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.**

Table of contents

Welcome

Welcome to Northern Arizona Healthcare's Orthopedic & Spine Institute!

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 health care 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 in Flagstaff at **928-214-2812** or in Cottonwood at **928-639-6297**, email **JRPSpineRN@NAHealth.com**, or call your orthopedic surgeon's office. We look forward to meeting you and your helpers and welcoming you to our program. Thank you for letting us help you with better bone and joint health.

Sincerely,

Northern Arizona Healthcare
Orthopedic & Spine Institute

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 helpers. In reading this entire Guidebook and attending the joint replacement class, you and your helpers 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 and/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

You will be required to attend the Joint Replacement Class before surgery. The in-person class is highly recommended.

In-person class: Email JRPSpineRN@NAHealth.com if you are not yet scheduled.

Online class: If unable to attend in-person, use the QR code to find the website quickly.

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You can also type the link: **https://www.bit.ly/NAHJoint**

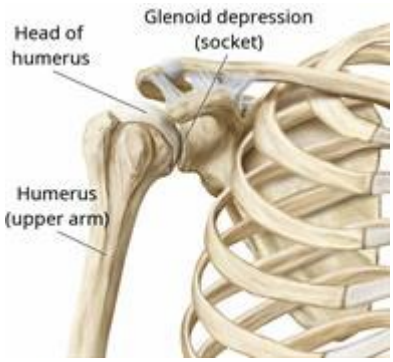
The online class works best with Google Chrome, Mozilla Firefox or Microsoft Edge internet browsers.

Tips

You will find 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?

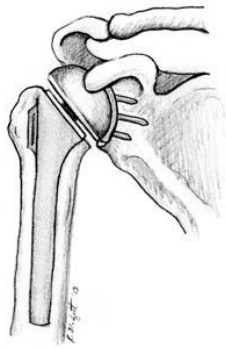
The shoulder is a ball and socket joint. The ball on the upper end of your humerus (arm bone) rests against your glenoid (shoulder socket). The shoulder joint is lined with a layer of smooth cartilage. This cartilage works as a cushion and allows for smooth motion of the shoulder.

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?

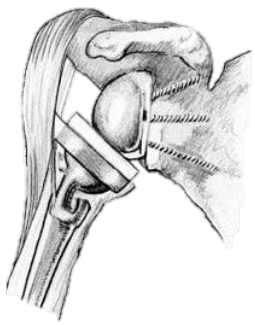
A total shoulder replacement is an operation that removes the humerus head/ball as well as the damaged cartilage from the shoulder socket. The ball is replaced with a metal ball fixed firmly inside the humerus. The socket can be replaced with a plastic or metal liner. This creates a joint that works 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 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 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:

Before your surgery checklist

Complete this checklist to be ready for your surgery.

☐ **Step 1**

Know your surgery date and time. Your surgeon's office will tell you the surgery date only. You will receive a pre-admissions phone call one-to-two weeks before your surgery. This nurse will also provide you with a tentative surgery time. The time may change, so you will receive another phone call one-to-two business days before surgery to give you the final check-in time.
Flagstaff: If you have questions about your surgery date and time, you may call 928-773-2048.
Cottonwood: If you have questions about your surgery date and time, you may call 928-639-6426.

☐ **Step 2**

Attend the joint replacement class. Complete the class one-to-four weeks before surgery. We highly recommend attending in-person for personalized education related to your surgery type and surgeon. Please email JRPSpineRN@NAHealth.com or call your navigator to get more information for the in-person class. If you are unable to attend in-person, find the online class at the following link: **https://www.bit.ly/NAHJoint** or scan the QR code. The link works best with Google Chrome, Mozilla Firefox or Microsoft Edge internet browsers.

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☐ **Step 3**

Start asking people to help care for you for the first couple of weeks, or more, 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 your own home is the best place to recover.

☐ **Step 4**

Become familiar with your exercises. You will learn about your precautions in the joint replacement class video-therapy section. It is important to know your precautions before surgery. If you were given a shoulder immobilizer before surgery and it has been fitted to you, practice wearing it while doing activities as well as taking it off and putting it on.

☐ **Step 5**

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 (elevated toilet seat, shower chair, grab bars, etc.).

☐ **Step 6**

Stop all vitamins and herbal supplements seven days before surgery. You will receive other medication instructions during your pre-admissions phone call/appointment.

☐ **Step 7**

Pack the following for your hospital stay.

- ☐ Insurance cards
- ☐ Copy of advanced directive (if you have this)
- ☐ Shoulder immobilizer (if you received one before surgery)
- ☐ Home CPAP/BiPAP machine
- ☐ 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 (if you have this)
- ☐ Do not bring valuable items, such as: jewelry, a large amount of money or medications (unless told by your care team). Weapons are not permitted on our campuses.

☐ **Step 8**

Follow the pre-operative instructions. Please review and carefully follow the pre-operative instructions you received from your pre-admissions appointment. The instructions will include using special shower soap/wipes before surgery.

☐ **Step 9**

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

Tips

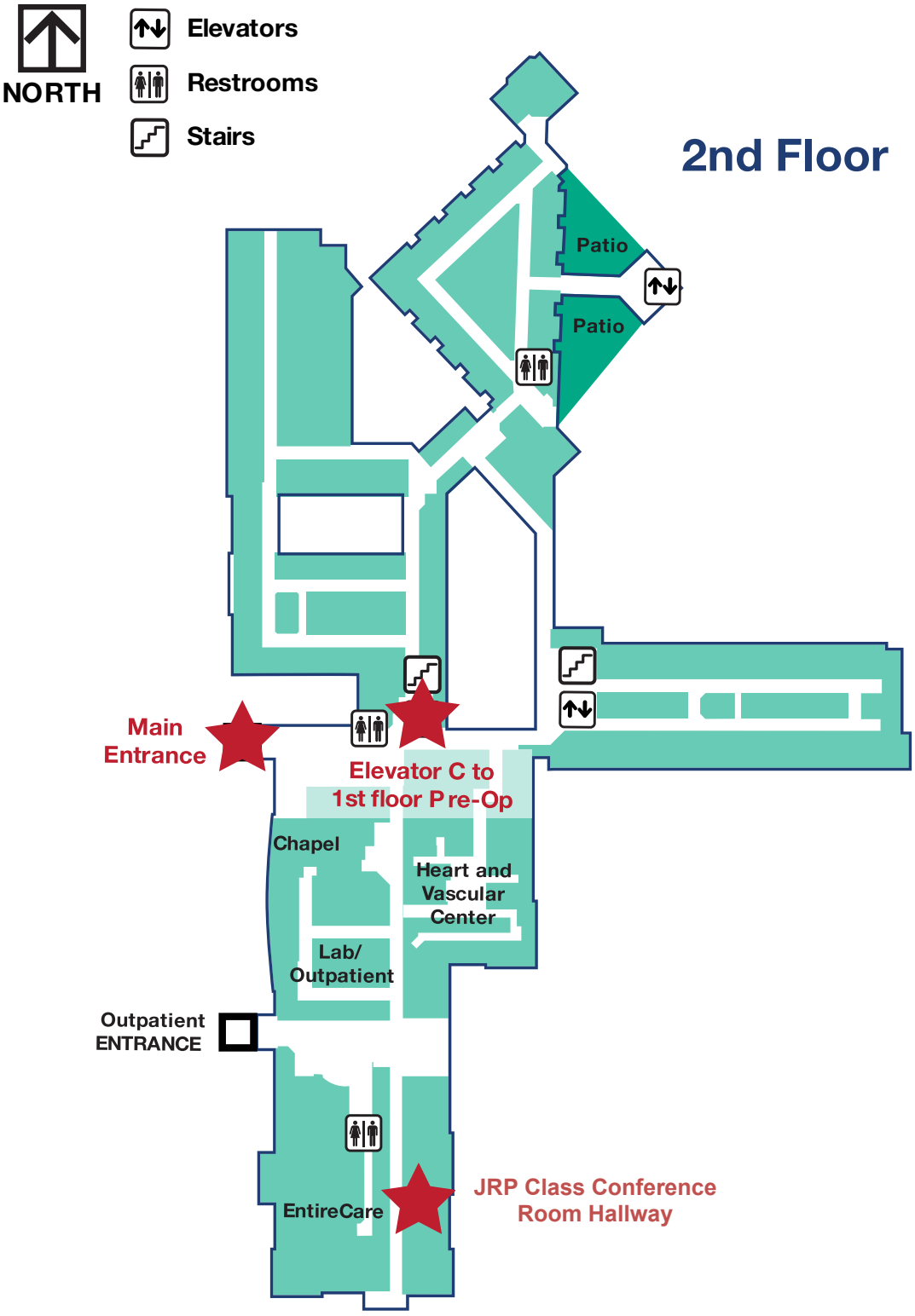
Prepare yourself for surgery; your life depends on it.

- **Stop smoking** as smoking slows healing and increases risk of infection. For help and safe weaning tips contact:
  - Coconino County Health Department 928- 679-7222
  - Yavapai County Health Department 928-639-8130
  - CDC Free Coaching 1-800-QUIT-NOW (1-800-784-8669)
- **Stop drinking** alcohol as it can mix poorly with anesthesia, cause bleeding or dehydrate you. For help and safe weaning tips contact:
  - Flagstaff Guidance Center 928-527-1899
  - Cottonwood Spectrum Healthcare 928-634-2236
  - National Council on Alcoholism and Drug Dependence 1-800-NCA-CALL (1-800-622-2255)
- **Do you need help** with housing/shelter, expenses/utilities, food, disaster recovery, mental health, transportation, etc.? Dial 211 or visit 211arizona.org.
- Ask your nurse navigator for a local community resource guide, including places to find discounted equipment.

Hospital maps

Verde Valley Medical Center

269 S. Candy Ln., Cottonwood, AZ 86326



Flagstaff Medical Center

1200 North Beaver St., Flagstaff, Arizona 86001

Pre-operative joint replacement class

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

You are required to attend the Joint Replacement Class one-to-four weeks before your surgery. Your surgery may be postponed if you do not complete the class and prepare yourself. We recommend coming to the in-person class with your helper, if possible.

Benefits of the in-person class. You will:

- Set yourself up for the best recovery possible.
- Complete pre-op testing in one stop (you **must** request this).
- Experience lower anxiety and worry levels.
- Learn ways to prepare your body/home/helper.
- Create a safe recovery plan with your team.
- See where to go on your day of surgery.
- Meet your care team.
- Be able to ask questions in real-time.
- Receive personalized information.

If you or your helper are unable to attend in person, the online class can be found at the following link: **https://bit.ly/NAHJoint** or by scanning the **QR code on page 6**. It is available any time and you can take the class as many times as you would like. It works best with Chrome, Firefox or Edge browsers.

The class format is as follows:
● Nursing presentation. ● Physical therapist presentation. ● Occupational therapist presentation.

Please include your helper(s) when watching the class so they can hear the same information you do. This will prepare them to best help you during your recovery.

In-person classes are offered in Flagstaff and Cottonwood. You may be scheduled to complete your pre-operative testing before or after the in-person class (urine, MRSA nasal swab, non-fasting blood work and an electrocardiogram). If coming to the in-person class, bring the following:

☐ The person who will help you after surgery
☐ This Guidebook

If you have any questions regarding the pre-operative class information, contact the nurse navigator: Flagstaff 928-214-2812, Cottonwood 928-639-6297, or email JRPSpineRN@nahealth.com.

Daily events/schedule

Evening before surgery

- Shower the evening before surgery with the soap/wipes you received from the office or in the mail.
- Do not eat solid foods or drink dairy products/juices with pulp after midnight.

Surgery day

- In the morning, complete your final shower with the special soap/wipes at home.
- Follow the instructions you were given that tell you which medications, if any, are OK to take with a sip of water.
- Arrive to 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 the recovery room; helpers are updated.
- Sequential compression devices (SCDs) placed around your calves or feet. They gently squeeze your muscles. This improves blood flow to help prevent blood clots in your legs.
- Transfer to your room or complete your stay in the recovery room and then discharge home.
- Increase diet as you can tolerate, starting off with ice chips or clear liquids.
- Pain will be lowered (*not* eliminated) with oral and/or IV medications. Communication with your nursing staff is important for pain management.
- Sit at edge of bed, stand or transfer to chair in the care of a therapist or nursing staff (if medically stable).
- Vital signs will be taken frequently.

First day after surgery (if still in hospital)/Discharge day

- Lab work will be taken early in the morning.
- With help, get up to sit in the chair before breakfast arrives. Always call for help before moving.
- See and talk to the physician assistant and/or surgeon.
- Eat breakfast sitting up in the chair. Rest and ice. Do ankle pumps
- If your surgeon orders, a therapist will work with you. This may include physical therapy and/or occupational therapy.
- Eat lunch sitting up in the chair. Rest and ice. Do ankle pumps.
- You will be discharged home when your care team sees you are ready.

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 helper staying with you through the first weekend up to two weeks or longer. Your helper 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 helper before your surgery to have a ride home ready. You are invited to wait in the discharge lounge until your ride arrives.
- 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.

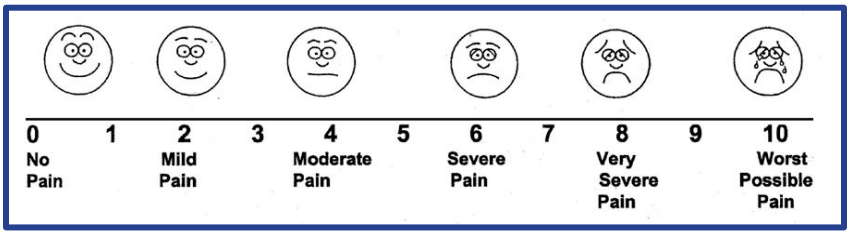
Plan to discharge home the day of surgery or the day after surgery.

Call! Don't fall!

After your surgery, there is a greater chance of falling 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. At home, let your helper make sure the path is clear before walking. Sit in a chair or lie down if you feel lightheaded or dizzy.

Managing your pain

You will have pain after surgery. Everyone handles pain differently. Expect some discomfort/pain after your surgery. While you are in the hospital, open communication between you and your health care team is the **key** to better pain management. Our goal is to lower your pain to a level you can tolerate. We may use a number scale, as seen below, to help better communicate your pain level. Let your care team or helper know if your pain level increases, so they can help lower your pain with medications, positioning, cold therapy and/or relaxation techniques.



Ice is very important in helping with pain management and reducing swelling. Ice 20 minutes, many times per day, especially the first three days. After the first three days, ice when you have increased pain. Use ice as needed the first year after surgery.

Coughing and deep breathing

You will receive directions to take deep breaths **10 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 one-to-two weeks after you are discharged from the hospital.

Activity and exercises overview

If your surgeon allows, you will begin to receive visits from your occupational therapist and/or your physical therapist the day of surgery.

Depending on our visitor rules, please have a helper at one of these sessions, so he or she understands your shoulder precautions as well.

The exercises you can do depend on what your surgeon says.
The following pages include tips and activities approved 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
- Getting in and out of a car
- Dressing
- Showering
- Toileting
- Grooming/hygiene
- Shoulder immobilizer
- Exercises

Shoulder limitations:

1. Wear your shoulder immobilizer for four-to-six weeks, per the surgeon.
2. Do not lift anything with the surgical arm.
3. Do not push/pull with the surgical arm.
4. Keep the surgical hand in line with your chin.
5. Avoid outward rotation of the shoulder joint.

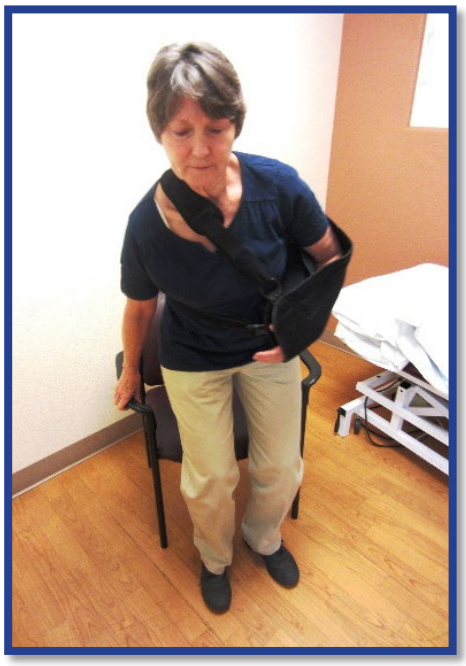
While completing activities of daily living, it is important to follow your personalized shoulder limitations. **Call your surgeon or therapists if you have any questions.**

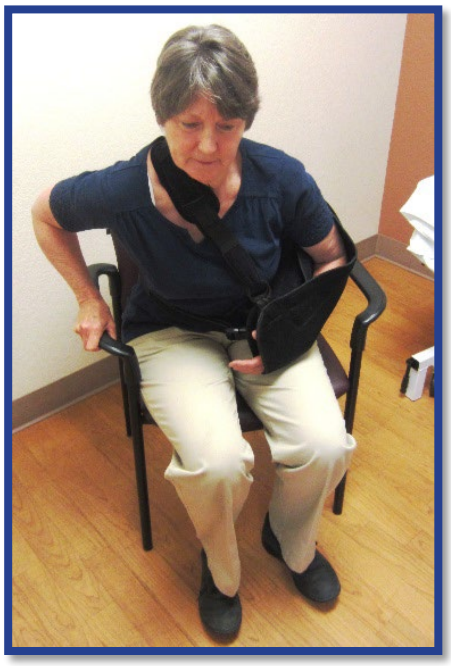
Tip
If you get your shoulder immobilizer before surgery, **practice** putting it on and taking if off daily. Try moving around and doing activities while in the immobilizer, especially if you are having surgery on your dominant arm.

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.





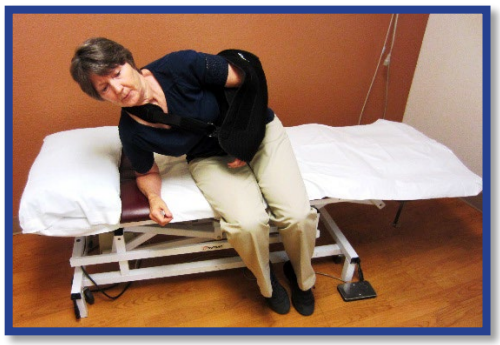
Tips

- 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

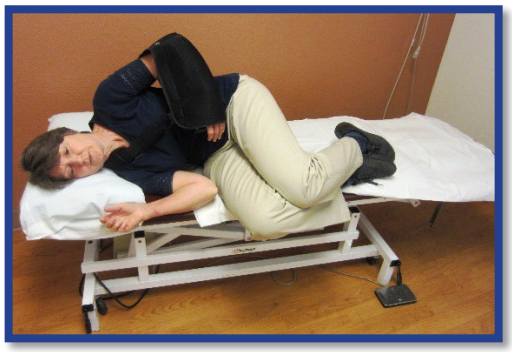
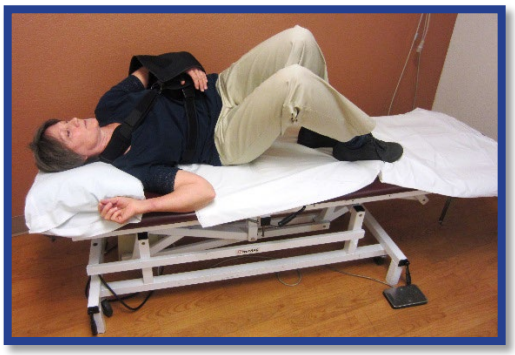
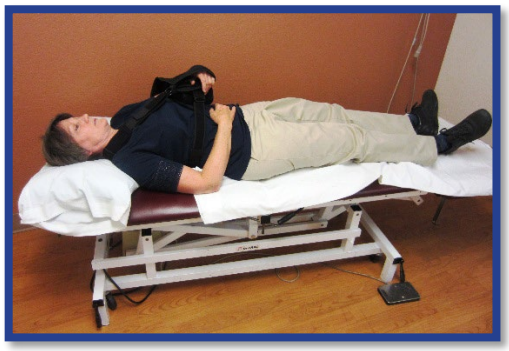
Step 1: Sit down only when you feel the bed behind both your legs.

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 reclining position may be more comfortable than lying flat.
- Use pillows under the shoulder immobilizer to help support your arm.
- The shoulder immobilizer needs to stay on at all times. The only times you should take off the immobilizer is when you are showering, changing clothes, you are with your care team, or as instructed by your surgeon.

Getting in and out of a car

Step 1: Reach back for the car seat and lower yourself into the seat. Do not hold onto the movable door when sitting. Grab the frame of the vehicle.

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.

Dressing

Upper body dressing

- Wear loose-fitting, cotton, breathable clothes.
- Always dress the surgical arm first (regardless of the shirt), then the head and the non-surgical arm.
- Find shirts one-to-two sizes bigger than normal (button or snaps down the front if able).

Lower body dressing

- Choose loose-fitting pants/shorts.
- Use the non-surgical arm to get dressed.
- Wear slip-on shoes that are sturdy, closed-toed and not too tight.

Tips

- Be sure the car seat is as far back as possible before getting in.
- Consider reclining the seat to get into the vehicle and raising it back up before traveling.
- Remember to do your ankle pumps during longer rides to prevent blood clots.

Tips

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

Example: Dangling

Showering

- 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.
  - Pump-handle shampoos/conditioners.

Toileting

- Use your non-surgical arm for wiping.
- If you cannot reach, you can use toilet aid (found at local pharmacies, retail stores or online).

Tip

- Rotate your hip (on the non-surgical side) forward when going to wipe.
  - Example: If you had your RIGHT shoulder done, you would shift your LEFT hip forward on the toilet to make wiping easier

Grooming/hygiene

- You may use your surgical hand to assist with small tasks like opening toothpaste, holding brush, etc.
- Only use your non-surgical arm as the primary arm to shave with, brush hair with, wiping and other tasks.

Tip

- If you need to access your surgical arm for washing or applying deodorant, lean forward and let gravity move the arm forward/back (dangling) rather than actively moving it. See the dangling photo.

Shoulder immobilizer

Your shoulder immobilizer consists of two parts – the sling and the abductor pillow.

There are different styles of immobilizers. You and your helper will receive education on taking your immobilizer off and putting it on. Some immobilizers have a waist strap and a cross strap only (the first three photos). Other immobilizers have a strap that your non-surgical arm will slide into, like a backpack (the last two photos).





Step 1: Take off the immobilizer by gently resting your surgical arm on a high countertop. Undo the Velcro straps or buckles. Use your non-surgical arm to support your surgical arm out of the sling. Do not move the surgical arm.

Step 2: To apply the immobilizer with the abduction pillow, set up the immobilizer on a high countertop. Rest all straps on the surface in front of you. Use your non-surgical arm to lift your surgical arm up. Put your hand in the sling first then elbow. The elbow **must** be placed as far back as possible in the sling with no gaps.

Step 3: Connect the waist strap. This will ensure the sling does not move around. You may need assistance from a helper.

Step 4: Connect the neck strap/or backpack strap. The strap must be tight enough so the forearm rests at a 90-degree angle ∟ and is parallel to the floor.

Step 5: There are two small straps. Velcro the elbow strap to lock the elbow in place. Velcro the thumb strap to prevent the arm/hand from sliding out of the sling.

Tips

- Make sure your forearm is parallel to the floor. If your hand is dropping lower than the elbow, your hand will swell or may experience numbness/tingling.
- Some immobilizers come with an exercise ball to prevent swelling in your hand and strengthen muscles. Do not use this until your therapist gives you the OK.
- If your immobilizer has been fitted to you before surgery, practice taking it off and putting it on as much as possible.
- After your immobilizer has been fitted, do **not** adjust the Velcro straps. Leave them in place.
- Use the QR code in the beginning of the Guidebook to watch a video of someone putting the immobilizer on and taking it off.

Shoulder exercises

Safety is first.

Please remember to follow your care team's instructions. After surgery, you will receive personalized exercises that are allowed by your surgeon.

Seated Forearm Pronation and Supination AROM

REPS: 10	DAILY: 2	WEEKLY: 7

Movement
Begin with your arm at your side, elbow bent. Rotate your forearm inward, then outward, and repeat.

Tip
Make sure to only move your forearm, and keep your wrist straight during the exercise.

Supported Elbow Flexion Extension AROM

REPS: 10	DAILY: 2	WEEKLY: 7

Movement
Begin with your arm straight. Grasp arm at wrist. Gently bend your elbow toward your body as far as is comfortable, then return to the starting position and repeat.

Tip
Make sure to only move through a pain-free range of motion.

Circular Shoulder Pendulum with Table Support

REPS: 10	SETS: 3	DAILY: 1	WEEKLY: 7

Setup
Begin in a standing position with your trunk bent forward, one arm resting on a table for support and your other arm hanging toward the ground.

Movement
Slowly shift your body weight in a circular motion, letting your hanging arm swing in a circle at the same time.

Tip
Make sure the movement comes from your body shifting and do not use your arm muscles to create the circular motion.

Tips

- Make sure your care team gives you the okay to do pendulums or exercises.
- In your discharge instructions, you may be given a QR code that will connect you to your exercise videos.

Additionally, walking often and completing 20 ankle pumps every hour while awake will help prevent a blood clot from developing after surgery.

Images from MEDBRIDGE, NAH's contracted partner for therapy

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 health needs, your medical team will follow your improvement and help you with the needed arrangements, including plans for therapy and guiding you to the right equipment. You may think about staying at a helper's home or a hotel for the first week if you have an outdoor bathroom, numerous stairs or do not have running water or electricity.

Depending on your surgeon, you may need to have outpatient therapy or home health therapy after discharge. If your surgeon directs you to set up outpatient therapy, you **must** do so. Many therapy locations have a wait list. Please act early. You may choose a therapy location close to your home.

Our team will help make your discharge from the hospital as smooth as possible. **Most patients will go directly home after discharge.**

The nursing and therapy staff will give you verbal 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 have about the discharge instructions. You and your helper must read over the written instructions thoroughly.

After your joint replacement surgery, you must follow up with your surgeon on a regular basis. Failure to go to follow-up appointments could cause future problems.

Be on the look out

1. **Tell your surgeon if:**
   - You have a fever greater than 100.4 F.
   - You have new pain in the calf of your leg (this can be a sign of a blood clot).
   - You have persistent, severe pain or swelling at the operation site after using pain meds or pain reduction methods.
   - You observe a change in the surgery site: increased or persistent drainage, change in color and odor of drainage, or incision site opens up.
   - 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 surgical 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 lightheaded 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 20 minutes in a single spot, per 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 are to:

- Independently get in and out of a bed and a chair.
- Remove and apply the shoulder immobilizer with little help.
- Complete your daily home exercise program, as directed.
- Get into and out of a car with little help.
- Control pain with the use of pain medications and ice.
- Require little help to get showered and dressed.
- 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 are to:

- Continue 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 are to:

- Continue 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 care team's okay.
- Restart most household chores.
- **Be off prescription pain medications completely.**

☐ Weeks 6 to 12

Your goals for this period are to:

- Continue doing your previous goals.
- Improve arm strength by 50-75 percent with your therapist.
- Restart most activities after your care team's okay.
- 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 care team.
- 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. It is recommended to drink a nutritional shake, with increased levels of protein, twice a day for one week before surgery and one week after surgery. A few choices include Ricochet, Nestle IMPACT Advanced Recovery and Ensure Surgery Immunonutrition Shakes.

Medication log

Use a medication log after surgery to prevent medication errors. You may not have been prescribed a medication for each category listed below. Use the 'Other' columns to fill in any over-the-counter or routine medications you take.

Medication type	Example	Blood clot prevention (if ordered)	Antibiotic (if ordered)	Pain management	Stool softener/ laxative	Other	Other
Medication dose frequency	Oxycodone 5-10 mg As needed, Every 6 hrs						
Date time	5/25 8 a.m.				Start evening on surgery day		
	5/25 8 p.m.						
	5/26 3 a.m.						
	5/26 12 p.m.						

Notes from the joint replacement class

Thank you for trusting us with your care.

Northern Arizona Healthcare