent care and a pre-planned discharge are important for the best joint replacement surgery results. This Guidebook is a teaching tool for you and your loved ones. In reading this entire Guidebook and attending Joint Replacement Class, you and your loved ones will be well prepared for great results. See the colored boxes throughout the Guidebook for reminders, tips and more resources.

We want you to know:

- What to expect every step of the way.
- What you need to do.
- How to care for your new joint for life.

**Please remember this is just a guide.**

Your surgeon, nurse navigator, therapists or care coordinator will work with you one-on-one to help build a plan for your best outcomes. Always listen to their advice and tips. Bring your Guidebook with you to the hospital and keep it as a handy tool for the first year after your surgery.

## Helpful Reminders

We highly recommend visiting [NAHealth.com/jrp-spine](http://NAHealth.com/jrp-spine) to read more helpful information that is not included in this Guidebook before your surgery.

If you have a smart device, go to your camera and hold the lens over the QR code to the right. It will give you a pop-up to our website.



**You will be required to attend our in-person or online Joint Replacement or Spine Program Class before surgery.**

## Tips

You will find helpful tips in the green boxes. Remember, these are only suggestions. Please ask your surgeon, therapists or nurse navigator if you have any questions.

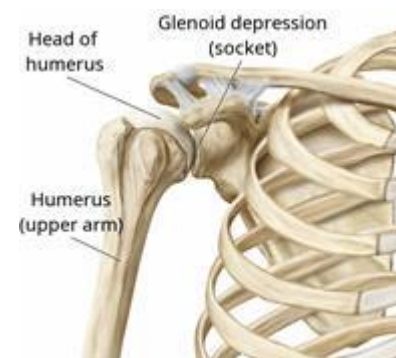


# Frequently Asked Questions: Total and Reverse Total Shoulder Replacement

Below is a list of the most commonly asked questions, along with their answers. If you have more questions, please ask your surgeon or nurse navigator.

## What does the anatomy of the shoulder joint include?

The shoulder is a ball and socket joint. The ball on the upper end of your arm bone (humerus) rests against your shoulder socket (glenoid). The shoulder joint is lined with a layer of smooth cartilage. This cartilage works as a cushion and allows for smooth motion of the shoulder.

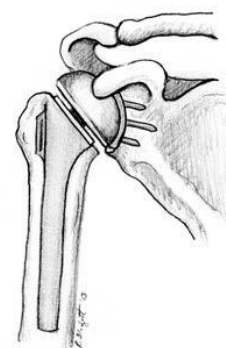


## What is arthritis?

Arthritis is a wearing away of the smooth cartilage in the shoulder joint. At some point, it may wear down to bone. Rubbing of bone against bone causes pain, swelling and stiffness. Many patients need surgery to replace the damaged joint.

## What is a total shoulder replacement?

A total shoulder replacement is an operation that removes the humerus head/ball as well as the damaged cartilage from the shoulder socket. The ball is replaced with a metal ball fixed firmly inside the humerus. The socket can be replaced with a plastic or metal liner. This creates a joint that works smoothly and does not hurt.



Total Shoulder Arthroplasty

## What is a reverse total shoulder replacement?

A reverse total shoulder replacement is an operation that reverses the ball and socket of the shoulder joint. The ball portion of the replacement joint is attached to the socket and the socket is attached to the upper arm bone (humerus). This puts the arm back in the socket and makes the joint stable so the upper arm muscles can power the shoulder. It creates a joint that works smoothly and does not hurt.



Reverse Total Shoulder Arthroplasty

## When is a reverse total shoulder replacement recommended?

This surgery allows surgeons to treat patients with conditions that have no other solutions. These may include older patients with pain and little or no movement due to large rotator cuff tears; patients with severe arthritis; patients with degenerative joint disease and an unstable shoulder joint; and patients who have a failed total shoulder joint replacement or a failed fracture repair.

### **What are the major risks?**

Most surgeries go well, without any problems. Infection and blood clots are two serious complications. To avoid these complications, you will be given antibiotics and possibly blood thinners. Your surgeon will tell you if you need to take blood thinners. The hospital staff takes many steps to reduce the risk of infection. Early walking, doing ankle pumps and moving around reduce the chance of a blood clot.

### **Why should I quit smoking before surgery?**

Many surgeons tell their patients to stop smoking before surgery and to think about quitting for good. Tobacco products have a bad effect on blood vessels, which can limit the body's ability to heal wounds and bones. The risk of infection and lung problems after surgery is also greater for patients who use tobacco. Many helpful sources of information are available, both online and off, to help people quit smoking.

### **Do I need to be put to sleep for this surgery?**

Most patients will be given a regional anesthetic, or nerve block, which results in numbness, pain relief or loss of feeling in your arm. You may also be given a general anesthetic, which many people call "being put to sleep." Your surgeon and anesthesiologist will talk about anesthesia with you in pre-op.

### **How long am I not able to do normal activities?**

You will wear a shoulder immobilizer for about six weeks after surgery. You will need to do all activities one-handed or receive help from family or friends for a few weeks up to six weeks. This will change many of your normal activities.

### **Do you recommend any restrictions after this surgery?**

Patients are to wear the shoulder immobilizer at all times except when exercising, bathing and upper body dressing. Some patients are not allowed to actively move or actively use the arm for four weeks, and sometimes longer. Your surgeon and therapist will tell you about limits and restrictions. Do not resume any exercise activities after surgery without talking with your surgeon or therapist.

### **Please ask questions at any time.**

Use the following space for more questions:

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#### **Helpful Reminder**

Visit [NAHealth.com/jrp-spine](http://NAHealth.com/jrp-spine) to read **more** frequently asked questions and advice/ tips from other patients.



# Before your Surgery Checklist

Complete this checklist to be ready for your surgery.

## ☐ Step 1

**Know you surgery date and time.** Your surgeon's office will tell you the surgery date only.

*Cottonwood:* You will receive a phone call one to two business days before your surgery with the final date and time. If you have questions about your surgery date and time, you may call (928) 639-6426.

*Flagstaff:* The surgeon's office will tell you of your pre-admissions appointment date and time, which will be two to three weeks before your surgery. This can be over the phone or in person at the hospital. If you have questions about your surgery date and time, you may call (928) 773-2048.

## ☐ Step 2

**Complete paperwork sent from your surgeon's office.** (*Cottonwood* location only). There will be paperwork to complete inside your Guidebook. Bring the completed papers and your Guidebook to your Joint Replacement Class.

## ☐ Step 3

**Attend Joint Replacement Class.** Please attend the mandatory class (*Cottonwood* patients are **highly recommended** to attend in-person class) or take the online class one to three weeks before your surgery. The online class can be found at the following link: <http://tinyurl.com/nahlearn> or scan the QR code. ➔



## ☐ Step 4

**Start asking people to help care for you** for the first week and up to two weeks after surgery. This may include people traveling to town to help you, creating a rotation of helpers or paying a private caregiver. Research shows that going home is the best place for you to recover.

## ☐ Step 5

**Become familiar with your exercises.** You will learn your exercises in Joint Replacement Class. It is important to practice these exercises to speed up your recovery. Your surgeon will let you know if you should skip any exercise. In the "Activity and Exercise" section you will find your exercises.

## ☐ Step 6

**Prepare your home.** Prepare your home for your return from the hospital. Remove throw rugs and tack down loose carpeting. Remove electrical cords and other obstacles from walkways. Install night lights in bathrooms and hallways. Prepare meals at home that can easily be reheated. Set up any adaptive equipment (toilet seat, shower chair, etc.)



□ **Step 7**

**Stop all vitamins and herbal supplements 7 days before surgery.** You will receive other written medication instructions from your nurse navigator in class (*Cottonwood*) or during your pre-admissions appointment (*Flagstaff*).

□ **Step 8**

**Pack for your hospital stay.**

- Insurance cards.
- Copy of advanced directive (if you have this).
- Your Joint Replacement Guidebook.
- Personal hygiene items.
- Glasses, hearing aids and dentures with your name on containers.
- A few **loose** fitting shirts (one to two sizes larger than normal with buttons or snaps down the front) and stretchable pants or shorts, under garments, a pair of safe shoes (closed back walking/gym shoes with or without laces).
- Adaptive equipment purchased in Joint Replacement Class (if you have this).
- Do not bring valuable items (jewelry, large amounts of money, medications unless told to).

□ **Step 9**

**Follow the pre-operative instructions.** Please review and carefully follow the pre-operative instructions you received in the Joint Replacement Class (*Cottonwood*) or from your pre-admissions appointment (*Flagstaff*). The instructions will include using a special shower soap/wipes before surgery.

□ **Step 10**

**Carefully follow the fasting and food/drink instructions.** This is important to avoid problems or cancellations of your surgery.

**Tips**

Prepare yourself for surgery.

- Stop smoking as this slows healing and increases risk of infection. For help contact:
  - Coconino County Health Department (928) 679-7222
  - Yavapai County Health Department (928) 639-8130.
- Stop drinking alcohol as this can mix poorly with anesthesia, cause bleeding or dehydrate you. For help contact:
  - Flagstaff Guidance Center (928) 527-1899
  - Cottonwood Spectrum Healthcare (928) 634-2236
- Do not bring your home medications with you to the hospital unless otherwise instructed. This is for your safety.





## Hospital Maps

### Northern Arizona Healthcare- Cottonwood

269 S. Candy Lane in Cottonwood, AZ 86326



### Northern Arizona Healthcare-Flagstaff

1200 North Beaver Street in Flagstaff, Arizona 86001



# Pre-operative Joint Replacement Class

The purpose of class is to prepare you and your loved ones for this surgery.

You will be **required** to attend Joint Replacement Class one to three weeks before your surgery. Depending on the location of your surgery, you will need to attend in-person or online. The online class can be found at the following link: <http://tinyurl.com/nahlearn> or by scanning the **QR code on page 8**. It is available any time and you can take the class as many times as you would like. Call (855) 624-4855 if help is needed with the online class.

The class schedule is as follows:

- An overview PowerPoint of the Joint Replacement Program
- Physical therapist presentation
- Occupational therapist presentation
- (Online class) To receive credit for attending class, you must complete the test at the end.

## **Northern Arizona Healthcare-Cottonwood**

NAH-Cottonwood will be held in-person, staying safe distances from each other. If unable to attend in-person, you may attend online. For the in-person, you will meet your nurse navigator who will help you walk through this journey. Class is held Tuesday afternoons in one of the Conference Rooms at Northern Arizona Healthcare-Cottonwood. Class may last one to two hours. This class will also include:

- One-on-one instructions with your nurse navigator and medication technician
- Pre-operative tests completed after class, pending your surgeon's request

## **Northern Arizona Healthcare-Flagstaff**

The online class is available for you and your helper to attend at anytime and as many times as you would like. Due to community health, there may not be an in-person class available for NAH-Flagstaff. Your pre-operative tests are scheduled through the surgeon's office. This includes your pre-admissions appointment where a nurse will review your health history and medication list. You will be given important instructions to follow before surgery.

Please bring the person who will care for you after surgery to class so he or she can hear the same information you do. This will prepare him or her to best help you during your recovery.

**If you have any questions regarding the pre-operative class, contact the nurse navigator: Cottonwood (928) 639-6297 or Flagstaff (928) 214-2812.**



# Checklist for Joint Replacement Class

If having surgery at Northern Arizona Healthcare-*Cottonwood*, please bring the following with you to the pre-operative class:

- ☐ The person who will help you after surgery
- ☐ This Guidebook
- ☐ Your **completed** paperwork from this Guidebook
  - a. Physical Therapy Questionnaire: DASH survey
  - b. History and Physical Questionnaire
- ☐ Medication and Allergy List (See example below)
- ☐ A copy of your Advanced Directive (if you have this)
- ☐ Card or cash if you plan on purchasing adaptive (helping) equipment
  - Reacher
  - Sock Aid
  - Dressing Stick
  - Long Handle Shoe Horn

## Example of a Medication and Allergy List

Allergy/Reaction: Penicillin (rash on chest), morphine (difficulty breathing)

Medications:

- Aspirin - 325 mg tab – 1 tab at 9 a.m. and 1 tab at 9 p.m.
- Lasix - 10 mg tab – 2 tabs at 9 a.m.
- Vitamin E - 100 units – 1 capsule at 9 a.m.
- Milk of Magnesia – 2 tablespoons at 7 a.m.
- Glucosamine - 500 mg tab – ½ tab at 9 a.m., noon and 5 p.m.
- Warfarin - 2 mg tab – 1 tab on M, W, F and 2 tabs on T, TH, SA, SU

Your medication list should include all prescription medications with the dosage, time and how often you take the medicine. It should also include over-the-counter medications; vitamins; food supplements such as glucosamine; and natural herbs.



# Daily Events/ Schedule while Hospitalized

## Evening before surgery

- Shower the evening before surgery with the soap/wipes you received at your Pre-Admissions appointment or Joint Replacement Class.
- Do not eat solid foods or drink dairy products/ juices with pulp after midnight.

## Surgery day

- Complete your final shower with the special soap/wipes at home.
- Follow the instructions you were given that tells you which medications, if any, are OK to take with a sip of water.
- Arrive at the pre-op waiting room at the time given to you on your instructions.
- Wait in the holding area, meet the anesthesiologist and see your surgeon.
- Go to the operating room.
- Wake up in PACU (recovery room); loved ones updated.
- Transfer to your room, or complete your recovery in PACU and discharge home.
- Diet will be increased as you can tolerate, starting off with ice chips or clear liquids.
- Pain will be managed with oral and IV medications; communication with your nursing staff is key.
- Sit at edge of bed, stand or transfer to chair in the care of a therapist or nursing staff (if medically stable).
- *Possibly* have one or two more visits from physical or occupational therapy.
- Vital signs will be taken frequently; you may rest in the recliner for the evening.
- **If OK'd by your surgeon, you may discharge home the day of surgery.**

## First day after surgery/ Discharge day

- Early morning lab work.
- Get up to sit in chair before breakfast arrives.
- See and talk to the physician assistant and/or surgeon.
- Eat breakfast.
- If your surgeon wants, therapy will work with you. This may include Physical Therapy and/or Occupational Therapy.
- Eat lunch and dinner sitting up in chair. Rest and ice. Ankle pumps.
- Discharge home when allowed by your medical team.

### Helpful Reminder

Visit [NAHealth.com/jrp-spine](http://NAHealth.com/jrp-spine) to see helpful hints from staff and a pain management and safety overview.



## Discharge day

- Your surgeon and/or your physician assistant will write discharge instructions and talk about them with you. Plan to go home with a loved one/helper staying with you through the first weekend up to two weeks or longer. Your loved one can help with light activities at home.
- When going home, your discharge time may be late morning to afternoon. Please plan and talk with your loved one/helper to have a ride home ready, before your surgery.
- New prescriptions may be filled at our retail pharmacy for your ease. Plan to bring cash or card to pay for what insurance may not cover.

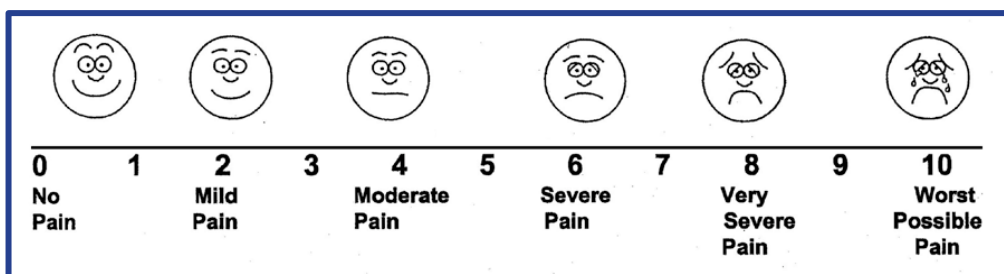
## Plan to discharge home the day of surgery or the day after surgery.

### Call! Don't Fall!

After your surgery, there is a greater chance to fall when you move. Do not get out of bed or up from the chair by yourself. We will help you move from the bed, to the chair, or to the bathroom. There will be a call light within reach to use to call for help.

## Managing your Pain

While you are in the hospital, open communication between you and your health care team is the **key** to better pain management. Everyone handles pain differently. Expect some discomfort/pain after your surgery. Our goal is to lower your pain to an OK level so you can do therapy and live your life. As your pain level increases slightly, tell your health care team so they can help you in ways to lower your pain: medications, positioning, cold therapy and relaxation techniques. We may use a number scale, as seen below, to help better communicate your pain level.



## Coughing and Deep Breathing

You will receive directions to take deep breaths **ten times every hour** while awake, with a device called an Incentive Spirometer. You will learn more about the importance of coughing and deep breathing while in the hospital. These activities will help fully open your lungs and avoid post-operative respiratory infections. Use your Incentive Spirometer for two weeks after discharged from the hospital.

# Activity and Exercises Overview

As listed on your “Daily Schedule” section, you will begin to receive visits from your occupational therapist and/or your physical therapist every day you are in the hospital, *likely* starting the day of your surgery.

Depending on our visitor rules, please have a loved one at one of these sessions, so he or she understands your exercises and precautions (safety limits) as well.

**The exercises you can do depend on what your surgeon says.**

The following pages include tips and exercises OK’d by your therapists and surgeon.

## **Safety is first.**

The following are included within this section:

- Getting up or sitting down
- Getting in and out of bed
- Showering
- Getting in and out of a car
- Dressing
- Exercises

## **Shoulder precautions:**

You will have to keep your arm and shoulder protected in an immobilizer for about six weeks, depending on your surgeon’s order. Common shoulder precautions (limits) may include no lifting, pushing or pulling with the operated arm; keep the operated hand in line with your chin; and avoid outward rotation of the shoulder joint. There are usually no limits on hand or wrist movement. See the photo above for proper immobilizer positioning.



While completing activities of daily living, it is important to follow your personalized shoulder limitations.

**Call your surgeon or therapists if you have any questions.**

## **Tip**

**Practice** putting on and taking off your shoulder immobilizer before surgery, especially if you are having surgery on your dominant arm.





# Activities of Daily Living

## Getting up or sitting down

- Make sure the surface you are sitting on is steady and will not slide out from beneath you.
- Reach back with your non-surgical arm and slowly move your body up or down.



## Tips

- If needed, raise the surfaces you are sitting on (toilet riser, chair risers) so your hips are above your knees.
- Consider using a pillow underneath the immobilizer when sitting to help support your arm, as seen to the right.



## Getting in and out of bed

**Step 1:** Sit down only when you feel the bed behind both your legs.

**Step 2:** Lean on your non-surgical arm and start lying down.



**Step 3:** Lift your legs into bed.

**Step 4:** Start slowly turning on your backside until you are flat.



## Tips

- Sleeping in a recliner may be more comfortable than lying flat.
- Use pillows under the immobilizer to help support your arm.
- The immobilizer needs to stay on at all times, or as instructed by your surgeon.
- The only times you can take off the immobilizer are when you are showering, changing clothes, or when you are with your health care/therapy team.



## Showering



### Tips

- To protect your shoulder in the shower, buy a simple sling from your local drugstore for showering, as seen to the left.
- A shower seat may be a safe option for you. If using a shower seat, read the following tips:
  - Place the shower seat in the tub or shower stall facing the faucets.
  - Adjust the leg height of the shower seat so that your hips are slightly higher than your knees.
- Along with a shower seat, please consider:
  - Installing grab bars.
  - A long-handled sponge to help reach your feet.
  - A hand-held shower hose to make bathing easier and safer.

### Helpful Reminder

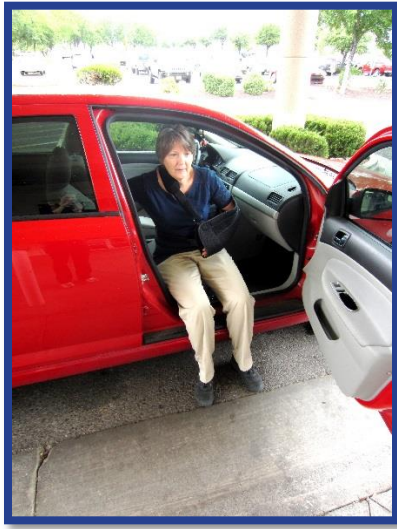
Visit [NAHealth.com/jrp-spine](http://NAHealth.com/jrp-spine) to view information on resuming sexual activity after surgery and tips for completing household chores.



## Getting in and out of a car

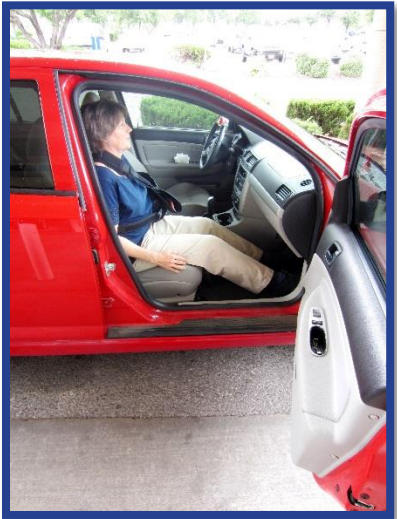
**Step 1:** Reach back for the car seat and lower yourself into the seat.

**Step 2:** When seated, slide your bottom back into the center of the seat.



**Step 3:** Slowly turn frontward, leaning back as you rotate your legs into the car.

**Step 4:** Apply seatbelt and travel safely.



### Tips

- Be sure the car seat is as far back as it can go before getting in.
- Consider reclining the seat; raising it back up when travelling.
- Remember to do your ankle pumps during longer rides.



## Dressing

### Clothes

- Wear loose fitting, cotton, breathable clothes.
- You will only be able to use your non-surgical arm and hand to put on and take off clothing.
  - Find shirts with buttons or snaps down the front.
  - Wear shirts that are one or two sizes bigger than normal.
  - Avoid shirts with zippers, unless you have a helper.
- Keep in mind: you can still bend over while dressing.

### Shoes

- Wear sturdy, closed toe shoes that are not too tight.
- Wear shoes that are easy to slip on, with Velcro closures or elastic shoelaces.
- Do not wear high-heeled shoes or shoes without backs.

## Dangling

Dangling is a passive motion that should only be done **if your surgeon allows**.







### Tips

- During dressing, bend over while holding on to a safe surface, as seen to the left.
- Allow your arm to **dangle** in front of you.
- Remember, you cannot actively move your arm, elbow or shoulder.

# Shoulder Exercises



## Safety is first.

Please remember to follow your surgeon and therapist's instructions.

		<b>Wrist Circumduction AROM</b> <b>REPS:</b> 10   <b>SETS:</b> 3   <b>WEEKLY:</b> 3x   <b>DAILY:</b> 1x <b>Setup</b> <ul style="list-style-type: none"><li>Begin sitting with your arm resting on a table and your hand in a fist, hanging off the edge.</li></ul> <b>Movement</b> <ul style="list-style-type: none"><li>Slowly rotate your wrist in a circle, first clockwise, then counterclockwise. Slowly rotate your wrist in a circle, first counterclockwise, then clockwise.</li></ul> <b>Tip</b> <ul style="list-style-type: none"><li>Make sure to keep your wrist relaxed during the exercise.</li></ul>
		<b>Wrist AROM Flexion Extension</b> <b>REPS:</b> 10   <b>SETS:</b> 3   <b>WEEKLY:</b> 3x   <b>DAILY:</b> 1x <b>Setup</b> <ul style="list-style-type: none"><li>Begin this exercise with your wrist straight.</li></ul> <b>Movement</b> <ul style="list-style-type: none"><li>Slowly bend your wrist back and forth.</li></ul> <b>Tip</b> <ul style="list-style-type: none"><li>Make sure to only move through a pain-free range of motion. Try not to let your forearm rotate as you move your wrist.</li></ul>

Images from MEDBRIDGE, NAH- Cottonwood's contracted partner for therapy

**After the surgery, your therapists will teach you passive and active exercises that are allowed by your surgeon.**

		<b>Seated Ankle Pumps</b> <b>REPS:</b> 10   <b>SETS:</b> 3   <b>WEEKLY:</b> 3x   <b>DAILY:</b> 1x <b>Setup</b> <ul style="list-style-type: none"><li>Begin sitting upright with one leg straight forward.</li></ul> <b>Movement</b> <ul style="list-style-type: none"><li>Slowly pump your ankle, bending your foot up toward your body, then pointing your toes away from your body, and repeat.</li></ul> <b>Tip</b> <ul style="list-style-type: none"><li>Make sure to move your foot in a straight line and try to keep the rest of your leg relaxed.</li></ul>
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Walking frequently and completing 20 ankle pumps every hour while awake will *help* prevent a blood clot from developing after surgery.





# Discharge Planning

Discharge planning is an important part of your education. The hospital provides a safe place for patients. Going home may lead to feelings of fear or doubt. To look after your home needs, your medical team will follow your improvement and help with all the needed arrangements, including plans for therapy and guiding you to the right equipment.

Depending on your surgeon, you may need to have outpatient therapy or home health therapy after discharge.

Our team will help make your discharge and move back home as smooth as possible. **Most patients will go directly home after discharge.**

The nursing and therapy staff will give you word-of-mouth and written discharge instructions before you leave the hospital. These instructions will cover activities, follow-up appointments and home medications. Please ask your nurse and therapists any questions you may have about the discharge instructions. It is important you and your helper read over the written instructions word for word.

After your joint replacement surgery, it is important to follow up with your surgeon on a regular basis. Failure to regularly check your implant could cause problems in the future.

## Be on the Look Out

### 1. Tell your surgeon if:

- You have a fever greater than 101 F.
- You have *new* pain in the calf of your leg (blood clot).
- You have *sudden* pain or swelling at the operation site.
- You observe a change in the color or odor of the drainage from the operation site.
- Chest pain, difficulty catching your breath (call 911).

2. **Prevent blood clots** with walking and ankle pumps. Take blood thinners if directed. You may see bruising or swelling of the operative arm. This is normal for patients taking blood thinners, the bruising or swelling will get better when the medication is completed. Call your surgeon with concerns.

3. **Take the prescribed pain medication as directed** by your surgeon. If you are extremely sleepy, have shallow breathing, a slow heartbeat, or feel light headed like you might pass out, seek help and do not take more pain medication. Write down when you take medications. It is recommended you take pain medications 30 to 45 minutes before the start of therapy. As the pain lessens, take less pain medication. **Use ice for pain control**, no longer than 30 minutes at a time each hour.
4. **Avoid constipation** by eating foods high in fiber, by drinking plenty of fluids and walking. Foods high in fiber include: prunes, fruits, vegetables, whole grains, and beans. Pain medications can cause constipation so you may use over the counter stool softeners or laxatives as needed. You may not feel hungry. Drink plenty of fluids such as water, juice, milk, protein shakes and light soups to keep from getting dehydrated. Your appetite will return.
5. **You may have difficulty sleeping**; this is common. Avoid sleeping or napping too much during the day. You may have lower energy levels for the first month. Do not take sleeping medication within six hours of taking a pain medication. This can make you too sleepy, causing a medical emergency.

## Moving to Independence

### ☐ **Weeks 1 to 2**

Your goals for this period of time are to:

- Independently get in and out of a bed and a chair.
- Remove and apply shoulder immobilizer with little help.
- Complete your daily home exercise program (if told to).
- Get into and out of a car with little help
- Control pain with the use of pain medications and ice.
- Little help to shower and dress.
- Be able to go up and down a flight of stairs.
- **Start lowering the amount of prescription pain medication you are taking, if possible.**

### ☐ **Weeks 2 to 4**

Your goals for this period of time are to:

- Continue doing your 1 to 2 week goals.
- Walk for longer distances or as much as comfortable.
- Get into and out of a car independently.
- Control pain with the use of ice packs and/or over the counter medications.
- Independently shower and dress.



- Restart light household chores.
- **Be off prescription pain medication mostly, or only use before therapy and exercising.**

☐ **Weeks 4 to 6**

Your goals for this period of time are to:

- Continue doing your previous goals.
- Walk for longer distances or as much as comfortable.
- Go up and down stairs normally.
- If your surgeon allows, stop the use of your shoulder immobilizer.
- Drive a car only with your surgeon/therapists' OK.
- Restart most household chores.
- **Be off prescription pain medications completely.**

☐ **Weeks 6 to 12**

Your goals for this period of time are to:

- Continue doing your previous goals.
- Improve arm strength by 50-75 percent with your therapist.
- Restart most activities after you surgeon/therapists' OK.
- Walk normally.

### **Exercise Options**

- Recommended exercise classes.
- Regular one to three mile walks.
- Home treadmill without incline.
- Stationary bike with good seat elevation.
- Regular exercise at a fitness center if approved by your surgeon/therapists.
- Low impact sports: walking, gardening, dancing, etc.

### **Exercises to Avoid**

- Do not run or engage in high impact activities.
- Avoid lifting heavy items with the surgical arm until cleared by your surgeon.
- **Ask your surgeon or outpatient therapists if you have questions about other activities.**

#### **Tip**

**Nutrition is very important** for wound healing. Consider drinking a nutritional shake twice a day for one week before surgery and one week after surgery. Shake options may include Richocet, Nestle IMPACT Advanced Recovery Immunonutrition Shakes or Ensure Surgery Immunonutrition Shakes.



## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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