



Shoulder Book



**Important Communication Information
Mymobility APP**

Use QR Code to Download

General Office Number: 503-656-0836

Triage Line: 503-213-1654

Fax: 503-656-9464

rocpdx.com

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Appointments

Surgeon's Name:

Surgery Scheduler's Name:

Physician Assistant's Name:

Your appointment before surgery is:

Date: _____ Time: _____

Location: _____ Provider: _____

Surgery:

Date: _____ Time: _____ Facility: _____

Your 1st appointment after surgery is:

Date: _____ Time: _____

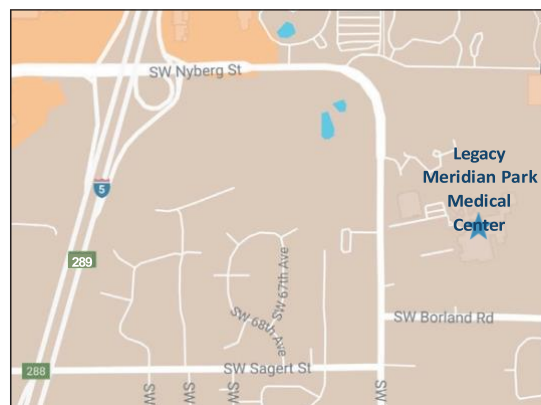
Location: _____ Provider: _____

Legacy Meridian Park Medical Center

19300 SW 65th Avenue,
Tualatin, OR 97062

From I-5 North: Take the Nyberg St exit, EXIT 289, toward Tualatin-Sherwood Rd and turn left onto SW Nyberg St. (towards the hospital). SW Nyberg St becomes SW 65th Ave.

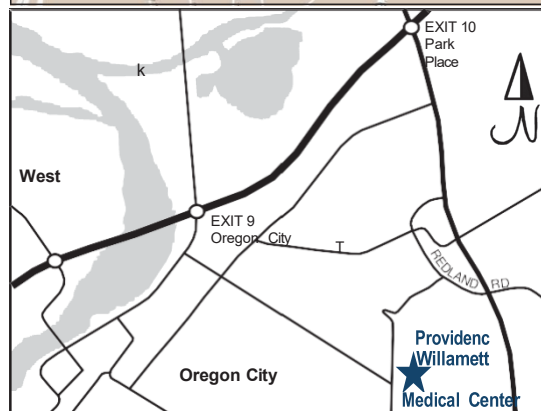
From I-5 South: Take the Nyberg St exit, EXIT 289, toward Tualatin-Sherwood Rd, keep right on the fork in the ramp. Merge onto SW Nyberg St. SW Nyberg St becomes SW 65th Ave.



Providence Willamette Falls Medical Center

1500 Division Street,
Oregon City, OR 97045

From I-205 North or South: Take exit 10 toward Molalla/Oregon City. Merge onto OR-213/Trails End Hwy toward Molalla. Turn Right on S. Redland Rd. Take the second right onto S. Anchor Way. Take the 2nd left onto Division St. Take the third left (just past Davis Rd).



Oregon Surgical Institute

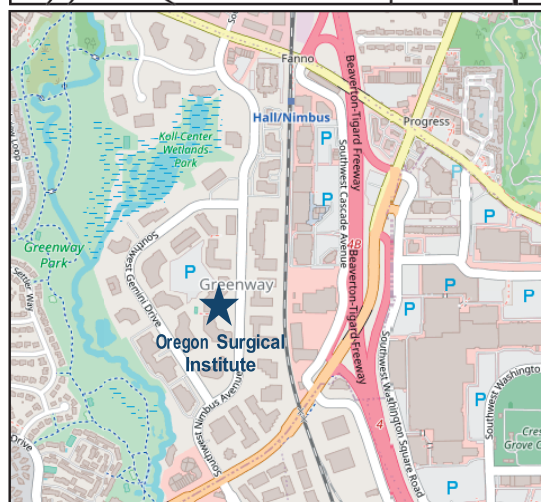
1500 Division Street,
Oregon City, OR 97045

South Portland Surgical Center

370 SW Borland Rd., Suite 100
Tualatin, Oregon 97062

From I-5 North: Take the Nyberg St exit, EXIT 289, toward Tualatin-Sherwood Rd. Turn left onto SW Nyberg St. SW Nyberg St becomes SW 65th Ave. Turn left onto Borland Rd, building will be on the right.

From I-5 South: Take the Nyberg St exit, EXIT 289, toward Tualatin-Sherwood Rd, keep right at the fork in the ramp. Merge onto SW Nyberg St. SW Nyberg St becomes SW 65th Ave. Turn left onto Borland Rd, building will be on the right.



Shoulder Surgery

I strive to help you achieve the best functional outcome and surgical experience possible. It is important that you have clear expectations about your postoperative course. I don't want you to be surprised after surgery! This information is meant to give you an overview of the experience and to address common questions that arise. If you have any questions before or after surgery, a member of my team or I am available to speak with you.

We want you to achieve the best outcome and have the best surgical experience possible. It is important that you have clear expectations about your postoperative course. We don't want you to be surprised after surgery! This information is meant to give you an overview of the experience and to address common questions. **If you have additional questions before surgery, a member of my team or I will be available.**

Surgery Planning

- It is necessary to authorize your surgical procedure with your insurance company prior to surgery. We will do this for you. This process often takes a few days but at times may take 3-4 weeks. My surgery scheduler will contact you once surgery has been approved. If you have not heard from us by 4 weeks from your initial consultation where surgery was indicated, please contact our office.
- In most cases, surgery is arranged several weeks to months in advance. Some patients will have a separate pre-operative appointment visit 1 to 2 weeks prior to surgery. The purpose is to confirm and review the surgical plan, be fit for a sling (which you must bring to surgery) and confirm the pharmacy where your post-operative prescriptions will be sent.
- Upon getting surgery scheduled, my team will notify you of any lab work or required testing that needs to be completed and where this is to be done. If applicable, all lab work is to be completed before your pre-operative appointment. Depending on your medical history and planned procedure these may include EKG, labs, nasal cultures, specialist consults and/or specific imaging.
- Please obtain the last office visit notes and lab test results from any medical specialists (ex-cardiologist, Nephrologist) that you have seen within the past year. Please have office visit notes and labs faxed to 503-656-9464. I also suggest you bring in hard copy of the notes to your pre op appointment and with you on day of surgery as they may be helpful to your anesthesia doctor.

Surgery Checklist

- ✓ Be sure you have all the information you need before the day of your planned procedure. If you have any questions, please contact us through the mymobility app **during business hours**.
- ✓ On the day of surgery, Patients are REQUIRED to have a competent support person over the age of 18 to receive discharge instructions and stay with them for 24-72 hours depending on the complexity of the procedure.
- ✓ Patients are NOT allowed to drive themselves home from surgery or use any type of ride share service (Uber, Lyft, Taxi).
- ✓ Patients who are minors are REQUIRED to have a parent/guardian stay on the premises.
- ✓ Please contact our office with any updates or changes to your pharmacy.
- ✓ We do our best to send all planned post operative medications on the day prior to scheduled surgery.

Before Surgery:

Being physically ready for surgery will improve your outcome and decrease your risk of complications. See the list below for some important considerations:

- Tobacco Use – Smoking/all nicotine use must be stopped for one month prior to surgery – to minimize risk of infection.
- Diabetes Mellitus – Your Hemoglobin A1C needs to be less than 8.0- to minimize risk of infection.
- Sleep Apnea – Please bring C-Pap mask with you on day of surgery- we may have you use it post immediately after surgery.
- Chronic Narcotic Use – Narcotic pain meds will be less effective post operation. Try to diminish use several weeks prior to surgery/
- Alcohol use - We recommend not using alcohol for 1 week before and 2 weeks after the operation. Alcohol use has been shown to depress the immune system.
- High Blood Pressure/Hypertension - Anesthesia will direct you whether to take your blood pressure medication on the morning of surgery. Do not take Lisinopril on the day of surgery.

Medications:

Please give us an up-to-date medication list. Note the list of medications below to stop prior to surgery.

Medications to **STOP** prior to surgery:

FAILURE TO DO SO MAY CAUSE CANCELLATION OF SURGERY!

- Anti-inflammatories (Ibuprofen, Motrin, Naproxen, etc.): **STOP 7 days prior to surgery**
- Aspirin: **Stop 7 days prior to surgery**
- **Blood Thinners**
 - Coumadin/Warfarin – **Stop 5 days prior to surgery**
 - Eliquis – **Stop 48 hours prior to surgery**
 - Xarelto – **Stop 48 hours prior to surgery**
 - Plavix – **Stop 7 days prior to surgery**
 - Pradaxa – **Stop 4 days prior to surgery**

- Diabetic medications - follow instructions from your Anesthesia provider – Generally will not take on morning of surgery since you will not be eating
 - Metformin – **Do not take on morning of surgery**
 - Insulin – **Do not take on morning of surgery**
- Diabetes/Weight loss/GLP-1 Medications:
 - **Daily GLP-1 medications**
 - Liraglutide (Victoza, Saxenda) – **Stop 1 week prior to surgery**
 - Lixisenatide (Adlyxin, Soliqua) – **Stop 1 week prior to surgery**
 - **Weekly GLP-1 medications**
 - Semaglutide (Ozempic, Wegovy, Rybelsus) – **Stop 2 weeks prior to surgery**
 - Dulaglutide (Trulicity) – **Stop 2 weeks prior to surgery**
 - Tirzepatide (Monjuro, Zepbound) – **Stop 2 weeks prior to surgery**
 - Exenatide (Bydureon, Bcise) – **Stop 2 weeks prior to surgery**
- All Nonessential medications (Allergy, Cholesterol, depression, vitamins etc.)
 - Do not take these medications on morning of surgery
- Medications to ASK your provider about:
 - Blood pressure medications – Usually you will Take on morning of surgery
 - Metoprolol – Please take on morning of surgery
 - **Lisinopril is the exception – Do not take on morning of surgery**
- Medications to ALERT your surgeon you are taking:
 - Long term steroids
 - Immunosuppressants (For patients with Rheumatoid Arthritis or organ transplants.)

Dental visits:

Try to have all routine dental cleaning and procedures done prior to surgery. Dental care is not recommended for at least 3 months following total joint replacement surgery. However, circumstances may arise that require urgent dental work- within this 3-month recovery period.

If any deep dental work is needed within this time frame, consult your dentist for antibiotics prior to the procedure. Your dentist may require a letter from your surgeon because of this request.

The American Academy of Orthopedic Surgeons recommends antibiotics prior to deep dental work only if you have a history of joint infection or severe immune disorder. They describe deep dental work as extractions, periodontal work, abscess, or root canal. Please contact our office with any additional questions.

Vaccines:

Please have vaccines done at least 2 weeks prior or wait until at least 4 weeks after surgery.

Day of Surgery

Shower on the evening prior and/or morning of surgery, use Hibiclens soap to wash across your shoulder. Wear freshly laundered, comfortable, loose-fitting clothes. Arrive at the hospital or surgery center at your scheduled arrival time. If your arrival time changes, you will be notified by the facility or my assistant. This surgery requires a general anesthetic which means that you will be asleep during the procedure.

Shoulder surgery is usually done on an outpatient basis, which means you get to go home the day of surgery. You should anticipate and plan to have help at home for the first few weeks after surgery.

WHAT TO BRING THE DAY OF SURGERY:

- ✓ An updated list of your current medications
- ✓ Copies of your medical Specialist notes
- ✓ Dress in loose, comfortable clothing
- ✓ Phone and tablet are okay for times when waiting
- ✓ **Sling with pillow or Brace Provided by your surgeon**

WHAT NOT TO BRING THE DAY OF SURGERY:

- ✓ Don't bring valuables such as jewelry or cash
- ✓ Limit family members to no more than two on the day of surgery
- ✓ Leave small children at home when possible

Canceling Surgery:

Please contact our scheduler if there is any need to cancel surgery. This includes instances where you are not feeling well prior to surgery, this will help us decide if the surgery needs to be postponed. See below for examples of conditions that might delay surgery:

- Illness causing a fever within 1 week prior to surgery
- Pneumonia
- Uncontrolled asthma or unusual shortness of breath
- Chest pain
- Uncontrolled diabetes - HGB A1c above 8
- Trauma to the skin in or near operative site
- Infection (or have been prescribed antibiotics) please contact our office
- If you have had a recent positive COVID test, please contact our office

What to Expect When You Arrive:

- You will see your surgeon and anesthesiologist prior to surgery
- You will go over your medications one more time and review any medication allergies
- You will change into a surgery gown and an IV will be placed

General Post Operative Instructions

Below are general instructions for after your procedure. There will also be instructions given on the day of surgery that will be more specific to your procedure.

- **COMMUNICATION WITH OUR TEAM:** When your surgery was scheduled, you received instructions to download the patient care communication app called **mymobility**. This is a valuable method for communication with your surgical team post operation. Please use this as the primary tool to contact our office with any questions you may have after your surgery. More information is provided about this app and on the last page of this book.
- **HOW TO GET HOME:** You should have a family member or friend drive you home and be available to stay with you continuously for at least 1-3 days depending on severity of procedure. You should not be left alone for 24 hours after anesthesia for safety reasons.

WHAT TO EAT OR DRINK AFTER SURGERY?

- Drink plenty of fluids after surgery. We advise you to start with bland foods and advance your diet as tolerated to help limit post-operative nausea. Choose easy to digest protein rich foods. Avoid large, greasy, heavy meals for the first 24 hrs.
- We have partnered with a Program called **Thrive Protocol** - This is a 4-week post-surgery nutrition program designed to optimize post-surgical healing.
- Find a QR code link on last page to enroll.
- NO ALCOHOL for 2 weeks after surgery or while taking narcotic pain medications.
- NO SMOKING /NO TOBACCO /NO NICOTINE for at least 3 months post-surgery.

PAIN MEDICATIONS (for more information see post operative medication instruction on page 10)

- Take your pain medications as instructed with food to prevent nausea.
- If a pain medication refill is needed, please call during business hours.
 - Pain medication refills will not be provided by the “on call physician” after hours or over the weekend.
- Please note refills may take 24-48 hours to fill. Please call before you run out.

ANTIBIOTICS

- If prescribed, please take as directed.

SLEEP

- Interrupted sleep is very common after shoulder surgery, post-operative pain, and Sling wear present issues. Patients tend to be most comfortable if resting inclined/ propped up.
- Some patients may find it comfortable to sleep in a recliner while others prefer a pillow wedge to remain sleeping in their bed.
 - A pillow wedge can be found on Amazon for less than \$50.00.
 - Please avoid sleeping on the operative shoulder until you and your surgeon decide together that you are ready for this (usually 3-6 months post-surgery).
 - Please continue to wear the sling at night until advised by your surgical team.

DRESSINGS

- **Shoulder Arthroscopy (Scope Repairs)**

- You will have several small incisions which will be covered by a bandage after surgery.
- The bandage can be removed the day after surgery. Remove all of the dressings until you see the incisions. Each incision is covered with a non-adhesive dressing that looks like netting, this should be removed, also.
- **If you have sutures**, you may apply a Band-Aid over each incision to keep the sutures from catching against your clothing.
- **If you have small white stickers over the incisions**, please leave them in place. They can get wet.
- You can shower the day after surgery without your sling.
- After you shower, carefully pat dry and Band-Aids may be applied to each incision. Band-aides will help keep the sutures from catching against clothing.

- **Open Incision (Shoulder Replacement, Fracture Repair, Bone Grafting)**

- The incision will be closed with staples or resorbable sutures, depending on what the surgeon thinks will be best tolerated by your skin.
- Please keep your surgical dressing/bandages in place for 7 days.
- After 4 days water can pass over the wound, and you can pat it dry.
- To wash under your armpit, lean over and dangle the arm at the side.
- After you shower, carefully pat dry incision – no dressing should be needed. Do not apply cream or lotion to your incision until you clear this with the surgeon.
- Please do not soak in the pool or hot tub until 3 weeks after surgery.
- The wound should be dry by 4 to 5 days after surgery.
- If your wound is draining beyond this, and especially if there is surrounding redness, or if you have a fever, this is a sign of wound infection, and you should promptly call us.
- Wound infection occurs in about 1% of shoulder surgeries- Guidelines to help prevent infection:
 - Optimize diabetic blood sugar control
 - Limit dietary sugar consumption- depresses immune system
 - Eat healthy diet
 - Do not smoke
 - Do not consume alcohol for 2 weeks post-surgery
 - Wear clean fresh laundered clothes over shoulder

ACTIVITY/REHABILITATION/RETURN TO ACTIVITY

- It is advisable to take frequent short walks after surgery.
- I do not recommend aerobic activity (vigorous exercise) the week after surgery as your body is recovering from the stress of surgery.
- Rehabilitation following shoulder surgery is very important. Your rehab program will be tailored to match your particular shoulder problem and after surgery you will be provided with a rehab plan with video review.
 - You will have daily stretching exercises, and you may also need to work with a physical therapist.
 - Please, make sure you and your therapists follow the plan closely as moving too fast can be detrimental to your recovery.
- Return to full activity varies based on the type of shoulder surgery. A typical timeline for full unrestricted activity after a rotator cuff repair is 6 months. Note, this is FULL return, but motion begins at 6 weeks after surgery and strengthening begins at 12 weeks after surgery in most cases.
- While in the sling, aerobic exercise can be achieved by walking or using a stationary bike or treadmill.

Prevention of Deep Vein Thrombosis (DVT)

Fortunately, the risk of blood clots (DVT) is low after shoulder surgery. We still take numerous precautions toward prevention. All shoulder surgery patients will have lower leg pumps placed during surgery that are meant to lower the risk of leg clots. In addition, it is advised that you take frequent walks after surgery since immobility is a risk factor for blood clots.

If you have a particular increased risk of blood clot, we will have you take Aspirin 81 mg tablet twice per day for 2 weeks post-surgery.

Sling Care

In most cases, we will provide you with a sling through our office. You will get fit for a sling at your preop appointment; usually this visit occurs within 30 days prior to surgery. Please bring it with you the day of surgery.

Consistent sling use following shoulder surgery can be frustrating but is important for your recovery. In most cases the sling is simply to prevent shoulder movement. Therefore, it is okay to take it off when you are sitting with the arm at your side. You can take the arm out of the sling

and place it on a pillow, mimicking the position that it would be in with the sling. When you are up moving around and when you are sleeping the sling **MUST** be on. In the case of a rotator cuff repair the sling also decreases tension on the cuff repair by having the arm away from the body slightly.

Therefore, the pillow is important in these cases and when the arm is out of the sling it is better to have the arm slightly away from body (abducted about 20-30 degrees).

SWELLING AND BRUISING

- Some swelling and bruising is expected after surgery and should not cause concern.
 - Don't be alarmed if your Chest, shoulder, and arm turns black and blue. Blood follows gravity, so it is normal for this to progress down arm. This usually occurs 3-7 days after the surgery and resolves in 2-3 weeks
 - Often swelling collects around your elbow and edge of sling. We encourage hand and elbow exercises to relieve this.
 - Swelling that is very painful, especially on the inside of your arm with extension of the swelling down the entire hand it NOT normal and you should call us if this occurs.
 - If you are on blood thinners or had bone spur removal, the bruising can be worse.
 - Localized numbness around the incision is common and usually resolves.

SHORTNESS OF BREATH

- A rare but important symptom to watch for is shortness of breath with associated chest pain. This could be a sign of cardiac arrest/heart attack. This needs to be distinguished from the mild shortness of breath that can occur after a nerve block. Please notify us of severe shortness of breath or chest pain. Shortness of breath due to a nerve block will not have associated chest pain and should resolve when the nerve block wears off (12-24 hours on average). Shortness of breath due to nerve block occurs due to temporary partial paralysis of the diaphragm (involved in taking a deep breath). This often feels worse if lying down.
- If you have a fever over 101 degrees F, please let us know.
 - On the other hand, a lower grade fever (100 degrees F or less), within the first few days after surgery is common and not usually concerning.
 - Try Taking 10 maximum full deep breaths per hour to help alleviate this problem.

DRIVING

- You should not drive while taking narcotic pain medication.
- Studies show that wearing a sling impairs driving, therefore we recommend that you delay driving until you are out of your sling. This will be different for each specific procedure.

WORK

- Return to work will be dictated by your specific procedure, type of work, and desire to return. In general, it is advised to take 1 to 2 weeks off work. Light duty with no use of the affected arm is usually allowed at 2 weeks. Heavy labor may be delayed for 4 to 6 months post-surgery.

FLYING

- We recommend against flying for 4 weeks after major shoulder surgery if it can be avoided. In cases where it is necessary, please try to get up to walk the aisle every 1-2 hours and doing frequent ankle pumps to help prevent blood clots.

When to Call the Office or On-Call Physician

- Pain is not managed well with current medication
- Blood is soaking through the dressings and does not stop when pressure is applied, or new dressings are placed over the original dressing.
- Opening of the incision.
- There is severe pain in the back of the calf with or without associated swelling.
- You have a temperature higher than 101 degrees F more than 4 days after surgery. Temperatures to 101 degrees F can be normal up to 4 days from surgery.



PLEASE GO DIRECTLY TO THE ER IF YOU EXPERIENCE CHEST PAIN WITH ASSOCIATED SHORTNESS OF BREATH/DIFFICULTY BREATHING.

HOW CAN WE BE REACHED?

Please contact us first on **mymobility**, this is often the quickest way to get a reply.

Our nurses can be reached at 503-213-1664. It's best to contact during business hours and will be able to get in touch with the team when necessary.

We will make every effort to respond promptly to urgent issues. After 5:00 pm and over weekend, the “on call” physician for our group will answer calls for urgent issues.

Post-Operative Medications

In general, resume all your regular medications the night of, or day after surgery. Three other medications should be considered:

1. **Vitamin D.** Vitamin D is important to bone health, and studies also suggest that Vitamin D deficiency can be associated with poor healing after rotator cuff repair. In this region of the country most patients are Vitamin D deficient. Therefore, while we don't check Vitamin D levels, we do recommend that you take Vitamin D (800 IU) daily, for a month prior and for 12 weeks following shoulder surgery.
2. **Vitamin C.** At least one study has shown that Vitamin C can lower pain after surgery. Therefore, we think it is reasonable to take 500 mg of Vitamin C twice daily for 2 weeks after surgery
3. **NSAIDs.** Non-steroidal anti-inflammatories (Ibuprofen, Motrin, Naproxen, Mobic, Celebrex, Aleve, etc.) can inhibit early tendon / rotator cuff healing. Therefore, we advise avoiding NSAIDs for 6 weeks for any tendon repair and joint replacement procedures. Your surgeon will let you know if it is okay to use these medications. Anti-inflammatory medications may be used **after** 6 weeks post-operation as needed for comfort. Options are ibuprofen 600 mg three times daily or Aleve 2 tabs (440mg) twice daily from 6 to 12 weeks after surgery (Stop if problem with upset stomach).

Pain Control & Prescriptions

Our goal is to control and ease your pain, but surgery is not a pain free process.

You will have the option to receive a nerve block/ pain block injection provided by the anesthesia provider. This injection of a numbing medication (like at the dentist) will provide pain control for roughly 12-24 hours after surgery. The nerve block is placed while under sedation immediately prior to the surgery. The nerve block often provides near complete pain relief immediately after surgery. This leads to less need for pain medication during and immediately after surgery. With Less narcotic use, you will wake up quicker with less drowsiness and have less risk of nausea (because narcotic pain medication often will cause nausea). The block is injected around the nerves at the level of the neck. Because of this, the block will temporarily paralyze most of the muscles in the arm and hand (This is normal!!! Please do not be alarmed).

There is a slight risk associated with the nerve block. Localized bleeding can occur. There is a very small risk of temporary or even permanent nerve injury. 1-percent of patients will have residual symptoms for a few months after surgery. A permanent injury is very rare (< 1%).

If you elect not to have the nerve block. I will provide localized anesthetic injection after the procedure. This will help minimize post operative pain but does not provide the same quality or complete pain relief that a nerve block can. The local injection that I, the surgeon performs, has virtually no risk of nerve injury.

Three factors that might suggest a nerve block to be a good idea:

1. If you already take narcotics and thus have high tolerance to pain medications
2. Get nauseated easily
3. Have a long trip home after surgery (several hours drive). You should discuss the risk and benefits with the anesthesiologist

In general, you will be given prescriptions to help minimize pain, nausea, and constipation:

1. Usually, you will be prescribed Oxycodone or Hydrocodone 5mg 1-2 pills every 4 hours as needed for pain. These narcotic pain medications can be addictive. Some studies say this can occur within 3 days. Do not take them with alcohol. You should aim to be off this within a few days and by 2 weeks at the latest. Roughly, 1/3 of our patients do not require any narcotics after surgery. In the rare case that a refill is needed, no more than 1 will be provided. We will discuss strategies to discontinue narcotics with you.
2. Tylenol 500 mg, 2 pills every 8 hours. Take this consistently and use the Oxycodone for breakthrough pain. That way you can wean off the Oxycodone more quickly. It is important to take the Tylenol and not ignore it as it works together with the Oxycodone. This medication can be obtained over the counter (does not require a prescription).
3. Zofran 4 mg pill every 6 hours as needed for nausea, or Phenergan 12.5-25 mg by mouth every 6 hours as needed for nausea.
4. Colace 100 mg, 2 pills per day while you are taking narcotic pain medication. This is a stool softener to help prevent the constipation that occurs with narcotics. Take this before you develop constipation. In other words, start taking it right away. This medication can be obtained over the counter (does not require a prescription).

If you are not taking narcotic medications prior to surgery, in general, you will only need these for pain control for about the first few days to 2 weeks after surgery. When you no longer need narcotics, you can use Tylenol alone. Generally narcotic prescriptions will not be provided beyond 6 weeks after surgery. **NO REFILLS WILL BE PROVIDED ON THE WEEKENDS.** If you need a refill, please anticipate this, and let us know in advance of the weekend.

After Surgery Clinic Visits

A typical post-surgery follow up schedule is detailed below, although we modify each patient's follow up and rehab plan to their individual situation. The timeline is not exact; if you need to change a visit by a week in the first 3 months or by a couple of weeks after 3 months, this is not an issue. You will see your surgeon or physician associate who is also familiar with your surgical recovery.

TYPICAL RETURN VISIT PLAN:

1. 1-2 weeks after surgery: This is a quick visit to evaluate wound healing and go over the findings of the surgery. We will also go over rehabilitation again, provide a therapy prescription if needed, handle work notes, and provide any refills of pain medication if needed.
2. 6 weeks after surgery: Discontinue sling and change the rehabilitation goals and exercises.
3. 3-4 months after surgery: Rehab will be progressed, review strengthening progress (usually starts at 3 months) for rotator cuff repairs (earlier for other procedures).
4. Some procedures will have a, 6 months after surgery: Release to recreational activities is normal and physical therapy is no longer required.
5. 12 months after surgery: A final check if not released earlier.

Preoperative Checklist for Shoulder Surgery

1 Month Prior:

- Preoperative visit in clinic within 1 month prior to surgery to obtain after-surgery prescriptions and to get fit for your sling
- Begin taking Vitamin D
- Arrange a ride to and from surgery

1 Week Prior:

- Stop taking Aspirin, NSAIDs (Ibuprofen, Motrin, Naproxen, Mobic, Celebrex, Aleve, etc.), & Fish Oil
- Practice putting on and taking off your sling
- Arrange important household items so you don't have to reach up with 2 hands
- Review your condition at rocpdx.com, davehubertymd.com, or orvetsmd.com

Night Before Surgery:

- Nothing to eat or drink after midnight
 - Except for clear fluids like water, black coffee, or plain tea up to 2 hours prior to your arrival time
- Take Tylenol 1000mg x1 prior to bed
- Do not take any Lisinopril or other ACE inhibitor
- Shower and wash body with chlorhexidine soap

Day of Surgery:

- Shower and wash body with chlorhexidine soap
- Do not take any Lisinopril or other ACE inhibitor
- Arrive 2 hours prior to scheduled surgery time (usually you will be given an arrival time) – according to instructions from our office.

After Surgery:

- Resume normal medications
- Remove dressing the day after surgery, shower, and apply band-aids (for arthroscopy)
- Remove dressings 7 days after surgery and shower (for open surgery)
- Do not take NSAIDS (Ibuprofen, Motrin, Naproxen, Mobic, Celebrex, Aleve, etc.) for 6 weeks unless otherwise directed
- Take 500 mg Vitamin C twice daily for 2 weeks
- Take 800 IU daily Vitamin D for 12 weeks

Instructional Rehabilitation Videos

My Team and I have built a set of instructional videos to help guide you through your early post-operative experience. In addition, I would like to clarify your rehabilitation plan. Please review the videos that I have selected for you. You may access these videos through my personal website at:

www.rocpdx.com/post-operative-resources

www.Davidhubertymd.com/rehab/index.html

To view the video, simply click on the video title. Once you have viewed the video, click the “Back” arrow in your browser to return to the Rehab outline

Sling Application

- Includes: How to apply, where to position, adjustment/tensioning, how to safely remove

Managing Dressings/ Showering

- Includes: What to expect, when to remove, when ok to shower, dressing changes

Basic Stretches- 1st Week Post Operation

- Includes: how to safely remove sling, Elbow range of motion, Hand stretches, Scapular retraction, & passive shoulder external rotation

Early Rehabilitation- Stretching Program

- Table slides
- Wall crawl
- Seated passive external rotation
- Active external rotation
- Rope and pulley assisted forward flexion
- Internal rotation assisted with towel
- Pendulums
- Passive External Rotation with Cane

Early Rehabilitation- Strengthening Program

Includes: Biceps curl, Low row with elastic band, External rotation with elastic band, & Internal rotation with elastic band

Advanced Rehabilitation

- Rotator cuff and Periscapular strengthening
- Scapular retraction/Lawn mower pull
- Reverse Fly
- Lateral Fly
- Bilateral scapular depression and retraction with elastic band
- Lower Trapezius isometric

Aggressive Stretching Techniques (such as for Frozen Shoulder)

- Includes: Standing table slides, Forced wall crawl- recruit body weight, Door Frame stretch - (isolated external rotation, abduction/external rotation, bilateral external rotation), Internal rotation - forward bend opposite hand assisted, countertop assisted, & Sleeper Stretch

Helpful Links & Resources

Mymobility Patient Care Management App

Once your surgery has been scheduled, a member of our team will enroll you onto the platform. Once enrolled, you will receive an email or text message prompting you to download the app and activate your account. Mymobility will be used as our primary tool of communication with our team throughout your post operative journey. The messaging platform is managed during office hours only. For emergent situations, please contact our on-call surgeon or go to the ER as instructed above. Downloading and use of this app is critical during your recovery and again, it will be our 1st means of communication with you during business hours. [mymobility \(zbmymobilitysolutions.com\)](https://mymobility.zbmymobilitysolutions.com)



**Scan the QR Code
to learn more**

Surgical Nutrition

Surgical Nutrition ROC has partnered with a company called Thrive Protocol to offer evidence-based nutritional supplements to optimize your recovery. Please scan the QR code below for more information and to order. This product provides optimized protein supplementation to help minimize muscle atrophy during periods of shoulder immobilization and restricted use. This product also contains the most important minerals and vitamin supplementation in order to minimize the risk of infection and optimize pace of healing.



**Scan the QR Code
to learn more**

Directions

Directions to the surgery center or hospital are available on our website:

<https://rocpdx.com/surgical-facilities/>



Learn More at Rocpdx.com

Scan QR Code Today

General Office Number: 503-656-0836

Triage Line: 503-213-1654

Fax: 503-656-9464

rocpdx.com