



OAW

ORTHOPAEDIC ASSOCIATES
OF WAUSAU

Joint Replacement Surgery

Shoulder

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Welcome!

Thank you for choosing Orthopaedic Associates of Wausau to help restore you to a higher quality of living with your new prosthetic joint!

Yearly, over 700,000 people undergo total joint replacement surgery. Primary candidates are individuals with chronic joint pain from arthritis that interferes with daily activities, walking, exercise, leisure, recreation, and work. The surgery aims to relieve pain, restore your independence, and return you to work and other daily activities.

Orthopaedic Associates of Wausau has implemented a comprehensive planned course of treatment. Your team includes your surgeon, advanced practice providers, anesthesiologists, nurses, and physical and occupational therapists specializing in total joint care. Every detail, from preoperative teaching to postoperative exercising, is considered and reviewed with you. But, we believe that you play a key role in promoting a successful recovery.

Preparation, education, continuity of care and a pre-planned discharge are essential to this process. This guidebook is designed to educate you so that you know:

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

Remember, this is just a guide. Your physician, advanced practice providers, nurses, or therapists may add or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your guidebook handy as a reference before and after surgery.

Dr: _____

Date of Surgery: _____



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Preparing for Your Joint Replacement Surgery

Preparing for Your Joint Replacement Surgery

What to do when you receive this book

- Review this book and watch the videos using the QR codes.
- Designate a person to be your “coach”. This person will come with you the day of surgery, take you home after and help with your care after surgery. (See coach's checklist)
- Contact your insurance company to find out if a preauthorization, a pre-certification, a second opinion, or a referral form is required. It is very important to make this call! Failure to do so may result in a reduction of benefits or your surgery being delayed. Your surgeon’s office will also call the insurance company to preauthorize.
- Obtain Medical and Dental Clearance if indicated by your surgeon
- Attend Preoperative Therapy Visit or Class if indicated by your surgeon
- Start Preoperative Exercises if indicated by your surgeon
- Review “Exercise Your Right” (Appendix A)

Coach’s Check List

Things To Do:

- Provide or arrange transportation for patient to and from Wausau Surgery Center or Aspirus Wausau Hospital
- Go to patient’s pharmacy to pick up postoperative pain medication and anticoagulant prescriptions if indicated by your surgeon
- Attend pre-operative therapy visit with patient if indicated by your surgeon

Things To Know:

- Anticoagulant monitoring, dosing and its precautions if indicated by your surgeon
- Dressing care instructions
- How to use the incentive spirometer and how often
- What exercises to do and how frequent
- Where and when to go to outpatient therapy
- Where and when to go to other follow-up appointments (for example: Surgeon’s office)
- Signs and symptoms of infection
- Signs and symptoms of a blood clot
- This GuideBook and what is inside
- Numbers to call with questions
- Bathing directions

Don't forget assistance and encouragement!

Preparing for Your Joint Replacement Surgery

Checklist leading up to Surgery

2-4 Weeks Prior To Surgery:

- See your family doctor for preoperative clearance. They may be doing a MRSA nasal swab, an EKG and various lab work. This appointment will be scheduled for you.
- Have a dental clearance if indicated by your surgeon. You will have to schedule this appointment. You will be given a form to take to your dentist and have them fill it out and return it to us.
- Make hotel reservations for coach or other family if needed. Most hotels in the area have discounted rooms for patient's families. Just mention this when booking.

10 Days Prior To Surgery:

- Stop medications that increase bleeding such as anti-inflammatories, fish oil, and herbal supplements. **If you take Coumadin, Plavix, Eliquis, Aspirin or any other prescribed blood thinning medications, talk to your family doctor and/or cardiologist at your history and physical appointment about stopping them.** They may want to have you take a different blood thinner from the time you stop your usual blood thinner until surgery. Also, at your history and physical appointment, your family doctor will tell you which other medications to stop and which medications to continue taking.
- Pick up Mupirocin Ointment from your pharmacy if indicated by your surgeon. This is to prevent the spread of or complications related to a bacterium called MRSA. You can read more about MRSA in the back of this book (Appendix B).
- Prepare Your Home for Your Return from the Hospital:
 - Have your house ready for your arrival back home
 - Clean, do the laundry, and put it away
 - Put clean linens on the bed
 - Prepare meals and freeze them in single serving containers
 - Cut the grass, tend to the garden, and finish any other yard work
 - Pick up throw rugs and tack down loose carpeting
 - Remove electrical cords and other obstructions from walkways
 - Install night lights in bathrooms, bedrooms, and hallways
 - Arrange to have someone collect your mail and take care of pets or loved ones, if needed

Preparing for Your Joint Replacement Surgery

- Arrange Your Environment:



Entry to the home

- If you have stairs to enter your home, or inside your home, make sure there is at least one sturdy handrail in place
- Pick up all throw rugs to reduce the likelihood of tripping/falling

Kitchen

- To assist you with carrying objects around your kitchen, slide objects along your countertop.
- You may find it helpful to temporarily re-arrange your kitchen. Move frequently used items to the front of counters. This will reduce the need for frequent reaching.

Bathroom

- The use of a hand held shower nozzle will decrease splash and concentrate the water where you want it to go.

Living Room

- Avoid sitting on a very soft or very low couch or chair. You may have great difficulty when trying to stand up. Instead, sit on a firm-surfaced couch or chair that has at least one sturdy arm support to assist you to a standing position as you will not be able to use your surgical arm to get out of chairs.

Bedroom

- Watch furniture placement here also.
- Pick up any extra items in pathways or on the floor to reduce event of tripping.
- You may need someone to assist you with applying socks and undergarments.
- A long-handled shoe horn and slip-on shoes will be a lot easier than tie shoes. You can also replace your regular shoe laces with a thin piece of elastic. Lace the elastic through the eyelets. Tie a bow and keep them tied at all times.

Housework/Shopping

- You should be able to perform light housekeeping duties (i.e. dusting).
- You will need a spouse or family member for heavier house cleaning tasks (i.e. vacuuming and furniture moving).
- A spouse or family member may have to assist you with laundry.
- You should be able to handle a trip to the grocery store with another person. Some stores will deliver groceries to your home. Call ahead and inquire.

Within a Week of Surgery:

- You will be called with your arrival time for the day of surgery by either Aspirus Wausau Hospital or the Wausau Surgery Center. They will not call you again unless your arrival time changes. They will also review your medical history with you.

Preparing for Your Joint Replacement Surgery

5 Days Prior to Surgery:

- Start using Mupirocin Ointment prescription as directed if indicated by your surgeon.

Instructions for Using the Mupirocin Ointment

1. Use 5 days prior to surgery twice a day and the morning of surgery.
2. Apply a pea-sized amount of Mupirocin ointment to a Q-tip and apply to the inside of each nostril.
3. Then press your nostrils together and massage for about 1 minute.
4. Make sure the tube is recapped and stored in a safe place.

3 Days Prior to Surgery:

- Getting Your Skin Ready for Surgery:

You are scheduled to have a surgery that involves making an incision through the skin. Because germs live on everyone's skin, there is a risk of getting an infection. To lessen your risk, you need to take special care of your skin before the surgery.

Follow These Instructions:

- You are required to wash with a special soap called 4% chlorhexidine gluconate or CHG. Common brand names for this soap are Dynahex, Hex-A-Clens, Hibiclens or a store brand. You will need a 4-ounce bottle or larger. If you do not receive this from your surgeon, ask the pharmacist where to find it in the drug store. It is often with first aid supplies. You may want to call ahead to check that they have the CHG soap in the store.
- Do not shave near the site where your doctor will be performing your surgery for at least 72 HOURS (or 3 days) before surgery. This is to eliminate the risk of scrapes, knicks or razor burn damage to the skin. Any needed "clipping" or shaving will be done at the hospital.
- You will need to **shower with the CHG soap 3 times before your surgery**. For example, if your surgery is on Monday; shower Saturday, Sunday and Monday morning before you come to the hospital.

Cleaning Your Skin with CHG:

- Start by washing your hair as usual with your normal shampoo and wash your body with regular soap. Rinse your hair and body very well to remove any shampoo or soap that might be on your skin.
- Wet a clean washcloth, and turn off the shower.
- Put the CHG soap on the clean, wet washcloth.
- Wash from the neck down with the CHG. (The CHG can burn if it gets in your eyes and ears.)

Preparing for Your Joint Replacement Surgery

- Wash your body gently for 5 minutes, paying special attention to the part of your body where the surgery will be done. Be sure to wash the back of your neck, under your arms, your belly button, and your legs down to your toes. Do not scrub too hard. Avoid eyes, ears, and private parts.
- Turn the shower back on and rinse well to get the CHG soap off your body.
- Pat yourself dry with a clean, dry towel.
- Do not use any lotions, moisturizer, make-up or other products on the skin near the part of your body that you are preparing for surgery.

Special Notes:

- If you do not have a shower or you are not able to get into the shower, do a sponge bath each time. First, bathe with a washcloth and regular soap. Rinse with clean water. Then get a clean washcloth and use the CHG to wash your body. Rinse with another clean washcloth and plain water. Dry with a clean towel. It is OK to leave your hair unwashed if need be.
- If you have any questions about cleaning your skin, call your doctor's office at 715-907-0900 or 800-260-6755.

Day Before Surgery:

- Continue using soap as directed.
- Do not eat or drink anything after midnight, including gum or hard candy.
- If you have diabetes, in preparation for your surgery you will be asked to hold any oral (pill) diabetes medication the night before and morning of your surgery. If you are taking insulin, it is suggested to follow your family doctor's instructions, which may include: holding any short acting insulin the morning of surgery (Regular/Novolog/Humalog); Taking only 1/2 dose of your long acting insulin (Lantus/NPH) the night before and/or morning of your surgery and/or monitoring your blood sugar the morning of surgery and reporting values to the nursing surgical staff upon arrival day of surgery.
- If indicated by your surgeon, take Coumadin the night before the procedure.
- If you are not feeling well prior to surgery, have any infections including a urinary tract infection or a dental problem, call your surgeon's office at (715) 907-0900 or (800) 260-6755

Preparing for Your Joint Replacement Surgery

What to Expect Day of Surgery



Preoperative Instructions:

- Do not eat or drink anything after midnight the evening before surgery... not even water in the morning unless otherwise indicated.
- Wear a button up or zip up shirt and elastic waistband pants day of surgery
- Wear flat shoes or tennis shoes
- Bring along any medications that you will need to take while at Wausau Surgery Center. If you have a CPAP machine, you will need to bring it with you.
- If having surgery at Aspirus Wausau Hospital, you do not need to bring medications along.
- Bring along any hygiene products that you will need such as deodorant, toothbrush, comb, etc.
- If you wear contact lenses, glasses, or dentures, bring a case for their safe keeping.
- Please leave jewelry, valuables, and money at home
- Makeup must be removed before your procedure
- Remove all polish from your fingernails and toenails
- Remove all piercings
- If you had a pre-operative physical therapy or occupational therapy appointment, make sure to bring your Ultrasling with you to the Surgery Center

Preparing for Joint Replacement Surgery:

What to Expect Day of Surgery (cont.)

When you arrive on the day of surgery, you may be asked to show a photo ID such as a driver's license. Bring all of your insurance cards.

- It is highly recommended that your family stay during your surgical procedure. If they must leave, it is very important that they leave a number where they can be reached.
- You will be called into the preoperative area and asked to change into a gown. After your clothes are changed you may have 1-2 family members with you.
- Once you are in the preoperative area, the nurse will place an IV in your arm where you will receive medication.
- An anesthesiologist will meet with you and give you some medication for relaxation. They will also administer an antibiotic at this time.
- Your loved ones will be asked to have a seat in the waiting room.
- Surgical time varies, but allow 1.5 - 2.5 hours for the surgical procedure.
- After your procedure is done, the doctor will come out to the waiting room to speak to your family.
- After getting to the recovery room, your nurse will want to know your pain level on a scale of 1-10...1 being no pain and 10 being severe. (Keep in mind you need to anticipate some pain but it is very important to be proactive so your pain level does not reach a high number on the scale.) If you have been taking narcotics pre-operatively, be aware that post-operative pain control can be more difficult.
- You will have a "pumping" device that systematically squeezes on either feet or calves to help prevent blood clots.
- You will be started on clear fluids after surgery and progress to solid food as tolerated. You may have a light supper. At Wausau Surgery Center, your coach will be asked to go out of the facility to get a meal for you for supper. You will be given a gift card at your time of check-in for you and your family to get an evening meal.
- Expect to be walking.

If you stay overnight:

- The next morning you will be out of bed and dressed by 7:00 AM. Your surgeon will come and see you in the morning. They, along with you and the nursing staff, will determine if you can go home.
- Follow up with your surgeon 10-14 days after your surgical procedure. Your postoperative appointment will be on your discharge paperwork.

Preparing for Joint Replacement Surgery:

If You are Going to a Sub-Acute Rehab Facility (Skilled nursing facility)

- The decision to go home or to sub-acute rehab will be made collectively by your surgeon and according to insurance guidelines.
- Either your primary care physician or a physician from the sub-acute rehab facility will be caring for you in consultation with your surgeon. Upon discharge home, instructions will be given to you by the sub-acute rehab staff. Take this GuideBook with you.
- Please remember that sub-acute stays must be approved by your insurance company prior to payment. A patient's stay in a sub-acute rehab facility must be done in accordance with the guidelines established by Medicare. Although you may desire to go to sub-acute when you are discharged, your progress will be monitored by your insurance company while you are in the hospital. Upon evaluation of your progress, you will either meet the criteria to benefit from sub-acute rehab or your insurance company may recommend that you return home with other care arrangements. Therefore, it is important for you to make plans preoperatively for care at home.
- In the event sub-acute rehab is not approved by your insurance company, you can go to sub-acute rehab and pay privately.

Note: Please keep in mind that the majority of our patients do so well that they do not meet the guidelines to be suited 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.

Postoperative Care

Preparing for Joint Replacement Surgery:

Caring For Yourself at Home

When you go home, there are a variety of things you need to know for your safety, your recovery, and your comfort. Recovery time will vary and the length of time you will need to wear your sling will depend upon your doctor and overall progress. Here are some things that are important to know as your recovery progresses:



Controlling Discomfort

- We will provide you with prescriptions for your pain medications. You will need to have these filled at your pharmacy. Our goal is to make your pain manageable (not absent, since this is usually not realistic) as you recover from your surgery. Please remember that refills on narcotics can take up to 24 hours to obtain and can only be obtained during our normal business hours.
- Start out taking the medication as prescribed. As your pain starts to subside, you should begin to either decrease the dosage or increase the time interval between the pain medications.
- Try to plan your pain medications around your exercise program. For example, it is helpful to take your pain medications about 30 to 60 minutes prior to doing your exercises.
- Although it is unusual for you to be pain-free by six weeks after surgery, we do recommend that you stop taking narcotic pain medications by 6 weeks post-op and use over-the-counter medications such as Tylenol. You will be able to gradually wean yourself off the prescription pain relievers. Your doctor will discuss over-the-counter type pain relievers that are okay for you to use when you no longer need prescription pain relievers.
- Do not take aspirin without your doctor's consent.
- Ice is your friend! You should apply ice for 20 minutes every hour for the first week after surgery. After that, you can ice 20 minutes at least four times a day, especially following periods of activity such as physical therapy or going out to appointments or shopping. It is not uncommon to need to ice occasionally after a long day of work or activities for 3-6+ months after surgery.
- Change your position every 45 minutes throughout the day (add pillows)
- Relax by listening to nature tapes and soft, restful music
- Try slow rhythmic breathing to help with relaxation
- Imagine and revisit your favorite spots in your mind. This may help you to relax, relieve boredom, decrease anxiety, and help you sleep.
- Distract yourself by watching TV, listening to music, reading a book, playing cards and games, and visiting with friends.

Postoperative Care:

Swelling

Swelling and bruising of the shoulder, arm and chest wall are normal after a total shoulder replacement. There are some things that you can do, however, to minimize this problem.

- Ice the shoulder frequently for the first two to three weeks after surgery. It is particularly helpful to ice after you have done your exercises. Icing is very important and very helpful.
- Swelling of the entire arm is also normal. This will slowly improve but may last for as long as several months. Make sure to do all your exercises as this will alleviate some of the stiffness that is caused by the swelling.

Using Ice Following Surgery

- The purpose of using ice or a cold pack is to reduce pain, inflammation and swelling of an area on your body. You can purchase a commercial ice pack, make your own ice pack*, use a double-bag of crushed ice, or use a bag of frozen vegetables. The bag used should have a minimum amount of air inside, as this acts as an insulator. Place a towel (a damp towel will usually increase the cold sensation) over the area to be treated. Lay the ice pack over the towel and secure loosely if you wish.
- The cold pack can be left in place for 20 minutes every hour, and applied as often as necessary for comfort. **Do not place ice pack directly on your skin.**
- Monitor your skin during ice treatment. You should notice skin becoming red under the area of treatment. You should stop the ice treatment immediately if the skin in the treatment area begins to noticeably lose this natural redness. You may experience the following sensations: cold (possible painful at first), burning/tingling, aching and numbness.
- Some medical conditions do not tolerate cold treatments. You should not use cold packs if you have a medical diagnosis which involves increased sensitivity to cold, poor circulation such as peripheral vascular disease, vasospastic conditions such as Raynaud's phenomenon, uncontrolled blood pressure, an open wound at the area treated, or if you cannot feel cold temperatures on your skin.

***Make your own cold pack**

You can make your own cold pack by combining 1 part rubbing alcohol with 2 parts of water. Place inside two sealed freezer bags and place in the freezer. The bag is ready to use when the contents are "slushy." Return to the freezer and reuse as needed.

Postoperative Care:

Anticoagulants (Blood Thinners)



- Take blood thinners as directed if indicated by your surgeon.
- Take blood thinners at the same time every day. If you miss a dose, take the next one at the normal time. Never take two doses at once.
- Have lab tests done as often as directed
- Alcohol and herbal teas also affect the way blood thinners work in your body and can cause bleeding in the stomach. Therefore, avoid these beverages while you are on a blood thinner.
- Check with your health care provider before taking any other medications. This includes aspirin, vitamins and herbal supplements.
- To protect yourself from excessive bleeding while on a blood thinner, tell all health care providers (such as dentists) that you are on a blood thinner.
- Protect yourself from injury as the medication will slow blood clotting and you will bleed more:
 - Don't play rough contact sports
 - Use a soft toothbrush and floss gently
 - Use an electric razor to avoid cuts
 - Don't go barefoot. Don't trim corns or calluses yourself.
 - Protect yourself from falling. Wear shoes with non-skid soles. Use non-skid rubber mats on floors. Remove throw rugs.

Caring for your Incision

- **Keep bandage/dressing on until your next surgeon appointment (unless otherwise informed).**
- Generally, you may sponge bathe for the first 2 days after surgery and shower 3-4 days after surgery, unless instructed otherwise. Keep wound covered as instructed by your surgeon.
- No tub bath, hot tub, swimming or other things in which your incision would be submerged in water.
- Notify your surgeon if there is increased drainage, redness, pain, odor or heat around the dressing or incision.
- Take your temperature if you feel warm or sick.
- Call your surgeon if it exceeds 100.5 Degrees Fahrenheit.

Postoperative Care:

Body Changes

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return. Add a protein drink like Boost.
- You may have difficulty sleeping, which is normal. Do not sleep or nap too much during the day.
- Your energy level will be reduced for at least the first month. Do not plan too many activities.

Rest

- Sleep more... your body needs more sleep to recover
- Take a daily afternoon nap
- Take 5-10 minutes breaks during your activities
- While resting, change position frequently

Change in Bowel Habits

- Pain medications, surgery and a decrease in your activity may cause constipation. You should, however, continue to take your pain medication, even if you might be constipated. Here are some suggestions to help prevent constipation:
 - Add fiber to your diet by eating whole wheat bread, bran cereals, fruit, fruit juices, green leafy vegetables or popcorn. Try to eat several servings.
 - Stool softeners or fiber supplements (Metamucil®) can add bulk to your diet and can be purchased without a prescription. Check with your local pharmacist for assistance in buying the product that is right for you.
 - Increase your walking
 - Increase the amount of liquid you drink. Try fruit juices or water.
- Sometimes, despite trying the above measures, you still may become constipated. If you feel constipated, or have not had a bowel movement for 2 - 3 days, you can try some of the following:
 - A mild laxative such as Milk of Magnesia® or Ex-Lax®
 - A laxative suppository can be purchased at a pharmacy without a prescription.
 - A small enema can be purchased at a pharmacy under the name “Fleets” enema.
- If you do not have a bowel movement after trying these measures, call your health care provider.

Postoperative Concerns:

Prevention of Infection

Infection:

To prevent infection wash your hands often and do not touch your surgical wound. Do not put any creams, ointments, or powders on your surgical wound.

Signs and Symptoms of Infection:

- Redness around the surgical wound
- Increased pain and swelling
- Increased odor
- Drainage from the surgical site
- Temperature of 101° for more than 24 hours
- **If you are concerned that you may have an infection please call your surgeon's office at (715) 907-0900 or (800) 260-6755.**

Fevers Less Than 101 Degrees:

- Do your deep breathing exercises 10x every 15 minutes for 1 hour
- **If your temperature is still elevated, call your surgeon's office at at (715) 907-0900 or (800) 260-6755.**

Blood Clots

Prevention of Blood Clots:

- Early and frequent walking
- You are encouraged to try to walk for 5-10 minutes every 1-2 hours to promote good circulation
- Limit auto travel
- Take Aspirin, Coumadin, Eliquis or other blood thinner if indicated by your surgeon.

Signs and Symptoms of Blood Clots:

- Swelling in the calf, thigh or ankle that does not go down with elevation.
- Pain, heat, and tenderness in calf, back of knee, or groin area. NOTE: blood clots can form in either leg.
- **If you are concerned that you may have a blood clot call your surgeon's office at (715) 907-0900 or (800) 260-6755**

Activity Guidelines

General Activity Guidelines

After shoulder replacement, the initial phase of your recovery will focus on protecting the arm that had surgery. Your main form of protection is to wear your sling at all times. The only exception to this is for bathing/dressing and to do your twice-daily post-operative exercises (exercises to follow).

However, even though the early focus is on protecting your arm, it is important to know you don't have to lie around and rest all day. As your energy levels allow, you can return to some basic activities around the house that can be performed with only the use of your non-surgical arm. You will need to allow yourself extra time for rest breaks. Just make sure you listen to your body and avoid trying to push yourself to do too much too soon. You are also encouraged to try to walk for 5-10 minutes every 1-2 hours.

Here are a few things to keep in mind after your shoulder replacement:

- It is OK to remove the top strap of your sling when sitting as this will alleviate stress on your neck/shoulder, but it must be reattached before standing up.
- Wearing a sling can cause your elbow, wrist, and hands to stiffen or swell. Follow the home exercise instructions to limit this potential side effect.
- Taking short walks will help to promote blood flow, prevent blood clots, and increase your stamina, which will in turn help you get back to your activities of daily living.
- As you return to your activities following surgery, remember the 4 P's...planning, positioning, preparation, and protection.

Planning

- Plan your schedule and follow your plan
- Set priorities and schedule top priorities first
- Plan to complete difficult activities when you have the most energy
- Watch the videos so you understand how to perform tasks such as dressing, showering, putting on your sling, sit <-> stand transfers, and sit <-> supine transfers
- Allow time for frequent rest breaks and icing your surgical shoulder
- Follow your plan

Positioning

- You will only be using one arm after the shoulder replacement surgery, so we encourage you to do most activities at waist level. Avoid frequent/heavy overhead lifting with your non-surgical arm.
- Store frequently-used supplies within easy reach between shoulder and knee height
- When reclining or lying supine (on your back), keep a pillow under your elbow on the surgical side as this will prevent your shoulder from extending too far

General Activity Guidelines

Preparation

- Prepare work stations before beginning an activity: eliminate clutter
- Gather all necessary materials: store supplies near point of use
- Use good light, good ventilation, comfortable clothing/shoes
- Mentally and physically relax before starting activities

Protection

- Keep your sling on at all times except with bathing/dressing and to do your exercises
- Protect your joints from excessive strain
- Change positions frequently
- Use leverage whenever possible, i.e. slide an object along a counter instead of carrying it
- Use labor saving devices: dishwasher, clothes dryer, etc.
- Use wheels to transport when necessary: kitchen cart, laundry cart, grocery carts, etc.
- Follow any restrictions given to you from your surgeon

Activity Guidelines - Expectations

After shoulder replacement surgery, patients typically undergo a fairly predictable post-surgery recovery. Outlined below is a typical recovery process that shoulder replacement patients experience:

Weeks 0 – 3:

The first few days after surgery expect your shoulder to be sore. You will be encouraged to follow your doctor's instructions on managing your pain with ice and medications. This initial soreness can last a few days to a few weeks. Quite often though, patients can notice the pain they had prior to surgery is no longer present, and it is a new pain they are coping with. Thankfully, this pain will get better with time. During the initial recovery, you may find your energy levels to be a bit low. This also improves with time.

Your first several nights of sleeping after surgery can often be a challenge, especially if you try to sleep in bed right away. Whether you try sleeping in bed or in a recliner, you will certainly want to have a firm pillow behind your elbow/sling, to prevent your elbow from sliding backwards. Keeping the elbow forward prevents the shoulder from getting sore.

It's important to know that during shoulder replacement surgery, it is necessary for the surgeon to temporarily remove the rotator cuff in front of the shoulder to perform the procedure. Most of the time the surgeon will then reattach this rotator cuff at the end of the procedure, so it is necessary to protect this rotator cuff after surgery. One of the most important ways to do so is to wear the sling at all times (except bathing and exercises). Also, to protect your shoulder, you'll want to take every measure possible to prevent falling. This includes walking in well-lit areas, being careful or completely avoiding uneven/slick surfaces, and making sure there are no potential hazards around that you may stumble or trip on.

Weeks 4 – 6:

At this point in your recovery, the shoulder pain should be improving nicely. The number of times your shoulder wakes you at night will become less. And the need for taking daily pain medication will also decrease (or the strength of what you take for pain control will decrease).

Depending on your surgeon, you may start physical or occupational therapy during this time. Early emphasis will be on restoring shoulder range of motion. When you do start therapy, you may find it helpful to coordinate taking a pain pill about 30-60 minutes prior to your therapy sessions to help with tolerance.

Activity Guidelines - Expectations

Weeks 7 - 12:

By now, you can anticipate your surgeon will have you start to wean out of your sling. During this time, it is OK to put the sling back on for an hour or so if the shoulder is getting sore, but you should be out of it completely by the end of the 7th week. There is one exception – if during this phase you will be in a large crowd of people, we encourage you to wear the sling as it serves as a reminder to other people to give you more space. It is OK to keep the sling on for sleeping during this time, especially if you tend to be a person that will toss and turn a lot in your sleep.

In therapy, you will start to do more exercises to get your arm moving on your own. This will likely include exercises where you are helping to move the surgical arm and progressing to moving it all on your own. You will be given additional exercises to work on at home and it is important to do these at least 2x/day.

Once the sling is discontinued, your surgeon will provide you with specific guidelines to follow for lifting and range of motion. Some general guidelines to follow during this time are as follows:

- Avoid pushing or pulling heavy objects with your surgical arm
- Avoid using your surgical arm to push up when getting out of a chair/couch
- Take care to avoid trying to do repetitive activities with your surgical arm
- With sleeping, avoid sleeping on the side of your shoulder surgery

Weeks 13 and Beyond

At this point all restrictions for the surgical arm no longer apply. It is important for you to work on restoring range of motion into all directions including raising your hand behind your back, placing your hand behind your head, reaching overhead, and reaching across your body. Your therapy will also emphasize restoring your arm strength. Again, good compliance with your daily home exercises will help you return to full function. Most patients can successfully (without pain) return to sleeping on the side of their shoulder surgery approximately four months after surgery.

Activity Guidelines - What to Know About Your Sling

How to Apply a Sling That Does Not Have an Abduction Pillow:

- Start in sitting with your arm supported on a pillow
- Slide the sling over your wrist and thumb into the thumb-loop
- Slide the sling over your forearm so that your elbow fits snugly into the corner of the sling
- Take the shoulder strap across your back and over your injured shoulder
- Feed the strap through the ring and attach it back to itself with the Velcro



How to Apply a Sling That Does Have an Abduction Pillow:

- Start by sitting or standing with your surgical arm supported and your sling directly in front of you. Keeping your surgical arm relaxed, slowly rest your arm into the sling.
- Use your free arm to attach the forearm strap, then bring the waist strap around your back and clip it into the sling.
- Next, loop the shoulder strap over the top of the NON-surgical shoulder, then clip the buckles of the shoulder strap into the top of the sling. Then attach the thumb strap.



Activity Guidelines - What to Know About Your Sling

Sling Precautions

For starters, your sling should be on at all times except for bathing/dressing or to perform your post-op exercises. The sling should ALWAYS be fully fastened whenever you are up and walking about. It is OK to unfasten the sling straps when you are sitting as this will alleviate pressure on your neck.

Sling Do's and Don'ts

- Do unfasten the front clip of the shoulder strap and undo the forearm strap. This will allow you to fully straighten your elbow without taking the whole sling off. Do this several times throughout the day to prevent your elbow from tightening up on you.
- Do squeeze the red ball that comes with your sling several times every hour to maintain your hand strength and to improve circulation to the upper extremity.
- Do wear your sling when you are standing, walking, out in a crowd and when you are sleeping.
- Do not lift or carry anything with your surgical arm that weighs more than 2#. This is about the weight of a full coffee cup. Using a remote control is OK.
- Do not bear weight through your surgical arm, such as when pushing up from a chair.
- During your time wearing the sling, we recommend the following:
 - Take care to avoid fast or jerking movements.
 - Do not let your elbow go behind your torso. When lying on your back, support your upper arm by placing a firm pillow underneath the elbow.
 - Get out of bed on the side of your NON-surgical shoulder.

Specific Activity Guidelines

Showering

When bathing, you can lean forward to allow your surgical arm to hang down and make your armpit accessible. This is a good position to wash your armpit and to put on deodorant.



You should ask for assistance washing your NON-surgical arm/armpit to avoid using your surgical arm or consider using a long-handled sponge. After bathing, it may be easier to dry off by putting on a bathrobe instead of toweling off.

Specific Activity Guidelines

Dressing

Choose a shirt with a wide neck or one that buttons down. The shirt should be loose-fitting.

To put on a T-shirt or button down, it is best to bend forward at the waist and let your surgical arm hang down. Then use your NON-surgical arm to put your surgical arm through the shirt sleeve. With a T-shirt get your head through the shirt, then lastly, bring your NON-surgical arm through the other shirt sleeve.



Other Dressing Tips:

- Wear shoes that slip-on
- Avoid pants that button, instead choose pants with an elastic waist band
- Wide-strap bras are more comfortable, and they should fasten in front with minimal effort. A camisole is an alternative to consider in the early weeks of your recovery.

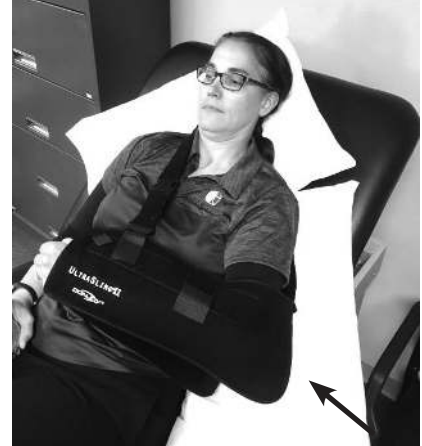
Specific Activity Guidelines

Sleeping

Sleeping in a Recliner

Early on, you may be most comfortable sleeping in a recliner. It is important to have a firm pillow behind the elbow of your surgical arm. This will prevent the arm from sliding backwards which in turns protects your shoulder and helps to prevent pain. Make sure you have good head support with a pillow as well.

Plan to wear your sling with the straps attached while sleeping until you are told to discontinue it. Avoid using your surgical arm to help get in/out bed or chairs



PILLOW UNDER ELBOW

Sleeping in Bed - On Your Back

Have your caregiver help place pillow(s) behind your head for support. Also have them place a firm pillow behind your surgical elbow. This will prevent the arm from sliding backwards which in turns protects your shoulder and helps to prevent pain. Your sling straps should remain attached throughout the night. Once in bed, avoid rolling onto your surgical side.



PILLOW UNDER ELBOW

Sleeping in Bed - On Your Side

Make sure to lie on your non-surgical side. Have your caregiver assist with pillow placement under your head and in front of your body to support your surgical arm.

Avoid trying to lie/sleep on your surgical side.



Specific Activity Guidelines - Transfers

Getting in and out of chairs, especially lower chairs, can at times be a struggle. When it is more challenging, we often use our arms to help. At times, we find that some patients are tempted to use their surgical arms to help with this transfer, even when they are wearing their sling. To prevent an injury as you transfer in and out of chairs, we ask you to only use your non-surgical arm to assist. Avoid sitting in low chairs. If you must sit in a low chair, we recommend adding a cushion so that you sit up higher. This will make getting out of the chair much easier.



When getting in and out of bed, it is important to avoid placing any weight down through your Surgical Arm. To make sure this doesn't happen, sit down on the bed on the side where your Non-Surgical Arm is facing the head of the bed. Lie down onto your Non-Surgical side, bringing the feet up onto the bed as you lie down. Then roll onto your back. Do this in reverse to return to sitting upright.

Activity Guidelines - Home Exercises

Neck Side-bending Stretch



- Begin by sitting in upright position.
- Tilt your head sideways, tipping your ear toward one shoulder, then return to the starting position and repeat toward the other side.
- TIP: Make sure to keep your back straight. Do not let your head rotate, or bend forward or backward.

Hold exercise for 5-10 seconds. Perform: 10 repetitions, 2-3x/day.

This exercise can be performed while wearing your sling with the shoulder strap removed.



Activity Guidelines - Home Exercises

Scapular Exercises



Shoulder Squeezes/Scapular Retraction

- Begin sitting in an upright position
- Gently squeeze your shoulder blades together 5 seconds, relax, and then repeat.
- TIP: Make sure to move just the shoulder blades together and avoid extending your elbows behind you.

Hold 5 seconds. Perform: 10 repetitions, 2-3x/day.



Scapular Depression

- Begin in sitting upright posture
- Lower your shoulders and squeeze your shoulder blades down and together. Hold 5 seconds, then relax and repeat.
- TIP: Make sure to keep your back straight during the exercise.

Hold 5 seconds. Perform: 10 repetitions, 2-3x/day.



Backward Shoulder Rolls

- You may perform in sitting or standing position.
- Begin in good upright posture with your arms at your sides.
- Gently roll your shoulders backwards. Repeat this movement.
- TIP: Make sure to move only the shoulder blades.

Perform: 10 repetitions, 2-3x/day.



Activity Guidelines - Home Exercises

Pendulum with Table Support



1. SIDE TO SIDE



2. FRONT - BACK



3. CIRCULAR

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

- 1) Slowly shift your body weight side to side, letting your hanging arm swing in those directions.
- 2) Slowly shift your body weight forward and backward, letting your hanging arm swing in those directions.
- 3) 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 motion.

Perform: 10 repetitions for each direction, 2-3x/day.



Activity Guidelines - Home Exercises

"L" Stretch at Counter



- Begin in a standing position with your hands resting on a counter.
- Step your feet backward, allowing enough space for you to hinge forward at your hips and reach your arms overhead until you feel a stretch in your shoulders and your back. You may also feel the stretch in the back of your legs. Hold this position.
- TIP: Make sure to keep your movements slow and controlled and only move in a pain-free range of motion.

Hold 2-5 seconds. Perform: 10 repetitions, 2-3x/day.



Activity Guidelines - Home Exercises

Arm Exercises



Passive Elbow Flexion and Extension

Unclip the front of your sling. Then use your non-surgical arm to assist the surgical arm by gently bending and straightening the elbow back and forth.



Forearm Pronation and Supination

In the sling, turn your palm so that it faces all the way up. Then turn your palm so it faces all the way down. Repeat this motion slowly back and forth.



Wrist Flexion and Extension

In the sling, slowly bend your wrist back and forth.



Gripping

Use the ball that came with your sling or a towel roll. Squeeze for 5 seconds, then relax.



Perform each of these motions 10 repetitions, 2-3x/day.

Long Term Management

Long Term Management

Do's and Don'ts for the Rest of Your Life

Exercise

- Whether they have reached all the recommended goals in three months or not, all joint patients need to have a regular exercise program to maintain their fitness and the health of the muscles around their joints.
- With both your orthopedic and primary care physicians' consent you should be on a regular exercise program three to four times per week, for 20-30 minute sessions.
- Impact activities such as chopping wood or using an axe maul may put too much load on the joint and are not recommended.
- High-risk activities such as water skiing are likewise discouraged because the risk of fractures around the prosthesis and damage to the prosthesis itself.

Prevent Infection

Infections are always a potential problem and you may need antibiotics to prevent them. Although the risks are very low for post-operative infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract germs from an infection located in another part of the body.

- If you should incur a fever over 100.5° Fahrenheit, or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can. Put a sterile dressing or an adhesive bandage on it and notify your doctor. The closer the injury is to your prosthesis, the greater the concern.
- Superficial scratches should be kept clean with soap and water. Avoid ointments and creams over the scratch. Notify your doctor if the area becomes reddened or is painful.
- You may need to take antibiotics one hour before you have dental work (including cleanings and procedures) or other invasive procedures, particularly anything involving the gastrointestinal system or urinary system. Call our office to determine if you require antibiotic. If so, we will provide you a prescription and instructions for use.

Travel

- You should not need any special cards or letters from your surgeon to pass through security at the airport.

Long Term Management

Routine Monitoring...Annually or As Otherwise Directed

There are two good reasons for routine follow-up visits with your orthopedic surgeon:

1. If you have a cemented joint, we need to evaluate the integrity of the cement and the bone around the joint. With time and stress, cement may crack. You probably would be unaware of this happening because it usually happens slowly over time. Seeing a crack in cement does not necessarily mean you need another surgery, but it does mean we need to follow things more closely.

Why? Two things could happen. Your joint could become loose and this might lead to pain. Or, the cracked cement could cause a reaction in the bone called osteolysis, which may cause the bone to thin out and cause loosening. In both cases, you might not know this for years. Orthopedists are continually learning more about how to deal with both of these problems. The sooner we know about potential problems, the better chance we have of avoiding more serious problems.

2. The second reason for follow-up is that the plastic liner in your shoulder may wear. Little wear particles combine with white blood cells and cause an osteolysis reaction in the surrounding bone, (described above). Replacing a worn liner early and grafting the bone can keep this from worsening.

X-rays taken at your follow-up visits help your surgeon detect these problems. Your new X-rays can be compared with previous films to make these determinations.

We are happy that most patients do so well that they do not feel follow-up visits are necessary, however, we enjoy seeing you and want to continue to provide you with the best care and advice. If you are unsure how long it has been or when your next visit should be scheduled, call your surgeon's office. We will be delighted to hear from you!

Appendix

Appendix A

Exercise Your Right

Put Your Health Care Decisions in Writing

It is our policy to place patients' wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.

What are Advance Medical Directives?

Advance Directives are a means of talking to all caregivers about the patient's wishes regarding health care. If a patient has a Living Will or has appointed a Health Care Agent and is no longer able to express his or her wishes to the physician, family, or hospital staff, the Medical Center is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that determination.

There are different types of Advance Directives and you may wish to consult your attorney concerning the legal implications of each.

LIVING WILLS are written instructions that explain your wishes for health care if you have a terminal condition or are in a permanent coma and are unable to talk.

APPOINTMENT OF A HEALTH CARE AGENT (sometimes called a Medical Power of Attorney) is a document that lets you name a person (your agent) to make medical decisions for you, if you become unable to do so.

HEALTH CARE INSTRUCTIONS are your specific choices regarding use of life sustaining equipment, hydration and nutrition, and use of pain medications.

On the day of surgery you may be asked if you have an Advance Directive. If you do, please bring copies of the documents with you so they can become a part of your Medical Record. Advance Directives are not a requirement for having surgery.

Appendix B

Stopping the Spread of MRSA



Staphylococcus aureus, often called “staph”, are bacteria carried on the skin or in the nose of healthy people. Sometimes, staph can cause an infection. In the past, most serious staph infections were treated with an antibiotic called Methicillin. Over the past 50 years, treatment of these infections has become more difficult because staph germs have become resistant to various antibiotics. One resistant form of staph is called MRSA (Methicillin resistant Staphylococcus Aureus.)

MRSA can occur among persons in hospitals and other healthcare facilities. MRSA infection usually develops in elderly or very sick patients who have an open wound or a tube going into their body (such as a urinary catheter.)

MRSA can be spread between people by having close contact with a person who has MRSA. It is almost always spread by direct contact and not through the air. Transmission may also occur through indirect contact by touching objects like towels, sheets, wound dressings, and clothes that have been touched by a person who has the infection.

We would like to stop the spread of MRSA. The first step is to identify all patients who may have MRSA prior to being admitted to the hospital. We can do this by doing a simple nose culture. If a patient has a positive culture for MRSA, we will be using extra measures, called “Contact Precautions”, to stop the spread. Health care workers will be wearing gowns and gloves when they come in the room. Your doctor may decide to get rid of MRSA by using antibiotics, ointments and body washes, or he/she may decide to refer to a MRSA clinic for treatment. Once you have finished treatment, the clinic can check to see if MRSA is gone by repeating the cultures.

Family members and visitors can help stop the spread of MRSA by washing their hands with soap and water or using an alcohol gel when leaving the room of a patient with MRSA.

All patients and visitors should clean their hands:

- After using the restroom
- After coughing or sneezing into a tissue or their hands
- Before eating
- Before leaving the patient room

Appendix C

Sources of Medical Equipment for Rent, Sale or Loan

Young's Drug Store:

310 E. Bridge Street
Wausau, WI (715) 845-5203
2106 Grand Ave,
Schofield, WI 54403 (715) 845-3713
301 E. 2nd Street,
Merrill, WI 54452 (715) 536-2909

Sell-Bath benches, reachers, sock aides, long handled shoe horns, grab bars

Aspirus Home Medical Equipment Store:

5450 West Stewart Ave.
Wausau, WI 54401 (715) 847-2545
Sell-Bath benches, reachers, sock aides, long handled shoe horns, grab bars, wheelchairs, commodes, walkers

Fleet Farm:

1811 Badger Avenue
Wausau, WI 54401 (715) 675-2312
Sell-Grab bars, tub benches

Menards:

2801 Stewart Avenue
Wausau, WI 54401 (715) 842-0404

Sell-Grab bars, tub benches

Walmart:

4300 Rib Mountain Road
Wausau, WI 54401 (715) 359-6877
Sell-Bath benches, reachers, sock aides, long handled shoe horns, grab bars

Walgreen's:

105 Central Bridge Street
Wausau, WI 54401 (715) 845-8279 504
South 17th Ave,
Wausau, WI 54401 (715) 848-8730 5305
Business Hwy 51 South
Wausau, WI 54476 (715) 355-9640

Sell-Grab bars, bath benches, tub benches, long handled shoe horns, reachers

Loan Closets

Aging and Disability Specialists:

1000 Lakeview Drive
Wausau, WI 54403 (715) 261-6070
(Ask for information specialist) or
(888) 486-9545

**** Marathon County Residents Only****

Items often (although not always) available: walkers (2-wheel and 4-wheel), canes, shower benches, occasionally have other items such as "reachers" and sock aides

Good News Project, Inc.:

1106 5th St.
Wausau, WI 54403-3584 (715) 843-5985

Items generally available: standard walkers, bath benches/shower seats, canes and crutches, commodes, toilet seat risers

Some equipment may be borrowed from local church organizations, American Legion Auxiliary, and VFW Posts.



Choose therapists who know you best.

Pro Physical Therapy & Hand Center therapists work directly with the surgeons at Orthopaedic Associates.

At PRO Physical Therapy & Hand Center, you'll receive the best, most dedicated and experienced team of certified Physical & Occupational Therapists in the area. Featuring advanced, state-of-the-art technology and unsurpassed patient-centered care, we're committed to making sure you get back to the lifestyle you deserve.

Call today to make an appointment at one of our convenient locations

715.841.0002 Wausau

715.870.2422 Weston

WHAT WE TREAT

- Pre & Post Surgical Conditions
- Knee Pain/Injuries
- Hip Pain/Injuries
- Shoulder Pain/Injuries
- Hand, Wrist, & Elbow Pain/Injuries
- Ankle & Foot Pain/Injuries
- Back Pain/Injuries
- Other Common Conditions



3901 Stewart Avenue
Wausau, WI 54401
Phone: 715.841.0002
Fax: 715.841.0003

4002 Schofield Ave., Suite 2
Weston, WI 54476
Phone: 715.870.2422
Fax: 715.870.2428

Appendix D (This is not a comprehensive list, information is subject to change.)

Physical & Occupational Therapy Listings

*Hand Therapists

Abbotsford

Dycora Transitional Health & Living
600 E. Elm Street
P: 715-223-2359
F: 715-223-6539

Antigo

Health In Motion (Formerly Total Therapy)
720 Ackley Street
P: 715-623-2292
F: 715-627-2660

Kindred Transitional Care & Rehab Center- Eastview

729 Park Street
P: 715-623-2356
F: 715-623-5996

Langlade Hospital

*Mark Buchman
112 E. Fifth Avenue
P: 715-623-9449
F: 715-623-9425

Promise Physical Therapy

813 5th Ave. Suite 5
P: 715-903-6074
F: 866-252-0908

Crandon

Forest County Potawatomi Health &
Wellness Center
8201 Mish Ko Swen Drive
P: 715-478-4300
F: 715-478-4496

Health in Motion

501 W. Lincoln Street
P: 715-478-6168
F: 715-478-5208

Colby/Abbotsford

Marshfield Clinic-Colby/Abby
Therapy Center
120 E. Dehne Drive
P: 715-223-6442
F: 715-223-2447

Eagle River

Aspirus Eagle River Hospital-Therapy
201 East Hospital Road
*Patience Lamers
P: 715-479-0224F: 715-479-0398

Health In Motion (Formerly Sport & Spine)

528 Highway 70 West
P: 715-477-1523
F: 715-477-1524

Edgar

Doctors of Physical Therapy
325 S. 3rd Avenue
P: 715-352-2780
F: 715-352-2781

Greenwood

Sport & Spine
133 S. Main Street
P: 715-267-4583
F: 715-267-4586

Iola

Advanced Physical Therapy Associates
115 N. Main Street
P: 715-445-2300
F: 715-445-2765

Lakewood

Orthopaedic & Spine Therapy
17187 Twin Pines Road
P: 715-276-1767
F: 715-276-1785

Laona

The Bay at Nu Roc Health & Rehab
3576a Nu Roc Lane
P: 715-674-4477
F: 715-674-4308

Marshfield

Doctors of Physical Therapy
705 N Central Ave
P: 715-502-1355
F: 715-203-0540

Health In Motion

204 North Central Avenue
P: 715-898-1600
F: 715-898-1601

Marshfield Clinic-Physical Therapy and Occupation Therapy *Stephanie Edwards

1000 North Oak Avenue
P: 715-387-5529
F: 715-389-7575

Marshfield Clinic-Plaza Therapy Center

212 East Upham Street
P: 715-221-8760
F: 715-221-8765

Sport & Spine of Marshfield

503 South Cherry Ave, #2
P: 715-898-1812
F: 715-898-1815

Three Oaks Health Services

209 Wilderness View Drive
P: 715-389-6000
F: 715-389-6090
Attn: Theresa Rogers

Medford

Aspirus Therapy & Fitness
*Dave Noeldner
103 South Gibson Street
P: 715-748-8112
F: 715-748-8792

Bone and Joint

640 S. 8th St.
P: 715-393-0479
F: 715-393-0390

Merrill

Aspirus Merrill Hospital Therapy
601 S. Center
P: 715-539-2466
F: 715-539-2462

Health In Motion

Aquatic/PT in Riverside Athletic Club
500 South Center Avenue
P: 715-722-1101
F: 715-722-0799

Health Reach Pinecrest Nursing Home

2100 East Sixth Street
P: 715-539-2553
F: 715-539-8385

Bone & Joint

100 Eagle Drive, Suite 2
P: 715-536-7181
F: 715-536-2087

Merrill Physical Therapy

1219 E. Main
P: 715-539-2740
F: 715-536-1814

Minocqua/Woodruff

Aspirus (Howard Young) Woodruff Clinic
*Kari Ruhr
240 Maple Street
P: 715-356-8870
F: 715-356-8079

Doctors of Physical Therapy

*Mary Jane Keller
8554 US-51, Units 6/7
P: 715-358-1929
F: 715-356-4031

Marshfield Clinic –Woodruff Center

1446 1st Avenue/ Hwy 47
P: 715-358-0610
F: 715-356-9894

Mosinee

Crystal Training Institute (Ryan Strasser)
880 S. View Dr.
P: 715-298-2104
F: 715-322-2084

Appendix D

Physical & Occupational Therapy Listings

*Hand Therapists

Bone & Joint

1021 Western Avenue, Suite B
P: 715-393-0479
F: 715-393-0390

Owen

Clark Co. Rehab & Living Center
W4266 County Road X
P: 715-229-2172
F: 715-229-9482

Park Falls

Flambeau Hospital-PT and OT
98 Sherry Avenue
P: 715-762-7470
F: 715-762-3602

Marshfield Clinic Park Falls

50 Sherry Ave.
P: 715-762-7311
F: 715-762-3602

Phillips

Sport Plus Physical Therapy, LLC
171 S. Lake Ave.
P: 715-339-6140
F: 715-339-6138

Prentice

Aspirus Outpatient Therapy-Prentice
619 Bridge Street
P: 715-428-2626
F: 715-428-2627

Rhineland

Aspirus Outpatient Therapies - YMCA
2003 East Winnebago Street
*Mary Jane Keller
P: 715-361-2300
F: 715-361-2301

Health In Motion

586 Shepard Street
P: 715-365-5252
F: 715-365-5258

Rennes Rehab & Skilled Nursing Facility

1970 Navajo Street
P: 715-420-0728
F: 715-362-0512

Doctors of Physical Therapy

315 South Oneida Avenue, Suite 102
P: 715-362-8825
F: 715-362-8830

Rib Lake

Rib Lake Health Services
650 Pearl Street
P: 715-427-5291
F: 715-427-5090

Shawano

Advanced Physical Therapy & Sports Medicine
212 East Green Bay Street, Suite A
P: 715-526-5221
F: 715-526-2542

Shawano Health Services

1436 S Lincoln Street
P: 715-526-6111
F: 715-524-5708

Thedacare Therapy Services- *Sonya & Ashley

100 County Road B
P: 715-526-7370
F: 715-526-7294

Stevens Point

Advanced Physical Therapy Associates
641 Division Street, Suite A
P: 715-345-2797
F: 715-345-7289

Advanced Physical Therapy Associates

2918 Post Road
P: 715-345-2126
F: 715-544-0095

Aspirus Stevens Point Clinic

3500 Hoover Road
P: 715-342-7900
F: 715-346-0307

Aspirus Outpatient Therapies

2401 Plover Rd.
P: 715-345-1447
F: 715-295-3999

Marshfield Clinic-Stevens Point

***Debra Kearns**
4100 State Highway 66
P: 715-343-7790
F: 715-634-6543

Point Forward Physical Therapy

2901 Hoover Road
P: 715-254-3978
F: 715-254-3936

Aspirus Stevens Point Hospital-Rehab Services

900 Illinois Avenue
P: 715-346-5190
F: 715-343-3275

Stevens Point Orthopedics (SPO)

500 Vincent Street
P: 715-344-0701
F: 715-344-4494

Bone and Joint

1767 Park Ave.
P: 715-393-0479
F: 715-393-0390

Stratford

Doctors of Physical Therapy
213016 Legion Street
P: 715-687-2214
F: 715-687-4716

Thorp

Doctors of Physical Therapy (Dunamis)
205 East Hill Drive
P: 715-669-5520
F: 715-669-3683

Tomahawk

Riverview Health Services
428 North 6th Street
P: 715-453-2511
F: 715-453-1062

Aspirus Head 2 Toe

202 West Mohawk Drive
P: 715-453-7600
F: 715-453-6403

Aspirus Tomahawk Outpatient Therapy

401 W. Mohawk Dr.
P: 715-453-7740
F: 715-453-7717

Health in Motion

1509 North 4th Street
P: 715-453-6650
F: 715-453-6657

Waupaca

Advanced Physical Therapy & Sports Medicine
102 Grand Seasons Drive, Suite #6
P: 715-942-2553
F: 715-942-2554

Orthopedic & Spine Therapy – Waupaca

E3277 Apple Tree Lane
P: 715-256-0358
F: 715-256-0390

Spine & Sport Physical Therapy - Waupaca

1948 Godfrey Drive
P: 715-258-7778
F: 715-258-7773

ThedaCare Physical Therapy - Waupaca

800 Riverside Dr
P: 715-258-1053
F: 715-258-1153

Appendix D

Physical & Occupational Therapy Listings

*Hand Therapists

Wausau

PRO Physical Therapy & Hand Center

3901 Stewart Ave

***Jamie Kolka *Sandy Braun**

P: 715-841-0002

F: 715-841-0003

Aspirus Outpatient Therapies

***Tracy Radke**

3200 Westhill Drive

P: 715-847-2550 / 715-847-2827

F: 715-847-2048

Back & Neck Wellness

315 North 6th Street

P: 715-848-3226

F: 715-952-0964

Doctors of Physical Therapy

227500 Rib Mountain Drive

Wausau, WI 54401

P: 715-843-5300

F: 715-843-5329

Health In Motion

930 South 17th Avenue

P: 715-870-2225

F: 715-870-2104

North Central Health Care - Aquatic Therapy

1100 Lakeview Drive

P: 715-848-4551

F: 715-841-5187

Bone & Joint PT—Rib Mountain

***Jamie Hane**

5200 Hummingbird Road, Suite 200

P: 715-359-6442

F: 715-393-0390

Sport & Spine—Wausau (temporarily closed)

327 North 17th Avenue, Suite 7

P: 715-845-2942

F: 715-842-3416

Peak Potential Rehab & Performance

101 Forest St.

P: 715-301-0197

F: 715-227-4858

Wausau VA Clinic Physical Therapy

1105 East Grand Avenue

Rothschild, WI 54474

P: 715-842-2834

F: 608-374-8204

Marshfield Clinic Wausau Physical Therapy

727 Plaza Drive

P: 715-847-3796

F: 715-842-8643

Weston

PRO Physical Therapy & Hand Center

4002 Schofield Avenue, Suite 2

Weston, WI 54476

P: 715-870-2422

F: 715-870-2428

Aspirus Outpatient Therapy-YMCA

3402 Howland Drive, Suite 100

P: 715-355-5701

F: 715-359-9531

Marshfield Clinic Rehab Services

***Elizabeth Friske**

3401 Cranberry Boulevard

P: 715-393-2100

F: 715-393-2105

Quad Med – Greenheck

734 Ross Avenue, Schofield

P: 888-261-9055

F: 414-622-3825

Rennes Health & Rehab

4810 Barbican Avenue

P: 715-393-0419

F: 715-393-0435

DOCTORS of Physical Therapy

227500 Rib Mountain Drive, Suite 220

P: 715-843-5300

F: 715-843-5329

Bone and Joint

2106 Schofield Ave, Suite 5

P: 715-393-0479

F: 715-393-0390

Wisconsin Rapids

Aspirus Riverview Hospital-Rehab Dep't

***Beth Wojcik**

1041 Hill Street

P: 715-424-8500

F: 715-424-8502

Marshfield Clinic-Wisconsin Rapids Therapy Center

220 24th Street South

P: 715-424-8744

F: 715-424-8715

Roberts Physical Therapy

1000 E Riverview Expressway, Suite 140

Wisconsin Rapids, WI 54494

P: 715-803-7617

F: 715-251-6236

Therapies Plus Pediatric

3541 Plover Road

P: 715-407-4660

F: 715-407-4738

Wisconsin River Orthopedics *Cheryl Abitz & Steve Thames

140 24th Street South

P: 715-424-1881

F: 715-423-1602

Wittenberg

Homme Home

604 South Webb

P: 715-253-2125

F: 715-253-3538

Sport & Spine Clinic

105 North Genesee Street

P: 715-481-0899

F: 715-203-4504

Prosthetics & Orthotics

Medford

Prosthetic & Orthotic Center

604 South 8th Street

P: 715-748-5203

F: 715-845-6310

Minocqua

Prosthetic & Orthotic Center

9815 Highway 70, Suite 101

P: 715-356-3377

F: 715-845-6310

Stevens Point

Prosthetic Orthotic Center

2829 Post Road

P: 715-544-4622

F: 715-845-6310

Wausau

Prosthetic Orthotic Center

935 South 17th Avenue

P: 715-848-0650

F: 715-845-6310

Walkabout Orthotics & Prosthetics

1815 Stewart Avenue

P: 715-849-8703

F: 715-849-8593

Appendix E

Frequently Asked Questions for Total Shoulder Replacement

Total Shoulder Replacement

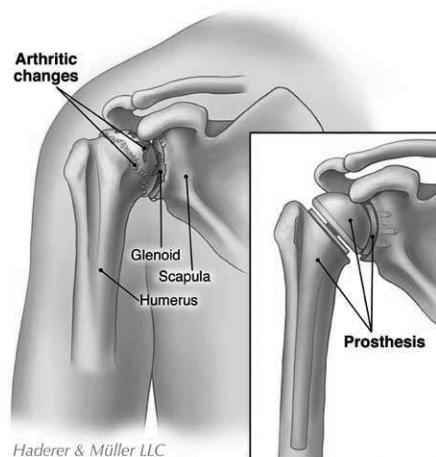
We are glad you have chosen Orthopaedic Associates of Wausau to care for your new shoulder. Below is a list of the most often asked questions along with the answers. If there are any other questions that you need answered, please ask your surgeon. We want you to be completely informed about your procedure.

What is Osteoarthritis and Why Does My Joint Hurt?

- Joint cartilage is a tough, smooth tissue that covers the end of bones where joints are located. It helps cushion the joints during movement, and because it is smooth and slippery, it allows for motion with little friction. Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Sometimes as the result of trauma, repetitive movement, or for no apparent reason, the cartilage wears down, exposing bone ends. This can occur quickly over months or may take years to occur. Cartilage destruction can result in painful bone on bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect only one joint or many joints.

What is a Total Shoulder Replacement?

- A shoulder replacement a surgical procedure in which all or part of the glenohumeral joint is replaced by a prosthetic implant. This surgery is typically done to relieve arthritis pain or fix severe physical joint damage.



Appendix E

What Are the Results of a Joint Replacement

- Results depend on many factors including surrounding tissue, the severity of the arthritis at the time of surgery, the patient's activity level, and the patient's adherence to the doctor's orders. Most patients have improved pain and increased function and quality of life within 6-9 months after surgery. With proper care, you can expect your joint to last for many years.

When Should I Have This Type of Surgery?

- Your orthopedic surgeon will decide if you are a candidate for this type of surgery. This will be based on your history, exam, X-rays, and response to conservative treatment. The decision will then be yours.

Am I the Right Age to Have this Surgery?

- Age is generally not a factor if you are in good health and have a desire to continue living a productive, active life. You will be asked to see your personal physician for his/her opinion about your general health and readiness for surgery.

How Long Will My New Joint Last?

- All implants have a limited life expectancy depending on an individual's age, weight, activity level, and medical condition. A total joint implant's longevity will vary in every patient but should last 15-20 years. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no promise that your particular implant will last for any specific length of time.

What Are the Major Risks?

- Most surgeries go well, without any complications. However, all major surgery has risks with your surgeon reviewed with you before you scheduled your surgery. Infection and blood clots are two serious complications post-operatively. To avoid these complications your surgeon may use antibiotics and blood thinners. Surgeons also take special precautions in the operating room to reduce the risk of infections. If you have specific concerns, please be sure to discuss them with your surgeon.

Should I Exercise Before Surgery?

- Yes, you may meet with your physical therapist prior to surgery and they will show you the proper exercises to do.

How Long Will I Be at the Surgery Facility?

- Most patients will be at the surgery facility for 23 hours after arrival. If everything is going well and you meet the discharge guidelines you may be released sooner if your surgeon agrees.

Appendix E

Will I Need a Second Opinion Prior to the Surgery?

- Your surgeon's office will contact your insurance company to pre-authorize your surgery. If a second opinion is required, you will be notified.

How Long Will My Surgery Take?

- The surgery facility reserves about two to three hours for surgery. Some of this time is taken by the operating room staff to prepare for the surgery.

Do I Need to be Put to Sleep for This Surgery?

- You may have a general anesthetic, which most people call "being put to sleep." Your doctor may suggest a nerve block, which will numb the arm. The choice is between you, your surgeon, and the anesthesiologist.

Will I Need a Sling?

- Yes, for about six weeks we do recommend that you use a sling.

Where Will I Go After Discharge From the Surgery Facility?

- Most patients are able to go directly home after discharge. Some patients may transfer to a rehabilitation facility. Your surgeon and nurses will help you with this decision and help make needed arrangements.

Will I Need Help at Home?

- Yes, for the first several days or weeks, depending on your progress, you will need someone to help you with meal preparation, etc. Family or friends need to be available to help if possible. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens put on your bed, and single portion frozen meals will reduce the need for extra help.

Will I Need Physical Therapy When I Go Home?

- Yes, depending on your procedure you will need physical therapy. If therapy is needed you will go to an outpatient facility one to two times a week for nine to twelve weeks.

How Long Until I Can Drive?

- The skill to drive depends on what surgery was done on your right or your left arm and the type of car you have. You cannot drive until you are off from all narcotic pain medication. This usually takes six weeks, but may be longer. Please consult with your physician before driving.

When Will I Be Able to Get Back to Work?

- We recommend that most people take one to three months off from work, depending on your job.

Appendix E

How Often Will I Need to See My Doctor Following the Surgery?

- You will be seen for your first postoperative appointment 10-14 days after surgery. Follow up visits will often depend upon your progress. Many patients are seen at six weeks, twelve weeks, 6 months, one year, and then every couple of years.

Are There Any Restrictions Following Surgery?

- Yes, following shoulder surgery you need to avoid jarring activities. Injury prone sports such as water skiing are not recommended. You may have a lifelong lifting restriction. Talk to your doctor or physical therapist for specific restrictions.

What Physical/Recreational Activities May I Participate in After Surgery?

- After shoulder replacement surgery you are encouraged to participate in low-impact activities such as walking or hiking.

Will I Notice Anything Different About My Shoulder?

- Yes, you may have a small area of numbness to the outside of the scar, which may last a year or more. Some patients notice some clicking when they move their shoulder but this should be painless. This is usually the result of the artificial surfaces.
- In many cases, patients with shoulder replacements think that the new joint feels completely natural. In fact, it is often described as a lot less painful than prior to surgery.
- The first few months after surgery you can only do low-impact exercises like walking or hiking. Over time, your shoulder strength will increase but will never return to full strength. You will have lifelong restrictions on what you can do with your new shoulder. Your surgeon will discuss these with you. You will also not be able to do high impact activities like chopping wood.

Appendix F - QR Code Reference Guide

(If you are unable to access QR codes, all videos are on our website at oaw-ortho.com.)

Preparing for Surgery

- Welcome - pg. 1
- Preparing My Home - pg. 7
- What to Expect Day of Surgery - pg. 10

Postoperative Care

- Pain Management - pg. 15
- Blood Thinners - pg. 17
- How to Apply the Donjoy Ultrasling - pg. 27
- Showering - pg. 29
- Dressing - pg. 30
- Sleeping - pg. 31
- Transfers - pg. 32
- Stop the Spread of MRSA - pg. 45

Exercises

- Neck Side-bending Stretch - pg. 33
- Scapular Exercises - pg. 34
- Pendulum - pg. 35
- "L" Stretch at Counter - pg. 36
- Arm Exercises - pg. 37

