



SHOULDER REPLACEMENT

PATIENT GUIDEBOOK



**McKenzie
Health**

SHOULDER REPLACEMENT PATIENT GUIDEBOOK

McKenzie Health created this book to help guide you before, during and after your shoulder replacement surgery. Please review the information carefully to ensure you are prepared for your procedure.

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TOTAL JOINT INSTRUCTIONS

SCHEDULING SURGERY

Dr. Joshi has recommended a total shoulder replacement. The orthopedic staff will get an updated phone number from you, and you will also be asked to sign a release of information. Records from other facilities may need to be obtained in order to get all the information needed for surgical clearance.

Prior to surgery being scheduled, you will make an appointment to see your primary medical provider for a full health status update. If you see specialists for chronic conditions, i.e. cardiac conditions, lung conditions, etc., you will need to see them as well. You will also make an appointment to see your dentist at this time to receive dental clearance. Depending on your medical status, you may also be required to be evaluated by a member of our anesthesia team for an anesthesia evaluation in Watford City.

<p>PRIMARY PROVIDER APPOINTMENT:</p> <p>WITH _____</p> <p>DATE _____ TIME _____</p> <p>DENTIST APPOINTMENT:</p> <p>WITH _____</p> <p>DATE _____ TIME _____</p>	<p>SPECIALTY PROVIDER APPOINTMENT (if required):</p> <p>WITH _____</p> <p>DATE _____ TIME _____</p> <p>SPECIALTY PROVIDER APPOINTMENT (if required):</p> <p>WITH _____</p> <p>DATE _____ TIME _____</p>
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IMPORTANT

Once you have made these appointments, you will need to call 701-580-8542 to talk to Leah Brewster, DNP-C. If she doesn't answer, make sure to leave a message, so she can call you back.

This step is very important so forms can be faxed to your doctors' offices informing them of your upcoming appointments and required testing.

After the pre-procedure appointments have been completed and records reviewed by Leah Brewster, DNP-C, she will call you, and your surgical date will be determined. You will also set up your first physical therapy appointment at this time as some PT facilities have a waiting list to get scheduled. If 90 days have passed since you last saw Dr. Joshi, you will be required to see him for updated history, physical and x-rays.

SURGERY DATE:

WITH

DATE

TIME

FIRST OUTPATIENT PHYSICAL THERAPY APPOINTMENT:

WITH

DATE

TIME

The start date for outpatient physical therapy is usually 4 days post-surgery for total hips and total knees. For total shoulders, you will wait to schedule physical therapy until after you are seen at your 2 week post-operative appointment.

DR. JOSHI RECHECK (if required):

DATE

TIME

5-7 DAYS BEFORE SURGERY

Start holding medications that you have been instructed to hold by your providers.

THURSDAY BEFORE SURGERY

You will receive a phone call from the Operating Room nurse with specific details regarding when to arrive in Watford City on the day of surgery, what medications to take, when to eat/drink last, and any other details needed for the day surgery.

REVIEW OF ANATOMY

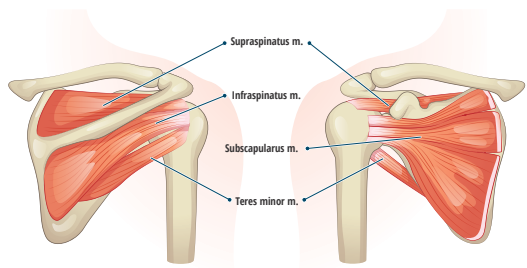
SHOULDER JOINT

The shoulder is a very complex joint which involves three bones and more than one joint. The bones include the clavicle, scapula, and the humerus. There are various muscles, ligaments, and tendons that are also involved around the joint. The upper portion of the humerus and the lateral edge of the scapula (glenoid) form the ball and socket. The shoulder joint typically allows a greater range of motion compared to any other joint in the body.

ROTATOR CUFF

The rotator cuff is a group of muscles and tendons that surround the shoulder joint, keeping the ball stabilized into the socket.

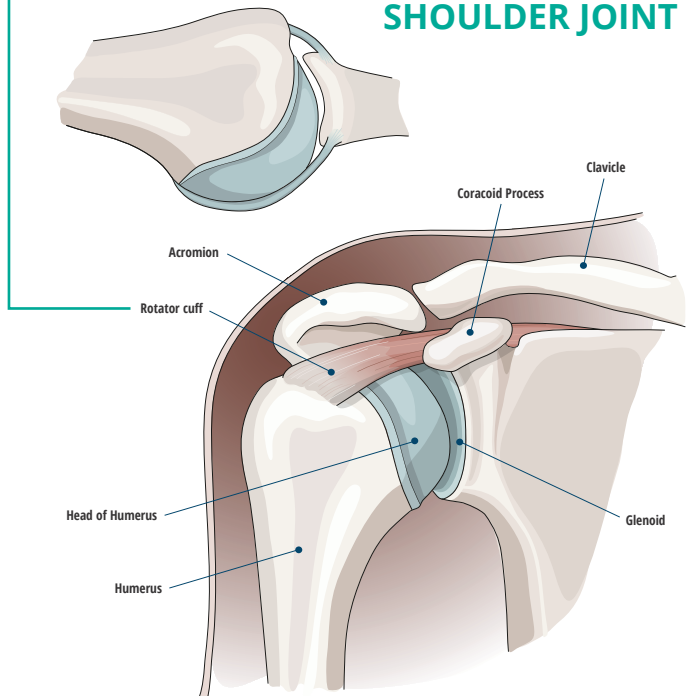
ROTATOR CUFF MUSCLES



Posterior View

Anterior View

SHOULDER JOINT



COMMON CAUSES FOR A SHOULDER SURGERY

Shoulder replacement surgery is often completed for patients who have been experiencing shoulder pain for quite some time with no relief from conservative measures. A shoulder replacement is performed to alleviate shoulder pain and often helps improve motion of your shoulder. There are two types of shoulder replacement surgery - Total Shoulder Replacement Surgery and Reverse Total Shoulder Replacement Surgery.

REASONS FOR A TOTAL SHOULDER REPLACEMENT

1. Severe Osteoarthritis (cartilage has worn away leading to bone on bone)
2. Avascular Necrosis (loss of blood supply)
3. Rheumatoid Arthritis (cartilage is worn down due to inflammation)
4. Fractures involving the shoulder joint

REASONS FOR REVERSE TOTAL SHOULDER REPLACEMENT

1. A combination of severe osteoarthritis at the shoulder joint and a torn, irreparable, and atrophic (wasted) rotator cuff
2. Fractures involving the shoulder with significant injury to the rotator cuff

TYPES OF SHOULDER REPLACEMENTS



TOTAL SHOULDER REPLACEMENT

Total Shoulder Replacement is when a prosthesis replaces the natural ball and socket anatomy.



REVERSE TOTAL SHOULDER REPLACEMENT

Reverse Total Shoulder is when the normal anatomy of the shoulder is reversed. A ball is placed at the socket and a cup/socket is placed at the top of the humerus in place of the “ball” of the humerus.



PRE-OPERATIVE CHECKLIST



CONTACT YOUR INSURANCE COMPANY

Your physician's office will work with your insurance company to pre-authorize your surgery. We do recommend contacting your insurance to better understand your benefits.



PICK A COACH

At McKenzie Health, we recommend you choose a "coach" to help you succeed and progress toward your rehab goals. The purpose of a coach is to help with follow through regarding your rehab and to assist with your needs at discharge. Sometimes you may not always remember information that you are provided after surgery. Your coach will learn your exercises, surgery precautions, and adaptive equipment recommendations to help you succeed.



NUTRITION

Adequate nutrition pre and post-surgery is very important to prepare your body for surgery and promote healing after surgery. Your physician will provide recommendations regarding your diet to ensure you are taking in the correct amount of calories from nutrient rich foods.

HELPFUL TIPS

ADDITIONAL TIPS PRIOR TO SURGERY

- Typically it is easier for patients to sleep in a recliner after surgery as it is challenging to maintain shoulder precautions while getting in and out of bed.
- Consider placement of grab bars in the shower and by the toilet, so you are able to use your “good arm” to transfer in/out and on/off surfaces.
- Loose clothing, zip up shirts and button up shirts tend to be easier to put on/off.
- Complete housework and laundry tasks prior to surgery as you will not be able to lift with your surgical arm.
- Meal preparation can also be helpful.
- Complete laundry and have comfortable clothes ready to use at home.
- Prepare ice packs that will be ready to use at home, a frozen bag of peas also works well.

Homemade Ice Pack:

- Fill the plastic freezer bag with 1 cup of rubbing alcohol and 2 cups of water.
- Try to get as much air out of the freezer bag before sealing it shut.
- Place the bag and its contents inside a second freezer bag to contain any leakage.
- Leave the bag in the freezer for at least an hour.
- When it's ready, place a towel between the gel pack and bare skin to avoid burning the skin.



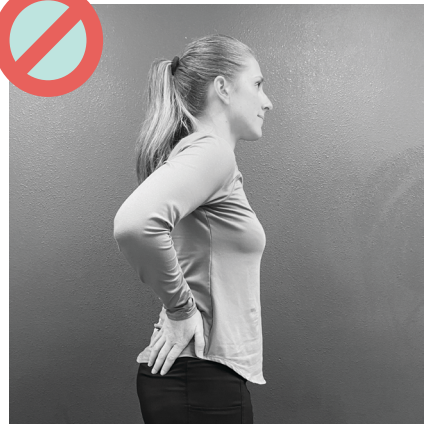
MEDICATION LIST

Continue with all current medications unless otherwise specified by the orthopedic specialist.

Post-operative anticoagulation therapy guidelines will be individually based on each patient's medical stay, co-morbidities, and risk factors.

PRECAUTIONS AFTER SURGERY

1. You will remain in the sling that was provided to you at time of surgery for 2 weeks. You may take the sling off to complete exercises and self care, but be diligent in keeping arm close to your body
2. NO weightbearing through surgical arm.
3. NO internal or external rotation of your shoulder for 6 weeks. Below are visuals of what these motions include. Your physical therapist will progress you to these motions as appropriate once you begin therapy.





When wearing the sling, be sure to keep your elbow bent at 90 degrees and your arm in front of you as pictured to the left. Ensure your shoulder is also relaxed and not raised up toward your ear.

When lying in bed or sitting in a chair, place a pillow under your arm to support and keep in an optimal position, as pictured below.





REHABILITATION AFTER SURGERY

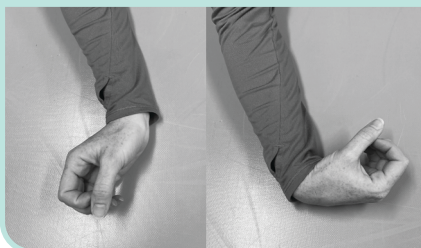
You will begin physical therapy starting at the two-week mark after surgery unless otherwise directed by your surgeon. The following exercises are to be completed in the two weeks leading up to your first outpatient physical therapy appointment.

HAND MOTIONS



It is important to complete these throughout the day as it helps prevent stiffness, promotes circulation and assists with swelling. This exercise can be completed inside of your sling. Simply open and close your hand. You can grasp a soft item such as a ball of socks or washcloth.

WRIST MOTIONS



This exercise can be completed in your sling. It works the muscles up your forearm and can help with circulation and swelling. Move your wrist forward, backward, and in circles.

PASSIVE ELBOW FLEXION



With arm out of sling, gently grasp your wrist bending your elbow and then straightening it. Keep arm close to body and do not move your arm away from your body. Complete 10 times, once in the morning and once in the evening.



PENDULUM EXERCISE



Place your non-surgical arm on a table with your trunk slightly bent. Shift your weight in a circular motion allowing your arm to sway with your body. This is a gentle motion, and your muscles should not activate to make your arm move in the circular motion. The act of you swaying your body is what makes your surgical arm move.

SCAPULAR SQUEEZES



Completing with arm in sling, squeeze shoulder blades together and release. Complete 10 repetitions in the morning and 10 repetitions in the afternoon.

LATERAL NECK FLEXION



With arm in sling and while looking forward, tilt your head to the right and then to the left. Complete 10 times on each side, once in the morning and once in the afternoon.



With proper rest and stretching, you can get back in the game!



FREQUENTLY ASKED QUESTIONS

HOW LONG WILL IT BE BEFORE I CAN RETURN TO MY NORMAL ACTIVITIES?

This depends on several factors including, but not limited to, your medical history, age, and compliance with the rehab process. On average, it could take three to four months before you resume normal activities.

WHEN CAN I DRIVE?

Every patient is different; it is recommended that you discuss this with your surgeon.

ADDITIONAL THINGS TO REMEMBER:

If going to the dentist or having a medical procedure performed:

When undergoing dental procedures, other than routine examination or cleaning, it is recommended you have an antibiotic prior to the dental procedure. Be sure to tell your dentist about your joint procedure, so they can proceed per their protocol. Antibiotics are required for any type of dental extractions, root canals, or anything where there is a break in the skin's surface.

***Antibiotics should also be taken for colonoscopies and any other major or minor procedure.**



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