

TOTAL SHOULDER

A Detailed Guide From Pre-Surgery Through Recovery



This Guide Will:

- Prepare you for your total joint replacement surgery
- Explain what to expect during and after surgery
- Guide you through the recovery process

Our team is dedicated to your success. Each member of our team is prepared to help you along the way and to answer any questions.

Thank you for choosing us on your journey back to an active lifestyle!

Your SOSI Total Joint Team ~

Role	Name of Individual	Phone Number
<p>SOSI main number: From this number you can schedule appointments and make any general inquiries.</p> <p>After hours this number goes to our on-call service which will connect any urgent concerns with our on-call physician.</p>	<p>Clinic scheduling</p> <p>Billing</p> <p>Medical records</p> <p>MRI scheduling</p>	<p>970.879.6663</p> <p>Ext 0</p> <p>Ext 408</p> <p>Ext 154</p> <p>Ext 510</p>
<p>Your surgeon will guide your care and perform all your surgical procedures.</p>	<p>Dr. Andreas Sauerbrey</p> <p>Dr. Adam Wilson</p> <p>Dr. Alexander Meininger</p>	<p>Ext. 302</p> <p>Ext. 309</p> <p>Ext. 301</p>
<p>Care Coordinator will work with you on your insurance, surgery schedule, coordination of pre-surgical and post-op needs.</p>	<p>Brittney Kopatz</p> <p>Heidi Mueller</p>	<p>Ext. 191</p> <p>Ext. 182</p>
<p>Physician Assistant will work with your surgeon in managing your pre-operative and post-operative medical care.</p>	<p>Margo Boatner, PA</p> <p>Jason McKown, PA</p> <p>Lexa Johnson, NP</p> <p>Khristin Degli, PA</p>	<p>Ext. 302</p> <p>Ext. 309</p> <p>Ext. 301</p> <p>Ext. 309</p>
<p>Data Specialist / Coordinator will reach out to you prior to surgery and following surgery to track and record your progress. This will help us as we strive to constantly improve the information collected.</p>	<p>Judy Kendall</p>	<p>jkendall@steamboatortho.com</p>

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Your SOSI Surgical Team



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Total Shoulder Replacement:



Overview

This surgery fixes a damaged or diseased shoulder joint. The bad parts will be taken out and replaced with artificial parts. The new parts let your shoulder move smoothly.

Preparation

To begin, you're given medicine to put you to sleep or to make you feel numb and relaxed. The surgeon makes a cut to get to your joint. The head of your upper arm bone is removed. That's the "ball" of your shoulder's ball-and-socket joint.

Implants placed

Now, the surgeon smooths and reshapes your shoulder socket. An artificial socket is fitted into place. Then, the end of your arm bone is reshaped. A metal stem is put into this bone, and a ball is placed on the stem. Finally, the ball is put into the new socket. Your shoulder joint is tested to make sure it works properly. Then, your incision is closed.

End of procedure

After the surgery, you're watched in a recovery room. Follow your surgeon's instructions as you heal.

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Reverse Total Shoulder Replacement:



Overview

This surgery repairs a damaged shoulder joint. It reverses the position of the ball and the socket. This lets you move your arm with your deltoid muscle, instead of the muscles of the rotator cuff.

Preparation

To begin, you're put to sleep. Or, you're given medicine to make you feel relaxed and numb. We make an incision to reach your joint.

Humerus component

First, we modify the humerus. That's the bone of your upper arm. We take off the head of the humerus, and make space in this bone for the implant. The implant's stem slides into the bone's center. We attach a cup to the top. This is the shoulder's new socket.

Glenoid component

Next, we modify the glenoid. That's the end of a bone called the "scapula." We reshape the glenoid to make a stable surface. Then, we secure an implant to it. This is the shoulder's new ball. We bring together the new ball and socket to form the new joint.

End of procedure

When it's done, we close your incision and bandage your shoulder. You're watched closely as you become awake and alert again. Follow your care plan for a safe recovery.

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Pre-operation and Post-operation Check List:

Check off when completed:

Pre-operation:

- Physical with primary care provider within 30 days of surgery Date/Time: _____
- Attend Total Joint Class Date/Time: _____
- Stop blood thinners/aspirin Date/Time: _____
- Stop anti-inflammatories Date/Time: _____
- Start Benzoyl Peroxide Ointment (BPO) - 3 Days Prior to Surgery Date/Time: _____
- Start Hibiclens Chlorhexidine Date/Time: _____
- No solids by mouth Date/Time: _____
- No liquids by mouth Date/Time: _____
- Arrive at Hospital or Surgery Center for operation Date/Time: _____

Post-operation:

- Initial follow up appointment Date/Time: _____
- First physical therapy appointment to start 5-10 days after post shoulder replacement Date/Time: _____

***IMPORTANT:** If you have any pain or incision concerns, call your surgical team first at 970-879-6663.

Notes:

Preparing for Surgery:

Once you have made the decision to have surgery there are several steps that will help maximize your success.

This is your journey and we are here to help you through the process.

Ask questions along the way.

□ **Appointment with your primary care provider:**

- You may be asked to **schedule a pre-operative appointment with your primary care provider within 30 days of your surgery date.**
- At this visit diagnostic testing will be performed to make sure you are medically ready for surgery. This may include a blood sample, nasal swab, urine specimen and an electrocardiogram (EKG).
- Our provider will review when to stop taking supplements and medications including anti-inflammatories, insulin and blood pressure medications.
- Get an up-to-date medication list with doses and frequencies at your primary care visit.

○ **Gain control over your diabetes:**

- **To minimize post-surgical complications, your hemoglobin A1 C must be below 8 and daily blood sugars should not exceed 160.**
- Fasting glucose must be below 180.
- All patients are asked to have a fasting glucose as part of the metabolic panel on pre-operative blood work. If you have a history of pre-diabetes, diabetes, or a BMI over 35, we would also like to have a new A1C reviewed.
- Elevated blood sugars around the time of surgery significantly increase your risk of infection.
- Work with your primary care provider to gain control over your diabetes. If your lab values are higher than the above numbers, notify your Orthopaedic care team.

○ **Bladder Infections and urinary frequency:**

- **If you have a history of recent or recurrent infections or a history of incontinence you should have a urinary evaluation prior to surgery.** Having a urinary infection near the time of your joint replacement can put you at higher risk for a joint infection.
- Anesthetics and pain medications can worsen urinary retention. If you are under treatment for retention or prostate disease you should consider completing the required treatment prior to joint replacement surgery.
- A urinalysis prior to surgery may be helpful to rule out an active bladder infection, which must be treated prior to proceeding with surgery. Let your Orthopaedic team know if this is a concern.

○ **Ask about your current medications:**

- Make sure your medication list with doses and frequencies are accurate and up-to-date.
- Discuss with your primary care provider which medications to continue and which to hold around the time of surgery.

❑ **What to do with your medications:**

- Discuss all current medications with your care team prior to surgery.
- Stop taking any nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, Advil, Motrin, Naprosyn, Aleve, Celebrex, meloxicam, Mobic or Indocin 7 days prior to your surgery.
 - Continue taking aspirin if it has been prescribed for a heart condition.
- You may continue taking acetaminophen (Tylenol) until the time of your surgery.
- **If you are on an immunomodulator, you may need to stop this medication 2 weeks prior to surgery and not restart it until the wound is healed 2 weeks after surgery.** Immunomodulators are used to treat rheumatoid diseases, GI diseases and some cancers. If you are unsure, ask your care team.
- **If you are on a blood thinner**, including aspirin or any other anticoagulant, discuss with your Orthopaedic team and primary care provider stopping these medications prior to surgery or needed changes to medications.
- **Continue taking all regularly prescribed medications as instructed.**
- **Discontinue supplements, enzymes, and natural medications. (e.g. Vitamin E, Ginkgo Biloba, Ginseng, Glucosamine, and Fish Oil) 7 days before surgery and do not reassume them again until 4 weeks after surgery.**
 - Calcium and Vitamin D are exceptions; you may continue to take these as they are good for bone health.
 - These are available over the counter. If you are not already taking these we recommend you start.
 - Standard daily doses are 2,000IU of vit D, 500mg of calcium twice daily.

❑ **Visit with subspecialist (such as Cardiologist/Pulmonologist/Nephrologist):**

- If you have a heart, lung or an immunological disease that significantly affects your health, you may be expected to visit with your subspecialist prior to surgery to obtain recommendations for a safe surgery.

❑ **Prepare your body; start the exercises provided in the back of the booklet:**

- Being more physically prepared for surgery and recovery will help you have better outcomes following surgery.
- Attempt to build your activity to 20 minutes of moderate physical activity daily prior to surgery.
- Start the exercises listed on Page 19 of this book. Work towards building up to the listed repetitions 2-3 times a day. Build slowly and let pain be your guide.

❑ **Stop using nicotine products:**

- **If you are using nicotine products in any form, quit at least one month prior to surgery.**
- **Nicotine, in any form, hinders healing and increases the risk of infection and blood clots.** This includes smoking cessation products such as nicotine gum or patches. Discuss nicotine cessation with your primary doctor.

❑ **Joint Class:**

- This pre-surgical joint class will review risk factors to maximize your recovery and comfort through the pre-operation and post-operation period. This is an opportunity to ask questions about total joint replacement and expectations.

❑ **Schedule routine dental cleaning if needed:**

- Active dental infections or potential infections can put you at higher risk for a joint infection.
- We recommend having dental cleaning 2 weeks or more prior to your joint replacement and avoiding routine cleaning or non-urgent procedures until 3 months after your joint replacement.
- You should also remember prophylactic antibiotics are recommended for certain dental procedures following your joint replacement. See post-operative dental recommendations later in this booklet to review these recommendations.
- If you have active dental concerns, communicate this to your Orthopaedic team. Manage any concerns in a timely manner.

□ **Daily pain medications:**

- **If you are currently on daily opioid pain medicines or working with a pain management specialist be sure to share this with your surgeon and Orthopaedic team.** If you are on a significant amount of opioids daily, it will make managing your pain after surgery challenging. We recommend stopping opioids several weeks prior to surgery. Notify your pain management specialist of your upcoming surgery.

□ **Prepare your home:**

○ **Ask for help:**

- Let family members and friends know you are having surgery and arrange for help with transportation, pet care, home care and groceries.
- You should arrange to have someone stay with you the first 2 to 3 days at home.

○ **Prepare your home for your rehab:**

- **Consider sleeping upright in a recliner after surgery. You may be more comfortable supporting your operated arm while sleeping in a recliner and the upright position will help with swelling**
- Eliminate anything that could be a tripping hazard such as rugs, laundry, cords and spare items.
- Adding grab bars to bathrooms and/or shower may be helpful.
- Make sure to have hand rail available next to steps that are necessary to climb.
- Finish all home projects and place anything you will need in an easy-to-reach location.
- Make arrangements for pets and home (i.e. snow removal) to be cared for.

○ **Transportation:**

- **Anticipate a period of 4-6 weeks of being unable to drive.**
- Arrange for a family member or friend to drive you home after surgery. You will not be able or allowed to drive yourself home.
- Arrange for transportation to physical therapy and follow-up appointments.

○ **Prepare Meals:**

- Prepare at least a week's or more worth of healthy and easy meals to make your transition back home smooth.
- Constipation is a common problem following surgery that you can help to avoid with healthy meals containing fiber and with good fluid intake.
- If you are coming from out of town for your surgery, you may want to arrange to stay in a hotel the night before surgery. You may want to make arrangements for family members to have a hotel room while you are in the hospital. Your care coordinator would be happy to help you make these arrangements.

□ **Pack for your hospital stay:**

- Pack lightly and do not bring any valuables to the hospital.
- Bring photo ID and insurance cards.
- Pack comfortable slip-on, non-skid walking shoes. Avoid flip flops, boots or heels.
- Plan to wear an oversized t-shirt or shirt with buttons or snaps.
- Wear and pack comfortable shorts or sweat pants with an elastic waistband that are easy to get on and off.
- Include a robe to help with comfort and modesty.
- If you are spending the night, pack basic toiletries.
- Bring chargers for any electrical devices.
- If you use a CPAP machine and will be spending the night, please bring this.

Getting Your Skin Ready for Shoulder Replacement:

Cutibacterium acnes (C. acnes) is a common pathogen in joint infections after shoulder surgery. This pathogen is prevalent in pores and hair follicles, making the skin preparation with the pre-surgical soap difficult to penetrate. Use of topical Benzoyl Peroxide (BPO) has been found to reduce the risk of surgical site infections caused by C. acnes. You will be provided with 5% Benzoyl Peroxide gel or cream prior to surgery. **This handout explains steps you will take to prepare your skin for surgery and decrease the risk for infection.**

Please Note - Benzoyl Peroxide will bleach towels, sheets and clothing!!!!

3 days prior to surgery

- Stop removing hair from underarm.

2 days prior to surgery (morning and evening)

- Wash your hands with regular soap and water.
- Apply a half dollar-sized amount of 5% benzoyl peroxide gel/cream to the front and back of the shoulder that you will have surgery on.
- DO NOT RINSE OFF-allow to dry before getting dressed.
- Rewash hands with soap and water.

1 day prior to surgery (morning)

- Repeat steps listed above.

1 day prior to surgery (evening)

- If you have an early AM surgery, you may complete your CHG shower prior to the Benzoyl Peroxide application.
- If you do NOT have an early AM surgery, repeat steps listed above for Benzoyl Peroxide application.

Day of Surgery

- If you have already completed your CHG shower, then proceed with Benzoyl Peroxide application.
- If not, complete your CHG shower PRIOR to applying Benzoyl Peroxide.

Day Before Surgery:

☐ Hibiclens Chlorhexidine Soap Shower Prep:

Wash with pre-surgical soap: Chlorhexidine bathing instructions:

- Chlorhexidine soap helps reduce the risk of infection after surgery. It can be obtained at most drug stores, but we provide it at SOSI free of charge.
- **Do not apply chlorhexidine soap to an open wound or use it if you have an allergy to chlorhexidine.**
- **The night before surgery:**
 - You will need clean sheets on your bed.
 - You will need to wear clean pajamas.
 - You will need to use clean towels and a washcloth for the shower.
 - Take a shower using the chlorhexidine soap.
- **Bathing Instructions:**
 - Do not shave.
 - Enter shower and get completely wet.
 - Wash your hair and face with your normal soap and shampoo.
 - Turn the water off.
 - Apply the chlorhexidine soap from your neck downward using a clean wash cloth.
 - Do not apply the soap to face, eyes, ears or your genital area.
 - While lathering, be sure to cover with chlorhexidine soap:
 - The area where your surgery will be performed.
 - Under arm (armpit).
 - Under any skin folds, such as breast, abdominal or buttock fold.
 - Keep the liquid soap on your skin for at least 2 minutes prior to rinsing.
 - Turn the water back on and rinse the chlorhexidine soap off well.
 - Dry your skin with a freshly laundered towel.
 - Put on freshly laundered clothes or pajamas.
- **Do not put any lotions, perfumes, powders or deodorants on your skin after showering.**

☐ Fluids the day before surgery:

- Drink plenty of water throughout the day prior to surgery.
- Drink carbohydrate drinks ("sports drink," Gatorade, Powerade, etc.) the day before surgery and again before going to bed the evening before surgery.

☐ Arrival Instructions:

- A pre-operative nurse will call you the business day prior to your surgery to review arrival time, final eating, drinking and medication stop times.
- When he/she calls, fill these times in on your pre-operative checklist located at the front of this booklet!

The Day of Surgery is Here!

❑ Medications:

- o Take only the medications your doctor instructed you to take the morning of surgery with a sip of water.

❑ Fasting:

- o You are required to fast prior to surgery. This helps to prevent complications from anesthesia. Failure to follow these instructions could result in complications or surgery being canceled or delayed.
- o No solids (foods) after midnight the evening prior to your surgery. If you have a later surgery your pre-operative nurse will give you the end-time for eating.

❑ Arrive on time:

- o We typically ask that you arrive 2 hours prior to your scheduled surgery time to allow for pre-operative care.
- o You will be given this arrival time by your pre-operative nurse the business day prior to your surgery.
- o Don't forget to bring your photo ID, prescription cards and insurance cards.

❑ Pre-operative care:

- o You will be checked in by your nurse.
- o You will be provided antiseptic wipes and a nasal swab to clean your skin.
- o You will then change into a surgical gown.
- o An IV will be started.
- o You will be given oral medications to help with post-surgical pain control.
- o Staff will clip or shave any hair near or at the surgical site.

- ❑ You will meet with your anesthesia provider and surgeon.

After Surgery: The beginning of your recovery!

❑ Activity; getting to use your new joint:

- o You will be getting up and moving the day of your surgery including walking to the bathroom, sitting up in a chair for meals and to start your initial rehab.
- o Your surgical arm will be in a sling. Therapists will work with you to teach you simple shoulder, elbow, wrist and hand exercises that you need to be doing frequently at home. You can expect that you will wear a sling for approximately 6 weeks post surgery.
- o No driving for 4-6 weeks.

❑ Activity to Avoid with your Surgical Arm

- ❑ **DO NOT reach outward away from your body.**
- ❑ **DO NOT reach behind your body.**
- ❑ **DO NOT lift with your surgical arm.**
- ❑ **DO NOT put push or put weight through your arm**

❑ Prevention of blood clots:

- o **Deep Vein Thrombosis (DVT)** is a potentially very serious complication after joint replacement surgery that we work hard to prevent through:
 - Compression stockings on bilateral lower extremities for up to 2 weeks.
 - Early and consistent mobility. Perform your exercises and increase walking.
 - Blood thinners; you will require a blood thinning medication after surgery. You can anticipate using your blood thinner for 1-2 weeks.
 - o Some common blood thinners you may be prescribed are: Aspirin, Eliquis, Xarelto.
 - *Note: Aspirin is used for blood thinning, not for pain.**
 - o Take this medication as prescribed until the prescription is complete.
 - o These medications can sometimes be expensive. If you have trouble paying for or obtaining your medication please let your orthopaedic team know right away.
- o **Blood Clot Symptoms to watch for:**
 - Pain or tenderness in your leg, most commonly in the calf muscle, that does not improve with elevation.
 - Swelling or warmth in your leg that gets worse and does not improve with elevation.
 - Red or discolored skin on your leg.
 - Shortness of breath, flank pain, sudden confusion or chest pain can be symptoms of a serious blood clot. If you experience any of these symptoms, seek immediate medical care.

○ **Risk factors that can increase your risk for a DVT after surgery are:**

- Nicotine use;
- History of a DVT or pulmonary embolism in the past;
- Obesity;
- Close family relative with history of DVT;
- Autoimmune disorders;
- Use of certain medicines, including birth control and hormone therapy;
- Cancer.

□ **Pain Management: Managing your comfort after surgery is a priority:**

- Our goal post-operatively is to make pain manageable. You will have some discomfort but you need to be able to perform self-care and meet your therapy goals. We are here to help.
- We use a “multi-modal” approach to managing pain. This is safer and far more effective than using opioids alone.
- Ice around the surgical site should be used for 20-30 minutes with a break for skin rest.
- Most patients use a narcotic pain medication for 1-2 weeks following surgery.
 - Hydrocodone with acetaminophen, oxycodone, oxycodone with acetaminophen, hydromorphone, or tramadol are common opioid pain medications.
 - Opioids are indicated for moderate to severe pain, 6/10 or higher.
 - We recognize everyone experiences pain differently. We will try to manage your pain individually, using the lowest effective dose of narcotics for the shortest period of time.
 - We want to minimize the risks and side effects of opioid usage, such as hyperalgesia or addiction. Studies show narcotic use beyond 7-10 days causes “hyperalgesia” or an increased sensitivity to pain, requiring more pain pills.
 - If you have any questions about weaning off your pain medicine, call your Orthopaedic team.
- NSAIDS, acetaminophen, muscle relaxers and nerve medications can also be used to help with pain control.
- Your surgery will be performed under general anesthesia. Prior to surgery you will likely receive a nerve block and during surgery you will receive regional anesthesia to also help control your post-surgical pain.
- If you have concerns about your pain please let us know.

To fill a prescription, please call our office and allow 48 hours.

Please anticipate your needs as we do not fill prescriptions after 5 pm, on weekends or holidays

Steamboat Orthopaedic and Spine Institute 970.879.6663
SOSI Fraser, CO 970.364.2070
SOSI Craig, CO 970.826.2450
SOSI Rock Springs, WY 307.448.3220

❑ **Caring for your surgical wound:**

- Caring for your wound is very important in preventing an infection. If there is drainage, call the Ortho Clinic as soon as possible. If after hours, please call the Emergency Department.
- Your incision will have a Prineo dressing covered by a larger Mepilex dressing. The Prineo is a mesh dressing that stays in place until your follow-up appointment.
- You may remove the larger Mepilex dressing on post-op day #3 but leave Prineo in place.
- **DO NOT REMOVE mesh Prineo dressing.**
- When showering allow the soap to rinses over the incision. Do not rub the soap into the wound. Pat dry with a clean towel that has not been used on any other body part.
- Do not put any ointment or salve on the wound such as Neosporin.
- **DO NOT** soak in a hot tub/pool/or bath until approved by the surgeon.

CALL your surgical team at 970-879-6663 IF...

- **You have any fluid coming from the wound after 5 days post-op.**
- **You have increased redness around the wound sites, are experiencing increasing/unrelenting pain, begin experiencing fever or chills, or have increasing fluid from the wound as these could be signs of infection.**
- **You have questions about how to care for your wound.**

❑ **Ice:**

- Ice regularly applied to the incision can help with pain control and swelling.
- You may apply ice over the dressing for 20-30 minutes at a time.
- Continue using ice for the first 5-7 days.

❑ **Constipation:** Constipation can be a very common problem after surgery and with opioid pain medications. There are several ways you can help prevent constipation:

- Start drinking water and staying hydrated following your procedure.
- Start walking.
- Most patients don't immediately feel up to eating following surgery. However, trying to incorporate small amounts of nutritional foods containing fiber can help prevent constipation.
- Most patients are started on a stool softener following surgery. Continue your stool softener until you are having regular bowel movements.

❑ **Sleep:**

- Many patients experience sleep disturbances and difficulty getting a restful night of uninterrupted sleep for weeks to months after surgery. Some simple remedies that you can try include over-the-counter melatonin or trying to take your pain medication before going to sleep. Know that it is very normal for pain to sometimes be worse at night and disrupt sleep. This will improve with time.

Dental Protocol:

□ **Dental recommendations:**

A higher incidence of joint infections occurs with certain dental procedures. Dental procedures that are more likely to have bacteria enter the bloodstream are:

- o Dental extractions;
- o Periodontal procedures including surgery, subgingival placement of antibiotic fibers/strip, scaling and root planing, probing, recall maintenance;
- o Dental implant placement and reimplantation of avulsed teeth;
- o Endodontic (root canal) instrumentation or surgery only beyond the apex;
- o Initial placement of orthodontic bands, but not brackets;
- o Intraligamentary local anesthetic injections;
- o Prophylactic cleaning of teeth or implants where bleeding is anticipated.

□ **Patient Antibiotic Guidelines for Dental Procedures:**

Following surgery, patients should defer any dental procedures three months postoperatively, if possible; then receive oral antibiotics before any dental cleaning or procedure for two years. It is also recommended that patients who are immunocompromised and are at increased risk for infections should receive oral antibiotics for a lifetime.

- o Patients not allergic to penicillin: Amoxicillin or Cephalexin 2 grams orally one hour prior to the procedure.
- o Patients not allergic to penicillin and unable to take oral medications: Cefazolin 1 gram or ampicillin 2 grams IM/IV one hour prior to the procedure.
- o Patients allergic to penicillin: Azithromycin 250 milligrams orally one hour before the procedure.
- o Patients allergic to penicillin and unable to take oral medications: Azithromycin 250 milligrams IM/IV one hour before the procedure. Please call your primary care provider or dentist to prescribe.

Total Shoulder Physical Therapy Goals:

<p>Pre-operative</p>	<ul style="list-style-type: none"> • Address any concerns for deconditioning, coordination, balance or secondary conditions that may make rehab more difficult • Understand post-op expectations and exercises • Continue to maintain current range of motion
<p>0-2 weeks after surgery</p>	<ul style="list-style-type: none"> • Begin physical therapy 5-10 days after surgery; you will be going to physical therapy 2-3 times a week • Continue hand and elbow range of motion exercises including using a squeeze ball • Continue pendulums as instructed by your therapist • Continue wearing sling
<p>2-6 weeks after surgery</p>	<ul style="list-style-type: none"> • Continue with physical therapy • Continue hand and elbow range of motion exercises • Continue pendulums • Start range of motion exercises as instructed by your therapist • Wear sling as instructed by your surgeon
<p>6-12 weeks after surgery</p>	<ul style="list-style-type: none"> • Wean out of sling • Begin strengthening portion of physical therapy • Use arm for light weight activity at waist height
<p>12-14 weeks after surgery</p>	<ul style="list-style-type: none"> • Transition to home-based physical therapy program • Increase activity with shoulder to a more normal pattern



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