



Hendricks
Regional Health
ORTHOPEDICS

SHOULDER REPLACEMENT

Post-Operative Care | Standard and Reverse Approach



HENDRICKS ORTHOPEDICS & SPORTS MEDICINE

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PHYSICAL, OCCUPATIONAL & AQUATIC THERAPY

AVON

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Suite 110
Avon, IN 46123
(317) 272-4186

DANVILLE

1000 E. Main St.
Danville, IN 46122
(317) 745-3420

PLAINFIELD

1100 Southfield Dr.
Suite 1100
Plainfield, IN 46168
(317) 838-3434

BROWNSBURG

5492 Ronald Reagan
Parkway, Suite 180
Brownsburg, IN 46112
(317) 858-9400

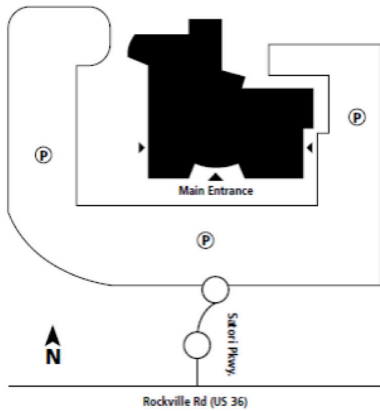
GREENCASTLE

1140 Indianapolis Rd
Greencastle, IN 46135
(765) 848-1421

PHYSICAL THERAPY/ OCCUPATIONAL THERAPY LOCATIONS

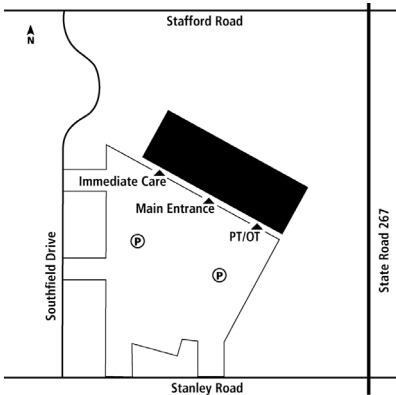
Avon-YMCA

Enter the main entrance. Turn right and the offices will be through the sliding door. The clinic is the first suite on the left side. Suite 110



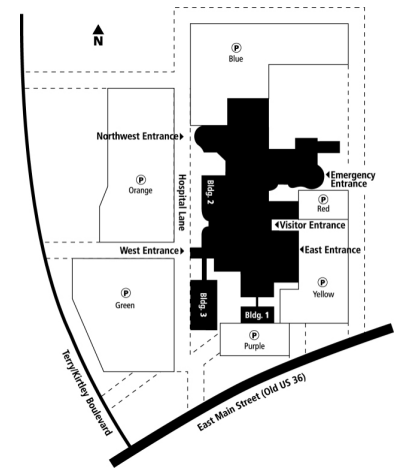
Plainfield

Enter the building at PT/OT entrance. When you go through the door, make a left and the clinic is the first suite on the right hand side, Suite 1100.



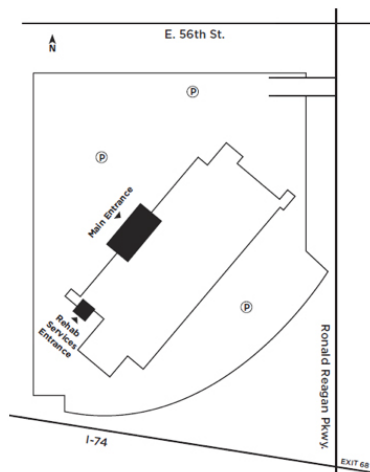
Danville

Enter the West Entrance (on the west side of the hospital). Go through the main door and turn left. Proceed to the Physical & Occupational Therapy Department, which is located directly below Outpatient Registration in the basement. Take elevator B.



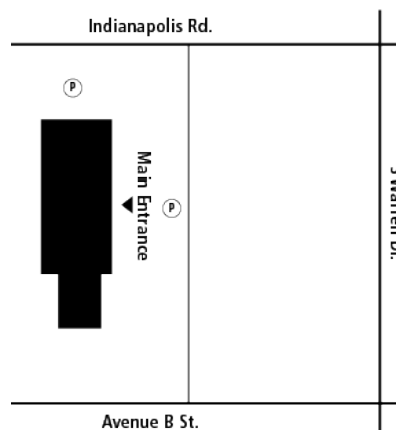
Brownsburg

Located in the Brownsburg Office Park on the South West. Enter the clinic on the South side of the building at the South end. Through the door on the right hand side, Suite 180.



Greencastle

Enter the main entrance.





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PREPARING FOR YOUR SURGERY

READYING YOUR HOME:

For your safety it is important to make some alterations in your home environment. There are several things that you, friends, and/or family members can do before entering the hospital for surgery to make your home safer and more comfortable upon your return.

- Planning ahead is key to minimizing stress and optimizing your outcome.
- Arrange for someone to take you home and to stay with you for several days after your surgery.
- You may need equipment such as a long-handled sponge, shoehorn, or reacher to make caring for yourself easier after surgery. Your occupational therapist will assist with explaining equipment options in the hospital. A larger than your normal size button-up or pull over shirt is highly recommended to make dressing easier.
- Have portable phone with you at all times.

Bathroom:

- Move toilet paper so you do not have to reach forward or twist around when using the bathroom.
- Some patients use a shower chair or handheld shower head after surgery. This equipment is optional and is not covered by insurance if you choose to purchase them.

Bedroom:

- If you have a two story home, consider arranging a bed or sleeping area on the ground floor.
- Make sure that you have lighting at night between your bed and bathroom.
- Place a cordless phone/cell phone within reach on your nightstand.
- Your doctor prefers for you to sleep in a recliner after surgery; however, if unavailable, it is recommended you sleep in a propped up or semi-reclined position.

Kitchen:

- Consider preparing meals prior to surgery.
- In the kitchen and elsewhere, place items that you use regularly at arm level so you do not have to reach up or bend down.

Living Space:

- Remove any throw or area rugs that could cause you to trip. Make sure walkways are clear from obstacles.
- Set up a “recovery center” where you will spend most of your time. Things like the phone, television remote control, radio, facial tissues, wastebasket, pitcher and glass, reading materials and medications should all be within reach. Place these items on your non-surgical side.

WHAT AND WHAT NOT TO BRING TO THE HOSPITAL

DO bring to the hospital Checklist:

- Bring this manual with you
- The forms and papers given to you in the office to take to the hospital
- Medical insurance card(s)
- Elastic waistband pants or shorts
- Loose fitting, larger front button or pull over shirt
- Walking shoes or well-built slippers that will stay on your feet and not slip on the floors
- Toiletries
- Cane if you currently use one
- Eyeglasses (not contact lenses)
- Dentures/hearing aid
 - A container will be provided for these, which you should keep on your bedside table or in a drawer-not on the bed or a food tray
- List of medications, including the ones you have recently stopped taking at your surgeon's request
 - Bringing your own medications causes confusion and nurses prefer to dispense all medication (including vitamins) so that they know what you are getting

DO NOT bring to the hospital

1. Medications-unless asked by your surgeon
2. “Flip-flops”, high heels, or shoes without backs such as mules
3. Valuables-jewelry, large amounts of cash, credit cards, wallet, watch, etc.

DAY OF SURGERY

1. Your surgeon or physician's assistant (if applicable) will visit you in the late afternoon/evening.
2. The occupational therapist will ensure your sling is fitting appropriately, will assist you with performing exercises, getting out of bed and walking the day of surgery. Depending on your surgery you may see the therapist twice on your day of surgery.

DAY 1 – AFTER SURGERY - If You Are Staying Overnight In Hospital

1. Your surgeon or physician's assistant (if applicable) will visit you in the morning.
2. If you have IV pain medication it will be stopped and you will begin oral medication.
3. The occupational therapist will assist you with the appropriate exercises for your surgical arm, assist you with putting on/taking off your sling, and assist you with bathing and dressing.
4. If you are doing well with managing your sling and activities of daily living (including dressing and bathing), you will be discharged late morning or in the afternoon.

IF YOU ARE GOING DIRECTLY HOME

1. Someone responsible needs to drive you.
2. You will receive written discharge instructions concerning medications, physical and occupational therapy, activity, etc.
3. You will be set up for outpatient physical therapy or home care.
4. **Take this guidebook with you.**

IF YOU ARE GOING TO A SUB-ACUTE REHAB FACILITY

Stays in a sub-acute or Rehab facility after a Total Shoulder Replacement are very rare. The decision to go home or to sub-acute rehab will be made collectively by you, your surgeon, physical therapist, occupational therapist, and your insurance company based on your progress after surgery.

1. Someone responsible needs to drive you, or for a fee, social services can help you arrange for transportation. The nursing staff will complete your transfer papers.
2. A physician from sub-acute rehab will be caring for you along with your surgeon.
3. **Take this guidebook with you.**

Please remember that your insurance company must approve sub-acute stays. **Therefore, it is important for you to make alternative plans preoperatively for care at home.**

In the event that your insurance company does not approve sub-acute rehab, you can still go to sub-acute rehab and pay privately.

Please keep in mind that the majority of our patients do so well that they do not meet the guidelines to qualify for sub-acute rehab. Also keep in mind that insurance companies do not become involved in “social issues,” such as lack of caregiver, animals, etc. These are issues you will have to address before admission.

DAY 10-15 — STAPLES/STITCHES REMOVAL

You and your doctor will schedule an appointment for follow-up and remove your staples/stitches then.

PRECAUTIONS AFTER YOUR TOTAL SHOULDER REPLACEMENT:

- Sling at all times for the first 2 weeks.
 - The sling may only be removed to put on/take off a shirt, to perform exercises given by your occupational therapist, and to sponge bathe.
- No driving.
- Sleep in a recliner or a propped up position in bed.
- No movement of your shoulder (or elbow way from your side).
- You must follow these precautions until cleared by your physician or outpatient Physical Therapist.

PAIN MANAGEMENT

Why do I have pain?

When you are hurt or ill, it is not unusual to have pain or discomfort. Pain or discomfort can have many causes. Sometimes you have pain at the site of your injury or illness. Other times, you may have pain in a different area of your body. Each person's pain differs from that of other people. Here are several ways to manage, reduce, or control pain.

MEDICINE

Your doctor may prescribe pain medicine. There are many different kinds of pain medication. Your nurse can tell you about the specific medicine you are taking.

If your pain medicine does not control your pain, please tell your nurse or doctor. Another kind of pain medicine may work better for you. **If your medication is causing you problems, let your doctor or nurse know.** The amount you get or how often you take it may need to be adjusted.

Often, doctors order pain medicine to be given as needed. This means, if you are in the hospital you must tell the nurse when you need pain medicine. Try to ask for your medicine as soon as you begin to have pain. Do not wait until the pain is bad. The worse your pain gets, the harder it is to control.

Sometimes pain medicine has side effects. Always take your pain medicine the way your doctor prescribes..

Often, doctors order pain medicine to be given as needed. This means you must tell the nurse when you need pain medicine. Try to ask for your medicine as soon as your begin to have pain. **Do not wait until the pain is bad.** The worse your pain gets, the harder it is to control.

Sometimes pain medicine has side effects. **Always take your pain medicine the way your doctor prescribes.**

I'm afraid I will get addicted if I take my pain medication.

Our doctors and nurses are trained to prescribe and give pain medication in such a way that does not cause addiction. If you have further questions regarding pain medication, speak with your physician.

OTHER WAYS TO HELP YOUR PAIN

Sometimes measures other than medication can help your pain. Try:

- Changing positions
- Positioning pillows for comfort
- Exercising your arms and legs (check with your nurse or doctor before)
- Walking
- Sleeping
- Distraction by: listening to your favorite music, watching TV or a movie, or talking with a friend
- Using ice packs: usually for pain with swelling
- Meditation
- Massage
- Guided imagery
- Therapeutic touch
- Dimmer lights
- Decreasing noise

It is not always possible **or expected** to relieve all pain and discomfort. Your doctors and nurses will keep working with you to find the best method of pain management.

If you have any questions about your pain management, ask your doctor, nurse, or therapist.

CARING FOR YOURSELF AFTER SURGERY

When you go home, there are a variety of things you need to know for your safety, your recovery, and your comfort.

CONTROL YOUR DISCOMFORT

- **Take your pain medicine at least 30 minutes before physical therapy.**
- Change your position every 45 minutes throughout the day.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort, but **do not use for more than 20 minutes at a time each hour.** You can use it before and after your exercise program. A bag of frozen peas, ice wrapped in a towel, or a polar pack may be used.
- Your activity should not create a level of pain that is not able to be controlled by ice, rest, or prescribed pain medications. If your pain is higher than this, you have done too much.

BODY CHANGES

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- You may have difficulty sleeping. This is normal. Do not sleep or nap too much during the day.
- Your energy level will be decreased for the first month.
- Pain medication that contains narcotics can cause constipation. Use stool softeners or laxatives if necessary.

CARING FOR YOUR INCISION

Your incision is the cut made in your skin during surgery. Your incision may be closed with staples or sutures (stitches). These will stay in your skin until the incision has healed enough to stay closed on its own.

Taking good care of your incision helps prevent infection.

- If you have a dressing, the **doctor or therapist** will change it for the **first** time. If you need a dressing for a long time, you and your family will be taught how to change it.
- **DO NOT** change your dressing unless instructed to do so by your doctor or therapist.
- Wash your hands before caring for your incision.
- Keep your incision dry.
- Your doctor or your physical therapist may remove your stitches. Some stitches dissolve or fall off on their own. You will leave the hospital before your stitches are removed. If so, you will go back to your doctor to have them removed (10-15 days).
- You may shower after stitches/staples are removed, unless instructed otherwise.
- **DO NOT** put ointments, creams, or lotions on your incision unless your doctor ordered it.
- Notify your surgeon if there is increased drainage, redness, pain, odor, or heat around the incision.
- Take your temperature if you feel warm or sick. Call your surgeon if it exceeds 101.5° F.

RECOGNIZING AND PREVENTING POTENTIAL COMPLICATIONS

INFECTION

Signs of Infection:

1. Increased redness and swelling at incision site
2. Change in color, amount, or odor of drainage
3. Increased pain in shoulder
4. Fever greater than 101.5° F
5. Skin around incision is hot to touch

Prevention of infection:

- Take proper care of your incision as explained.
- You may need to take prophylactic antibiotics when having dental work or other potentially contaminating procedures. **This needs to be done for at least two years after your surgery.** If questions, always clarify with your doctor.
- Notify your physician and dentist that you have a total joint replacement.

AFTER SURGERY ACTIVITIES AND HOUSEHOLD MANAGEMENT

SAVING ENERGY, PROTECTING YOUR JOINTS, AND SAFETY TIPS

Kitchen:

- Plan ahead! Gather all your cooking supplies at one time. Then, sit to prepare your meal.
- Place frequently used cooking supplies and utensils within reach of your non-surgical/non-injured arm. **DO NOT** reach with your surgical arm.
- To provide a better working height, use a high stool or put cushions on your chair when preparing meals.

Safety and Avoiding Falls:

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid bottoms.
- Be aware of all floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout your home. Install nightlights in the bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. **DO NOT** run wires under rugs.
- **DO NOT** wear open toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms. It makes it easier to get up.
- Rise slowly from either a sitting or lying position so as not to get light headed.
- **DO NOT** lift heavy objects for the first three months and then only with your surgeon's permission.

Getting Out of a Recliner:

1. Scoot your hips to the edge of the recliner.
2. Use your non-surgical/non-injured arm to push up from the recliner in order to come to a standing position. You should **NOT** use your surgical/injured arm at all during this transition.
3. Balance yourself before proceeding.

Exercise Information for Continued Care

- Discuss with your physician about exercise opportunities you are interested in. Your physician will help you decide when it is appropriate for you to start back up with a regular cardiovascular exercise program.
- Discuss with your therapist regarding continuing with exercises at fitness facilities.

General Information for Continued Care

- Although the risks are very low for postoperative infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or Band-Aid on it, and notify your doctor. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if the area becomes painful or reddened.
- See your surgeon yearly unless otherwise recommended.

POST-OP GOALS: ACTIVITY GUIDE



SCAN HERE
or visit
HENDRICKS.ORG/COERESOURCES

REMOVING AND REAPPLYING YOUR SLING AFTER SHOULDER SURGERY

After your shoulder surgery is over, you may remove your sling as shown below for dressing, bathing, and exercise as prescribed by your therapist. Your surgeon does not want you to move your shoulder when your sling is off. You should not lean on your arm or shoulder. Do not use your surgical arm for any self-care, nor for holding or reaching for objects. You should put the sling back on when you have finished your exercise, dressing, or bathing as shown. Do not use your surgical arm to remove or reapply your sling. Your surgeon may choose to remove the waist pillow from the side of your sling. If this is the case, you will not have the waist strap described in the steps below.

Note: Right shoulder is the surgical shoulder

Removal of Sling:

1. Sit on a bed or chair with no armrests. Place pillows under sling.
2. Unclip all three fasteners.
3. Carefully remove the shoulder strap.
4. Release the thumb strap and reattach to waist pillow.
5. Release the forearm strap and reattach to waist pillow.
6. Using your non-operative arm, carefully lift your operative arm out of the sling.
7. Begin to stand while continuing to support your operative arm, slowly lower your operative arm to your side.

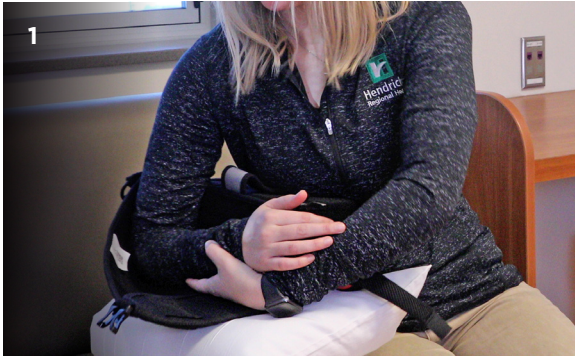


Removal of Sling: Continued



Reapplication of Sling:

1. Use the non-operative arm to place your operative arm into the sling
2. Fasten the waist clip
3. Fasten the forearm strap.
4. Fasten the thumb strap.
5. Carefully reach behind you for the shoulder strap and place it on the non-operative shoulder.
6. Secure the final two clips.



PUTTING ON AND REMOVING BRA AFTER SHOULDER INJURY OR SURGERY

After surgery, you may put on and remove a bra as shown below. You may only use the arm that did not have the injury or surgery to put on and take off your bra. You may also find it's easier to consider using front fastening bras. **Note:** The pictures below show how to do this if you had an injury or surgery of your left shoulder.



1 Sit on a bed or chair with no armrests. Put bra on lap.



2 Push the bra between your trunk and arm, on the surgical side. Allow the bra strap to drape over your thumb to hold in place.



3 Reach behind and grab the bra with your non-surgical arm.



4 Use your non-surgical arm to fasten bra.



5 Use your non-surgical arm to slide front of bra around.





7 Use non-surgical arm to slide strap over surgical side.
Pull strap over shoulder.

*You may choose to pull up the cup of the bra and allow the strap to dangle under your armpit instead.

9 Put non-surgical arm in strap and pull over shoulder.

Removing Bra after Shoulder Injury or Surgery



1 Using only the hand of your non-surgical arm, slip the strap off your non-surgical shoulder.



3 Pull the strap down to your lap to free your non-surgical arm.



4 Use your non-surgical arm to pull the strap off your surgical shoulder.



5 Use your non-surgical hand to slip the bra strap off your surgical arm and hand.



6 Pull the bra around using only your non-surgical hand.

Removing Bra: Continued



Unfasten the bra and remove.

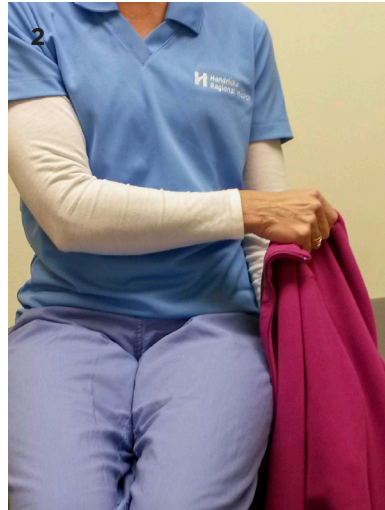
PUTTING ON AND REMOVING FRONT BUTTON OR ZIP SHIRT AFTER SURGERY

After injury or surgery, you may put on and remove a shirt as shown below. You may only use the arm that did not have the surgery to put on and take off your shirt. An over-sized shirt is much easier to get on and take off. Shirts with large buttons may be easiest to fasten one-handed or you may wear a large pull over shirt. The pictures below show how to do this if you had surgery of your left side.

Putting On Front Button or Zip Shirt:



1 Using your non-surgical arm, pull sleeve onto your surgical arm.



3 Pull sleeve up over shoulder.



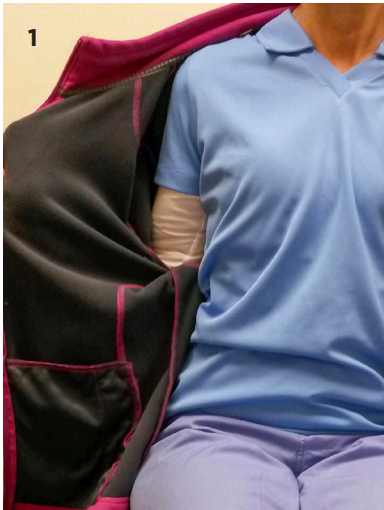
4 Reach behind neck to pull shirt around back.



5 Bring shirt over shoulder and place non-surgical arm in sleeve.



Removing Front Button or Zip Shirt:



Take non-surgical arm out of sleeve first.



Take non-surgical arm out of sleeve.



Use non-surgical arm to pull sleeve off surgical arm.



Use your non-surgical arm to slide the sleeve off your surgical arm.



LOWER BODY DRESSING

Putting On Pants and Underwear:



1. While seated with your sling on, grasp waistband of pants or underwear with your non-surgical arm. Be very careful your chair will not tip forward.
2. Thread both feet into your pants or underwear and pull up past your knees.
3. Stand and use non-surgical arm to pull into place.

NOTE: Wear sturdy slip-on shoes, shoes with Velcro closures or elastic shoelaces. DO NOT wear high-heeled shoes or shoes without backs. Pants with elastic waistbands make dressing your lower body easier.

POST-OP GOALS: EXERCISES



SCAN HERE
or visit
HENDRICKS.ORG/COERESOURCES

EXERCISES AFTER SHOULDER SURGERY

These exercises prevent your elbow, wrist and hand from getting stiff while your shoulder joint heals. Do each exercise 5 times, twice daily to prevent loss of motion. You must keep your elbow next to your side while doing these exercises.

Note: Right arm is surgical shoulder

1. Elbow Extension/Flexion



Straighten your elbow.

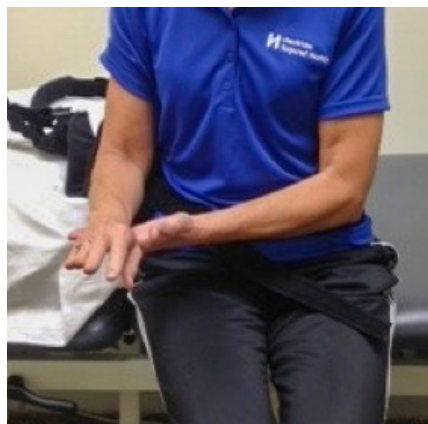


Bend your elbow.

2. Wrist Supination/Pronation



With your elbow at a right angle, turn your palm up.



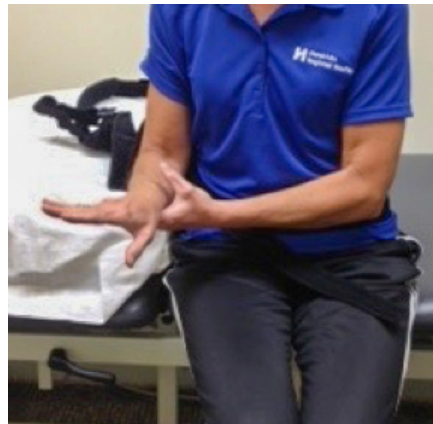
With your elbow at a right angle, turn your palm down.

3. Wrist Extension/Flexion



Move your wrist backward and forward.

4. Wrist Radial Deviation/Ulnar Deviation



With you palm facing down, move your wrist side to side.

5. Open Palm/Making a Fist



Open and close your hand.

HOME EXERCISES

- Only do exercises after instructed by your therapist.
- Do NOT push through pain; sensation should be a STRETCH/PULL.
- You SHOULD NOT have pain which continues after your exercises. If you do, it should be relieved with ice. If it is not relieved with ice and rest, contact your therapist.
- Perform your exercises 2 to 4 times a day. It is better to be more frequent with your exercises versus more aggressive.

PHASE I (PROM) - PASSIVE RANGE OF MOTION

Supine External Rotation with Wand



Seated External Rotation with Wand



External Rotation in Doorway Flexion with Assist



Flexion Table Slide (seated)



Home Exercises: Continued

Flexion Table Slide (standing)



Flexion in Doorway



PHASE IIA (ISOMETRIC)

Adduction (squeeze towel)



Abduction (push at elbow)



IR (push against wall at hand)



Flexion



Home Exercises: Continued

ER (Push at back of hand)

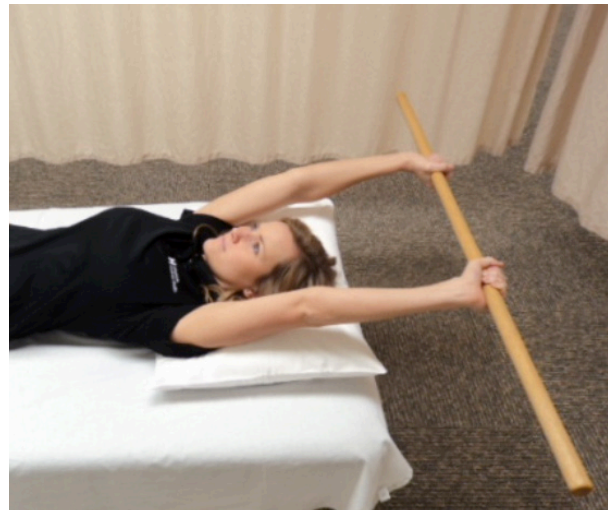


Extension



PHASE IIB (AAROM & AROM)

Supine Flexion with Wand



Home Exercises: Continued

Standing Flexion with Wand



Side Lying External Rotation



Serratus Punches



Prone Extension (with elbow bent & straight)



OR



Home Exercises: Continued

PHASE III (ISOTONIC)

Extension with Theraband



Adduction with Theraband

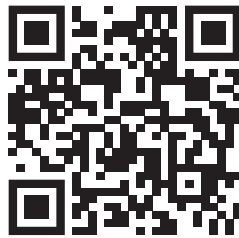


IR with Theraband



It is important as you prepare for your surgery, that you watch the videos prepared by HRH Physical/Occupational Therapy Department. These videos will provide information on the proper technique of exercises that can be completed at home. Increasing your strength prior to surgery is beneficial to you. It is recommended that you complete each exercise 10 times morning and evening.

You may go to **Hendricks.org/coeresources** to access these videos, or you may use your phone camera to hover over the QR code below. be sure to watch the videos on how to **Remove and Reapply your sling.**



SCAN HERE

or visit

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