



# GUIDEBOOK FOR TOTAL SHOULDER REPLACEMENT

ROCHESTER  
REGIONAL HEALTH

# Shoulder Replacement Guidebook

SECTION **1** WHAT YOU SHOULD KNOW

SECTION **2** PREPARING FOR SURGERY

SECTION **3** YOUR HOSPITAL STAY

SECTION **4** LEAVING THE HOSPITAL

SECTION **5** HELPFUL RESOURCES

SECTION **6** FORMS



# Shoulder Replacement Guidebook

SECTION

1

## WHAT YOU SHOULD KNOW

Center for Joint Replacement  
at Newark-Wayne Community Hospital

Center for Joint Replacement  
at Rochester General Hospital

Charles J. August Joint Replacement Center  
at Unity Hospital

WHAT YOU  
SHOULD KNOW



## WHAT YOU SHOULD KNOW

### Welcome

Thank you for choosing the Center for Joint Replacement at Newark-Wayne Community Hospital. Your decision to have elective joint replacement surgery is the first step toward a healthier lifestyle.

Each year, more than 700,000 people decide to have joint replacement surgery. The surgery aims to relieve your pain, restore your independence and return you to work and other daily activities.

Our program is designed to return you to an active lifestyle as quickly as possible. Most patients will be able to walk the first day after surgery, and move toward normal activity in six to 12 weeks.

The Center for Joint Replacement has planned a comprehensive course of treatment. We believe that you play a key role in your successful recovery. We will involve you in your treatment through each step of the program. This guide gives you the information you need for a more successful surgical outcome.

Your team includes doctors, physician assistants, nurses, an orthopaedic social worker, patient care technicians and physical and occupational therapists who specialize in total joint care. Every detail, from preoperative teaching to postoperative exercising, is considered and reviewed with you. The orthopaedic team will help plan your individual treatment program.

### Using the Guidebook

We designed this guidebook to help you prepare for your surgery, understand the recovery process and educate you about:

- 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 doctor, physician assistant, nurses or therapist may add to or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your guidebook as a handy reference for at least the first year after your surgery. It covers a lot of details – and may seem a little overwhelming – but it will help you before and after surgery. We recommend you take the time to read the entire guide.



## About Newark-Wayne Community Hospital

Newark-Wayne Community Hospital, an affiliate of Rochester Regional Health, is a 120-bed community hospital that serves Wayne County and the Finger Lakes. Newark-Wayne Community Hospital's campus also includes DeMay Living Center, a full-service rehabilitation center and skilled nursing facility. For more than a decade, Newark-Wayne has been able to provide most services locally in Wayne County.

### Awards & Designations

Newark-Wayne Community Hospital is a NICHE (Nurses Improving Care for Healthsystem Elders) designated hospital. This distinction recognizes Newark-Wayne's commitment to providing excellent, patient-centered care for adults 65 and older.

Newark-Wayne Community Hospital's ICU was recognized for exceptional care by receiving the Gold Beacon Award. This award signifies the excellent care that our critical care team provides to our patients every day.

Newark-Wayne Community Hospital is currently recognized as a Baby-Friendly USA hospital. Considered the Gold standard, Baby Friendly demonstrates a hospital's commitment to breastfeeding for mothers and the babies born in its birthing unit.

Newark-Wayne Community Hospital is recognized as a Blue Cross Blue Shield Blue Distinction Center for maternity care. This shows our commitment to deliver quality maternity care safely and efficiently.

## Contacts

### Surgical Services

P 315 332 2251

### NWCH Physical Therapy & Occupational Therapy:

P 315 332 2289

### Social Work

P 315 332 2260

### DeMay Admissions

P 315 332 2337

### 2 East Surgical Unit

P 315 359 2697



# WHAT YOU SHOULD KNOW

## Newark-Wayne Community Hospital

1200 Driving Park Avenue | Newark, NY 14513



Newark-Wayne Community Hospital is part of Rochester Regional Health. The hospital provides care to more Wayne County residents than any other in the region and, as a tertiary care facility, has strong referral relationships with several regional hospitals.

### Distinction for quality:



Newark-Wayne Community Hospital has achieved the prestigious distinction of being named a Nurse Magnet Hospital. Magnet Recognition is the nation's highest honor for nursing excellence as awarded by the American Nursing Credentialing Center (ANCC).



Newark-Wayne Community Hospital ICU has received a Gold Level Beacon Award, which recognizes hospital units that employ evidence-based practice to improve patient and family outcomes as well as recognizes hospital units that exemplify excellence in professional practice, patient care, and outcomes.



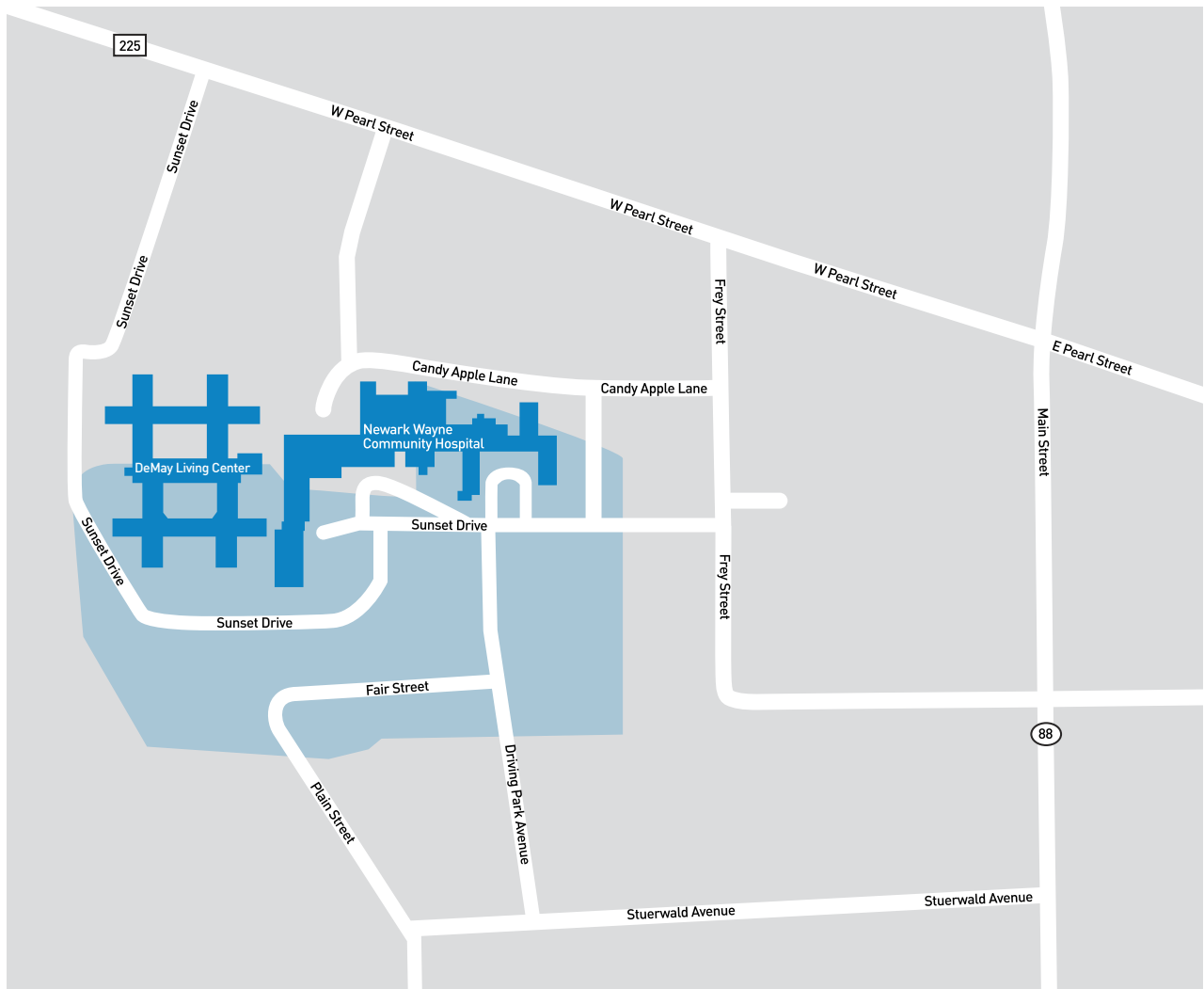
The DNV certification recognizes Newark Community Hospital's commitment to providing outstanding care to our patients and our community.

## Getting Here

Driving directions to Use  
Newark-Wayne Community Hospital and DeMay Living Center.  
1200 Driving Park Ave, Newark, NY 14513

Parking at Newark-Wayne Community Hospital is free, with parking lots located near each public entrance. Watch for exterior signage directing you to the closest parking lot. Handicapped parking also exists near every entrance.

Map of the Newark-Wayne Community Hospital and DeMay Living Center Campus.





## WHAT YOU SHOULD KNOW

### Welcome

Thank you for choosing the Center for Joint Replacement at Rochester General Hospital. Your decision to have elective joint replacement surgery is the first step toward a healthier lifestyle.

Each year, more than 700,000 people decide to have joint replacement surgery. The surgery aims to relieve your pain, restore your independence and return you to work and other daily activities.

Our program is designed to return you to an active lifestyle as quickly as possible. Most patients will be able to walk the first day after surgery, and move toward normal activity in six to 12 weeks.

The Center for Joint Replacement has planned a comprehensive course of treatment. We believe that you play a key role in your successful recovery. We will involve you in your treatment through each step of the program. This guide gives you the information you need for a more successful surgical outcome.

Your team includes doctors, physician assistants, nurses, an orthopaedic social worker, patient care technicians and physical and occupational therapists who specialize in total joint care. Every detail, from pre-operative teaching to post-operative exercising, is considered and reviewed with you. The orthopaedic team will help plan your individual treatment program.

### Using the Guidebook

We designed this guidebook to help you prepare for your surgery, understand the recovery process and educate you about:

- 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 doctor, physician assistant, nurses or therapist may add to or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your guidebook as a handy reference for at least the first year after your surgery. It covers a lot of details – and may seem a little overwhelming – but it will help you before and after surgery. We recommend you take the time to read the entire guide.



## Rochester General Hospital

1425 Portland Avenue | Rochester NY 14621



Rochester General Hospital is part of Rochester Regional Health. The hospital provides care to more Monroe County residents than any other in the region and, as a tertiary care facility, has strong referral relationships with several regional hospitals.

### Distinctions for quality include:



The DNV certification recognizes Rochester General Hospital's commitment to providing outstanding care to our patients and our community.



Rochester General Hospital has received a Silver Level Beacon Award, which recognizes hospital units that employ evidence-based practice to improve patient and family outcomes as well as recognizes hospital units that exemplify excellence in professional practice, patient care, and outcomes.



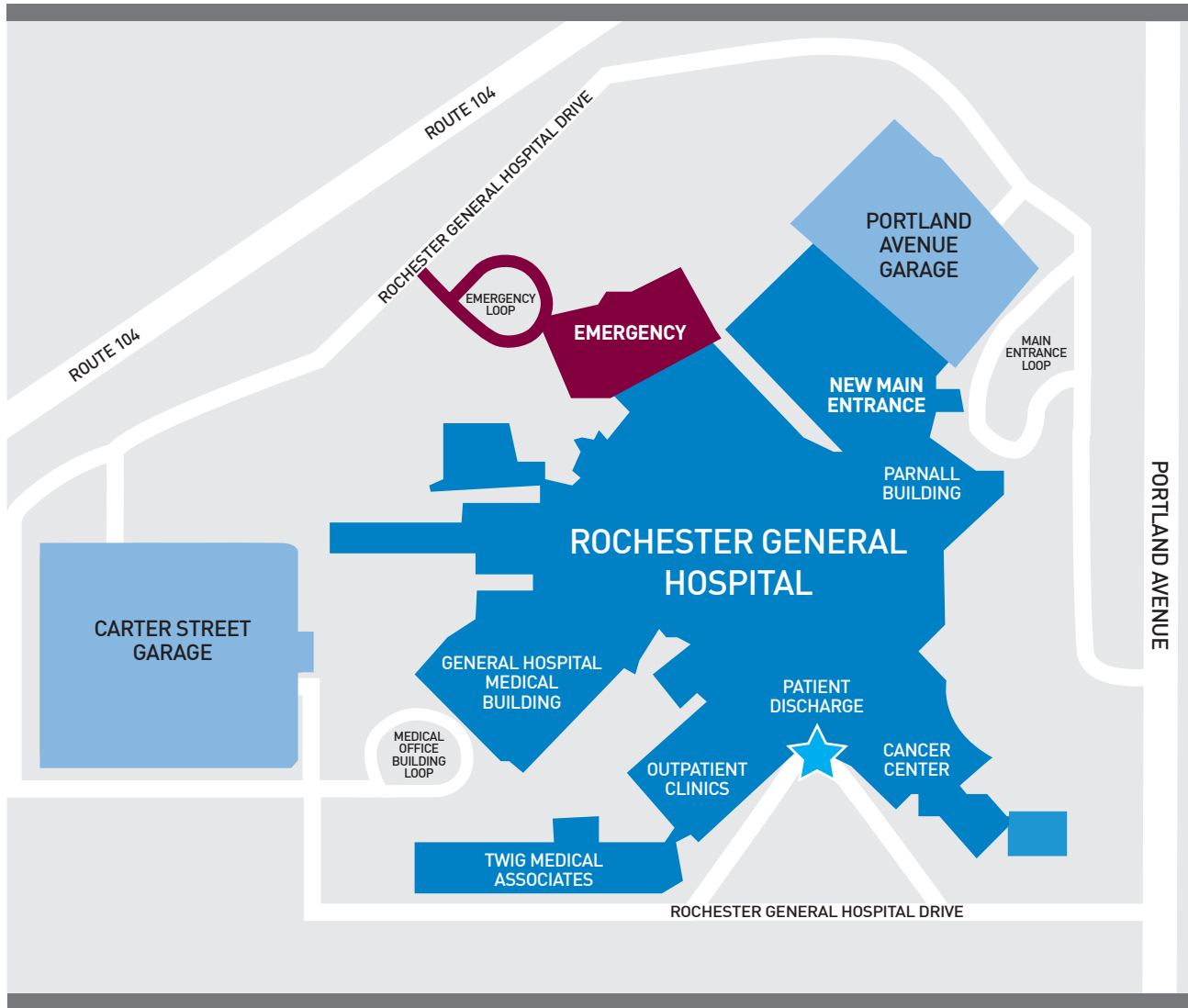
Rochester General Hospital has achieved the prestigious distinction of being named a Nurse Magnet Hospital. Magnet Recognition is the nation's highest honor for nursing excellence as awarded by the American Nursing Credentialing Center (ANCC).



Rochester General Hospital has earned the Blue Distinction Center + designation. Blue Distinction Center + recognition is awarded to healthcare facilities and providers recognized for their expertise and efficiency in delivering specialty care.

# WHAT YOU SHOULD KNOW

## Getting Here



### Driving Directions to the Portland Avenue Garage and the Hospital

#### From the East:

- Take I-490 West to I-590 North to 104 West
- On 104 West, take the Portland Avenue exit
- The hospital is on your right.

#### From the West:

- Take I-490 East to I-390 North to 104 East
- On 104 East, take the Portland Avenue exit
- The hospital is on your right.

### Parking

*Rochester General Hospital has two parking garages:*

#### Portland Avenue Garage

- Pre-admission testing appointment
- Day of Surgery

#### Carter Street Garage

- Apothecary

### Pre-Admission Testing

#### The Rick Constantino, M.D. Patient Access Center

Preadmission testing is located on the ground floor in the Polisseni Pavilion at Rochester General Hospital

- Park in the Portland Avenue garage, valet is available
- Take the public elevator to the lobby level of the Polisseni Pavilion
- Turn right
- Rick Constantino, M.D. Patient Access Center is located after the Portland Café on the right

You will be contacted for an appointment before surgery.

#### Joint Replacement Preoperative Education

You will be scheduled for joint replacement preoperative education class at Rochester General Hospital in the Sengupta Room in the Polisseni Pavilion.

A parking pass will be provided when you attend the class.

To reschedule call the LINK Line: (585) 922-5465

**EMMI Link:** <https://www.my-emmi.com/SelfReg/12345>. Animated educational videos are available about your surgery. Search for total hip or total knee replacement.

The Center for Joint Replacement at Rochester General Hospital is staffed by a highly trained, multi-disciplinary team that will work with you and your family to help you achieve the best possible outcome.

An orthopaedic program manager and social worker will be with you throughout your joint replacement journey. They will be your resources to respond to any questions and concerns that you may have and to help you take a proactive role in your own preparation and recovery.

**Rachel Wakefield, BS, RN** Orthopaedic Program Manager

P: (585) 922-4582

Rachel.Wakefield@rochesterregional.org

**Erin Dick, BSW** Social Worker

P: (585) 922-4166 F: (585) 922-5739

Erin.Dick@rochesterregional.org



# WHAT YOU SHOULD KNOW

## The Night Before Surgery

- At your pre-op appointment you will receive instructions on which of your medications to take the night before surgery and the morning of surgery.
- Take medications exactly as prescribed
- Use Chlorhexidine wipes or solution as directed
- Cleansing the skin before surgery can reduce the risk of infection at the surgical site
- Do not eat or drink past midnight before surgery

### **Helpful Phone Numbers:**

RGH Main Phone Number: (585) 922-4000

RGH Pre-Admission Testing: (585) 922-9310

RGH Apothecary Number: (585) 922-3970

RGH Link Line for Educational Class: (585) 922- 5465

## WHAT YOU SHOULD KNOW

### Welcome

Thank you for choosing the Charles J. August Joint Replacement Center at Unity Hospital. Your decision to have elective joint replacement surgery is the first step toward a healthier lifestyle.

Each year, more than 700,000 people decide to have joint replacement surgery. The surgery aims to relieve your pain, restore your independence, and return you to work and other daily activities.

Our program is designed to return you to an active lifestyle as quickly as possible.

Most patients will be out of bed and able to walk the day of surgery, and move toward normal activity in six to 12 weeks.

The Charles J. August Joint Replacement Center has planned a comprehensive course of treatment. We believe that you play a key role in your successful recovery. We will involve you in your treatment through each step of the program. This guide gives you the information you need for a more successful surgical outcome.

Your team includes doctors, physician assistants, nurses, an orthopaedic program manager (RN), an orthopaedic program clinician (RN), an orthopaedic social worker, patient care technicians, and physical and occupational therapists who specialize in total joint care. Every detail, from pre-operative teaching to post-operative exercising, is considered and reviewed with you. The orthopaedic team will help plan your individual treatment program.

### Using the Guidebook

We designed this guidebook to help you prepare for your surgery, understand the recovery process, and educate you about:

- 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 doctor, physician assistant, nurses or therapist may add to or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your guidebook as a handy reference for at least the first year after your surgery. It covers a lot of details – and may seem a little overwhelming – but it will help you before and after surgery. We recommend you take the time to read the entire guide.



### Overview of the Charles J. August Joint Replacement Center

We offer a unique program. Each step is designed to encourage the best results and allow you to return home as soon as the day of surgery.

**Our program includes:**

- Dedicated nurses and therapists trained to work with joint patients
- Casual clothes (no drafty gowns)
- Private rooms
- A reunion luncheon for former patients and coaches
- A volunteer program that includes joint replacement patients who offer moral support to patients and their caregivers, help transport patients, and provide refreshments and encouragement
- Daily newsletters that provide information on what to expect each day in the hospital
- Ongoing seminars about joint health
- Comprehensive pre-operative education class

# WHAT YOU SHOULD KNOW

## Your Joint Replacement Team

### Orthopaedic Surgeon

Your orthopaedic surgeon is the skilled doctor who will perform the procedure to repair your damaged joint.

### Registered Nurse (RN)

Much of your care will be provided by a nurse responsible for your daily care. Your nurse will assure your doctor's orders are completed, including medication and monitoring your vital signs.

### Physical Therapist (PT)

Your physical therapist will guide your return to functional daily activities. He or she will train you and your coach in safe transfer techniques, provide gait training, and teach exercises designed to help you regain strength and motion after surgery.

### Occupational Therapist (OT)

Your occupational therapist will guide you on performing daily tasks with your new joint, such as bathing and dressing. He or she may show you how to use special equipment in your home after your joint replacement, including shower benches, rails and raised toilets.

### Orthopaedic Social Worker

An orthopaedic social worker is available to assist you and your family with any concerns and help you plan services you may need after your hospital stay.

### Orthopaedic Physician Assistant (PA)

The orthopaedic physician assistant, under the direction of the orthopaedic surgeon, is responsible for your post-operative recovery. He or she will assess you on a daily basis to monitor your care.

### Orthopaedic Program Manager / Orthopaedic Program Clinician

The orthopaedic program manager and clinician are RN's who are available before surgery, during your hospital stay and post-discharge who will be your resources and help guide you throughout your entire joint replacement journey.

## Contacts

### Orthopaedic Program Manager

Jodi Moore, BSN, RN-BC, ONC, PCCN, NPD-BC

**P** 585.723.7897

**C** 585.402.1473

**E** [jodi.moore@rochesterregional.org](mailto:jodi.moore@rochesterregional.org)

### Surgical Pre-Testing

**P** 585.723.7738

### Pre-Op Class Scheduling and Information

**P** 585.922.5465

### Orthopaedic Program Clinician

Jessica LaGasse BSN, RN-BC, ONC

**P** 585.368.4817

**E** [jessica.lagasse@rochesterregional.org](mailto:jessica.lagasse@rochesterregional.org)

### Arrival Time Instructions

**P** 585.723.7975

## Unity Hospital

1555 Long Pond Road | Rochester, NY 14626



Unity Hospital is part of Rochester Regional Health. The hospital provides care to more Monroe County residents than any other in the region and, as a tertiary care facility, has strong referral relationships with several regional hospitals.

### Distinctions for quality include:



Unity Hospital has achieved the prestigious distinction of being named a Nurse Magnet Hospital. Magnet Recognition is the nation's highest honor for nursing excellence as awarded by the American Nursing Credentialing Center (ANCC).



Unity Hospital has earned the Blue Distinction Center + designation. Blue Distinction Center + recognition is awarded to healthcare facilities and providers recognized for their expertise and efficiency in delivering specialty care.



The Charles J. August Joint Replacement Center at Unity Hospital has received a Silver Level Beacon Award, which recognizes hospital units that employ evidence-based practice to improve patient and family outcomes as well as recognizes hospital units that exemplify excellence in professional practice, patient care, and outcomes.



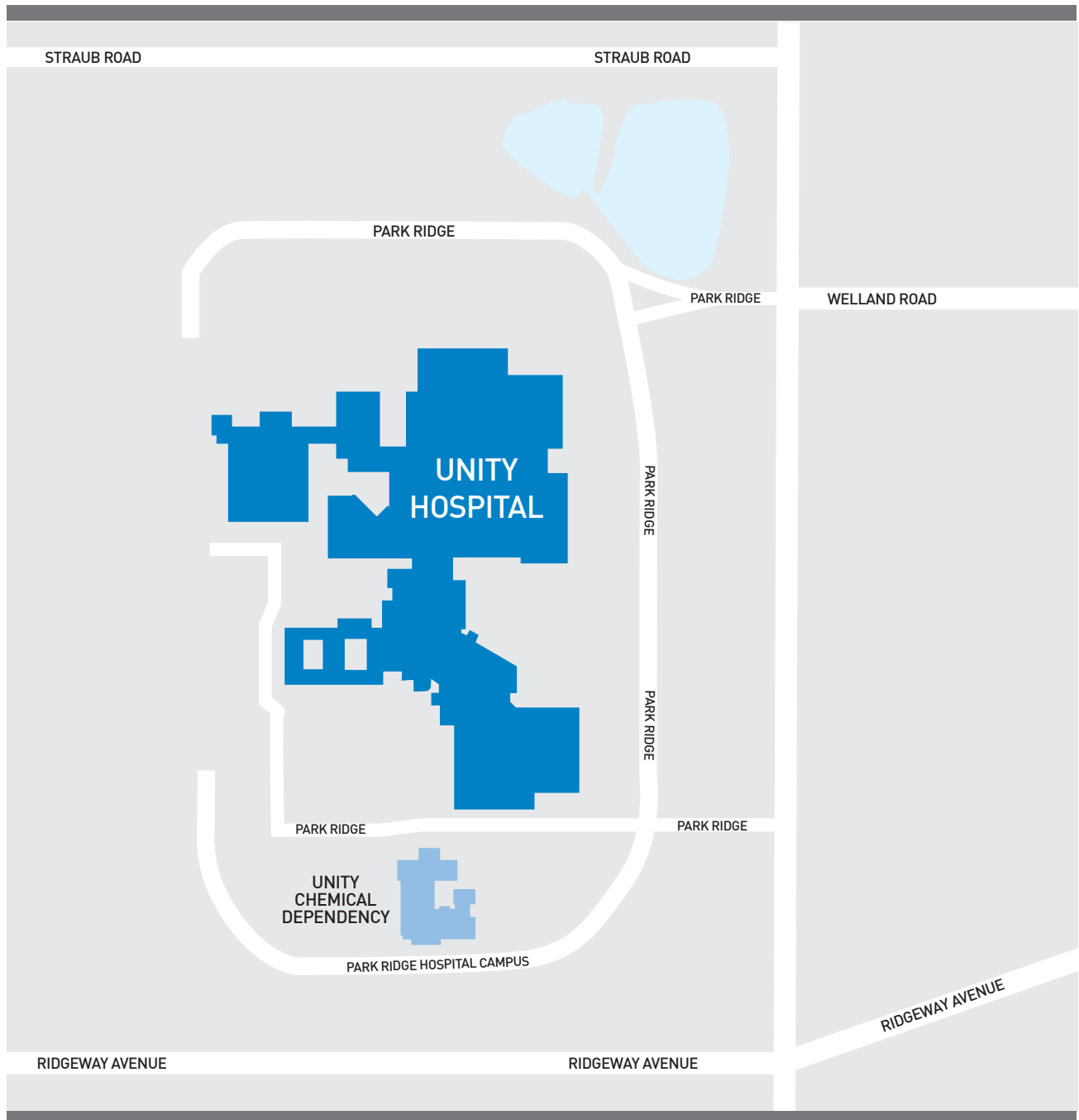
Unity Hospital has received the Healthgrades Joint Replacement Excellence Award, which demonstrates superior clinical outcomes in knee and hip replacement recognized four years in a row.



Unity Hospital has received the Orthopaedic Center of Excellence (OCEC) designation from DNV. This was obtained by achieving certification in three orthopaedic service line programs; Hip and Knee Replacements, Shoulder Surgery Program and Foot and Ankle Surgery Program. OCEC designation affirms an organization's excellence in the provision of diagnostic services, surgical services, and therapies related to orthopaedic care. This assures our community that we have the ability to provide consistent, high quality orthopaedic care.

# WHAT YOU SHOULD KNOW

## Getting Here



From the New York State Thruway, take Route 490 to Rochester. Where Route 490 intersects with Route 390, take Route 390 north. Exit at Ridgeway Avenue (Exit 23) and turn left; turn right onto Long Pond Road. The Unity Park Ridge Health Care Campus is on the left.

Free parking is available for all patients and visitors.

### The Night Before Surgery and Morning of Surgery

**If you have been directed to do a cleansing treatment before surgery, follow these instructions:**

#### **Chlorhexidine Cleansing Solution:**

Please clean with the Chlorhexidine solution per the instructions both the night before your surgery and again the morning of your surgery.

#### **Chlorhexidine Cleansing Wipes:**

Please clean with the Chlorhexidine cleansing wipes per the instructions the evening before your surgery.

#### **Oral Care Program:**

You will rinse with Chlorhexidine mouthwash while in pre-anesthesia and during your hospitalization. Then you will be instructed at discharge to brush your teeth twice a day.

#### **Before you bathe or shower:**

Carefully read all directions and warnings on the product label. Remove all jewelry, and leave off until after surgery.

#### **When you bathe or shower:**

- If you plan to wash your hair, do so with your regular shampoo. Then rinse hair and body thoroughly to remove any shampoo residue.
- Wash your face and peri-rectal area with your regular soap or water only.
- Thoroughly rinse your body with water from the neck down.
- Do not apply creams, deodorants or lotions to the body areas.

### The Night Before Surgery

- At your pre-op appointment you will receive instructions on which of your medicines to take the night before surgery and the morning of surgery.
- Take medications exactly as prescribed.
- Use Chlorhexidine wipes or solution as directed.
- Do not eat after midnight.
- You may drink plain water up until 2 hours prior to your arrival time or as directed by your surgeon.

**Review your What to Bring to the Hospital Checklist.**

#### **For Unity Hospital Patients:**

On the day before your surgery, between 1-4 pm, call **723.7975** to receive your arrival time.





# Shoulder Replacement Guidebook

## SECTION 2 PREPARING FOR SURGERY

Learn About the Process .....	X
Optimize Your Health.....	X
Joint Replacement Education Opportunities.....	X
Pre-Admission Testing Appointment .....	X
Advance Directives (Health Care Proxy/Living Will).....	X
Insurance .....	X
One to Two Weeks Before Surgery.....	X
The Day Before Surgery.....	X
The Night Before Surgery .....	X
What to Bring to the Hospital.....	X

PREPARING FOR SURGERY



## Learn About the Process

### Your Date for Surgery

Your surgeon will tell you the dates of your admission and surgery.

If you become ill (cold, flu, fever, etc.) before surgery, call both your surgeon and the hospital as soon as possible.

### Pre-Operative Education

Attend one of our Joint Replacement Pre-Operative Education Classes prior to your surgery. The classes are very informative, and provide answers to many basic questions regarding your joint replacement before, during and after hospitalization. You may also receive a call or be directed to online resources to help you prepare if classes are not available.

### Pre-Admission Testing

Pre-admission Testing is done prior to scheduled procedures, including surgery. All testing requires written orders from a physician. You will be notified when your pre-admission testing is scheduled.

### Your Anticipated Length of Stay in the Hospital

You may be in the hospital 1-2 days, depending on your progress. Your surgeon, in collaboration with the entire health care team, will determine when you will be discharged.

### How do we Screen for Staph?

Your skin and nose have different types of Staph. Everyone needs to use the cloths or solution and may need ointment.

We will swab your nose to see if you have a type of Staph called "MRSA." The test will take about one day for us to know.

A positive test does *not* mean you have an infection. Your surgery will not be canceled or delayed.

### If my Staph test is positive, what happens?

If your test is positive, you will be told the morning you come in for surgery.

### If I Have MRSA, Will I be Treated Differently in the Hospital?

No but some additional measures will be taken and you will have different antibiotics put in your IV before surgery.

# PREPARING FOR SURGERY

## Learn About the Process

### Anesthesia

General anesthesia is when you are asleep. Regional anesthesia is the numbing of a large area of the body. There are many factors which may affect which kind of anesthesia is best for you.

Some of these factors include:

- Past surgical experience
- Past reactions to anesthesia
- The risks of different anesthesia
- Your overall health and physical condition
- Input from you

Your anesthesiologists will discuss which option is best for you.

### Discharge Planning

Discharge planning will begin even before admission.

- Investigate what assistive equipment you may need and whether your insurance will pay for it.
- Our goal is to get you independent and back home as soon as possible after your procedure. Talk to your doctor about discharge options and which might be likely for you. Options include:
  - Home with home care
  - A skilled nursing facility for rehabilitation
- Find out what post-operative care will be paid for by your insurance and what you will have to pay out of pocket.
- Make sure you have a friend or family member at home to help you. Be sure to involve them early and share this book with them. They should be as knowledgeable as you about your needs. You should discuss the role each of you will play during your recovery, especially when traditional family roles may be reversed.
- If it is not safe for you to be home alone, then you may need skilled nursing facilities.
  - Although you will not be able to make a reservation at a facility, you may want to call before your surgery and get some information about the process.
- Think about your home care needs so you can get help in rearranging the rooms to make it easier to move about safely.
- If you will require a handicapped parking permit during your rehabilitation you will need to do the following: obtain an application for a parking permit from NYS DMV, have your surgeon complete the “temporary disability” Medical Certification in part 2 of the application and give it back to you, then take the completed application or a copy of your surgery discharge paperwork to the appointed issuing agent for the city, village or town where you live.

## Optimize Your Health

### Appointments with Your Primary Care Physician and Specialist(s)

An important first step in preparing for surgery is to make sure your overall health is as good as possible and any medical conditions you may have are being appropriately treated. Talk to your primary care physician as soon as your surgery is scheduled. If you have a cardiologist, make an appointment with him or her as well.

### Pre-Surgical Exercise

Being as physically fit as possible at the time of surgery will make recovery from surgery easier. Sometimes your surgeon will recommend specific exercises for you before your surgery or send you for physical therapy.

### Smoking Cessation

If you smoke, cut down or quit. Smoking increases the level of carbon monoxide in your blood, decreasing oxygen. It increases your risks for breathing problems and other complications, delays healing and slows recovery. The ideal is to quit smoking four or more weeks prior to your surgery. Please speak with your primary care physician or surgeon about getting help. You may also want to contact The New York State Smokers' Quit line (866.697.8487 or <http://www.nysmokefree.com/>), a free, comprehensive service staffed by specialists who are trained to provide information and consultation on stop smoking techniques and medications.

**Please note:** All RRH Facilities are tobacco-free facilities. Smoking is not allowed anywhere on hospital grounds.

### Drug/Alcohol Cessation

A healthy lifestyle is key to a successful surgery and recovery, as well as maintaining your health after surgery. If you feel you need help with drug or alcohol cessation prior to your surgery, please talk to your physician and your surgeon to determine your best treatment options. To schedule an initial assessment, appointment, or make a referral call 585.922.9900.

### Diet

If you are overweight, your doctor may recommend a weight loss program to minimize the stress on your new joint and possibly decrease the risks of surgery. However, do not restrict calories or diet prior to your surgery unless your surgeon specifically recommends that you do so. If weight loss is a goal before surgery, your primary care doctor can refer you to a dietitian.

Eat a well-balanced diet that includes calcium and iron-rich foods to help build red blood cells and to build and strengthen your bones.

### Pre-Surgical Dental Care

Because poor dental care has been associated with an increased risk of post-surgical infection, and because bacteria can enter the bloodstream during dental procedures, you should consider a visit with your dentist several weeks before your joint replacement surgery.

Note that some dental procedures can increase the risk of complications during and after the surgery and should not be performed without talking to your surgeon.

You will need antibiotics for all dental and invasive procedures for the rest of your life unless your surgeon specifies otherwise. Call your surgeon for that prescription.

# PREPARING FOR SURGERY

## Joint Replacement Education Opportunities

We want to ensure that you're thoroughly prepared for joint replacement surgery and you know what to expect, from the pre-surgical phase through recovery.

You and your family are encouraged to attend a two-hour education class as available. There is no fee for this class. Valet parking is available at RGH only, and free to all patients.

**EMMI Link:** <https://www.my-emmi.com/SelfReg/12345>. Animated educational videos are available about your surgery. Search for total hip or total knee replacement.

**JRC Unity Pre-Operative Zoom Class Link:** <https://events.rochesterregional.org/>.

**RRH Link:** <https://rochesterregional.org/services/joint-replacement/patient-resources>.

### Classes are Designed to Address:

- **Pre-surgical planning**
  - Nutrition
  - Exercise
  - Pre-admission testing
  - Pre-surgical medication
  - Hospital admission
  - Preparing your home
- **Hospitalization**
  - Pain management
  - Safety tips
  - Mobility tips
- **Discharge**
  - Discharge planning
  - Wound care
  - Potential postoperative complications
  - Use of assistive devices
  - Exercise
  - Training in activities of daily living (bathing, dressing, etc.)
  - Nutrition
  - Medications

The classes are interactive and provide ample opportunities for questions and answers.

Classes are scheduled weekly.

## Pre-Admission Testing Appointment

**If you've had blood or urine tests or EKGs in the last 30 days prior to your pre-admission appointment, you may not need to repeat those tests. If you've had any of these tests, and if they were not done at Rochester Regional Health affiliated labs, bring them to your admission meeting.**

The Pre-Admission Department performs the necessary pre-surgical medical testing and paperwork for hospital registration.

You will be contacted when your appointment is scheduled. A co-pay may be required for this appointment.

### **Please Bring the Following to Your Appointment:**

- A complete list of medications, including over-the-counter medications, with dosages and how often you take them. Or you may be required to bring all original bottles of your current medications.
- Photo identification
- Your insurance card(s)
- If you have one – your **Health Care Proxy or Living Will** (See **Forms** for blank forms)

### **Your Appointment May Take 1.5 to 2 Hours. During this Appointment, you May Need to:**

- Meet with an admissions officer
- Have a medical exam by an Advanced Practice Provider
- Fill out a medical history form
- Fill out insurance and financial paperwork
- Get an EKG
- Get a blood test and urinalysis
- Get a chest X-ray if it is necessary based on your situation
- Sign consent forms, if applicable
- Pre-Op Staff will be able to answer questions and provide important information specific to your care, such as information about diet restrictions and medications to be taken the morning of surgery.



## PREPARING FOR SURGERY

### **Advance Directives (Health Care Proxy/Living Will)**

Adults in New York State have the right to accept or refuse medical treatment, including life-sustaining treatment. This means that you have the right to request or consent to treatment, to refuse treatment before it has started and to have treatment stopped once it has begun.

You can make decisions and issue directives now that will ensure that your wishes are followed in the event you become incapable of making important decisions about the medical care you receive. It is the policy of the Rochester Regional Health affiliates to follow the wishes you have expressed in a properly executed Health Care Proxy and/or Living Will.

#### **Health Care Proxy**

You can appoint someone you trust to decide about treatment if you become unable to decide for yourself by filling out a form called a Health Care Proxy.

You can give the person you select, your “health care agent,” as little or as much authority as you want.

- You can allow your health care agent to decide about all health care or only about certain treatments.
- You may also give your agent instructions that he or she has to follow.

Hospitals, doctors and other health care providers must follow your agent’s decisions as if they were your own.

#### **Advance Care Directive (Living Will)**

If you have no one you can appoint to decide for you, or do not want to appoint someone, you can also give specific instructions about treatment in advance. Those instructions can be written, and are often referred to as a Living Will.

Living Wills must be clear and specific. You should document the kind of treatment that you do not want, such as a respirator or chemotherapy, and describe the medical condition when you would refuse treatment, such as when you are terminally ill or permanently unconscious with no hope of recovering.

### Insurance

Joint replacement surgery is usually covered by health insurance. However, many insurance companies require pre-certification from the physician's office before allowing a patient to undergo the procedure. Some insurance companies also require patients to pay a co-payment for the hospital stay.

Please look over the terms of your plan and talk with your insurer or your employer's insurance liaison to determine the appropriate steps to take and if your insurance covers:

- Surgery
- A rehabilitation facility (Check how many days are available and if transportation to or from the facility will be covered)
- Home care services
- Assistive equipment such as a walker, crutches and cane

Rochester Regional Health accepts most major insurance plans.

# PREPARING FOR SURGERY

## One to Two Weeks Before Surgery

**Take care not to injure yourself, especially the limb being operated on, as any skin sores or skin infections could delay your surgery. If you become ill (cold, flu, fever, etc.) before surgery, call your surgeon.**

Your team will advise you on which medications to stop taking before your surgery. Be certain to tell your physician all the medications that you are taking, including over-the-counter medications and supplements.

### Transportation

- Arrange for transportation to and from the hospital. Note that you will not be allowed to drive yourself home from the hospital.
- Make sure the vehicle has a passenger seat that reclines and has plenty of leg room.

### Medical and Household Equipment

Make plans for the medical assistive devices you'll need during your recovery. Call your insurance company to find out which items will be covered and can be obtained prior to surgery.

### Changes at Home

Some changes may be helpful for you to return home safely after surgery. If your bedroom is not on the ground floor, you may want to create a temporary bedroom there. Another option is to stay with a relative or friend.

### Other Personal and Household Tasks

- Fill prescriptions.
- Make arrangements for routine household chores (lawn care, snow removal, garbage removal) to be done.
- Arrange for someone to collect your mail and newspapers, or stop delivery for the time you'll be away.
- Pay bills so they are up to date through a few weeks after your return home.
- Clean the house, including vacuuming the carpets.
- Catch up on laundry.
- Purchase food and supplies that can be used after your return home.
- Make meals and freeze them in single-serving containers.
- If you have pets, consider asking a friend to house them until you can walk independently.

## One to Two Weeks Before Surgery

### Your Support System

You can never have too much support. Your family and friends can play pivotal roles in your preparation for surgery and recovery.

- Make a list of people to call to tell them:
  - The date of your surgery
  - The hospital
  - The number of days you expect to be in the hospital
  - How long you expect to be recovering at home
  - Whom they can contact, other than you, for information about your surgery and recovery
- Don't be afraid to say "Yes" when people offer to help
  - Ask if and when they'd be available on short notice
  - Ask specific people to help with specific tasks according to their interests
  - Keep a list of potential helpers near your phone.

# PREPARING FOR SURGERY

## Start Pre-Operative Exercises

Many patients with arthritis favor the painful arm. As a result, the muscles become weaker making recovery slower and more difficult. For this reason, it is very important to begin an exercise program before surgery. This can make recovery faster and easier.

### Practice Tasks With Your Non-Surgical Arm Before Surgery:

- Getting dressed, brushing hair/teeth, personal hygiene
- Small tasks around the house, especially if surgery is on your dominant hand, to make activities easier afterward

If you are having surgery on your dominant arm, you may need to get some adaptive equipment to make things easier. Your therapist will make recommendations and provide information on how to obtain them during your hospital stay.

### Exercising Before Surgery

It is important to be as flexible and strong as possible before undergoing a total shoulder replacement. Always consult your physician before starting a pre-operative exercise plan. Included are nine basic exercises that your physician may instruct you to start doing now and continue until your surgery. You should be able to do them in 15-20 minutes and it is typically recommended that you do all of them twice a day. Consider this a minimum amount of “training” prior to your surgery.

You should also exercise your heart and lungs by performing light endurance activities – for example, walking 10-15 minutes each day.

#### Pre-Operative Upper Arm Exercises (See Section 6, Pre-Op Exercises and Goals)

##### WRIST:

1. Putty or stress ball (squeezing)
2. Wrist extension
3. Wrist flexion
4. Supination/Pronation

##### ELBOW (either sitting or lying down):

1. Elbow flexion
2. Elbow extension

##### SHOULDER/NECK:

1. Pendulum/codmans
2. Upper trap stretch
3. Scapular squeezes

**Do NOT do any exercise that is too painful.**

# Shoulder Replacement Guidebook

## SECTION 3 YOUR HOSPITAL STAY

What to Expect the Day of Surgery.....	x
Day of Surgery .....	x
Leaving the Hospital.....	x

YOUR  
HOSPITAL STAY



## What to Expect the Day of Surgery

### At Home

- Put on clean, dry and comfortable clothing.
- Take medications only as instructed by your surgeon with the smallest amount of water possible. Wear comfortable, loose-fitting clothing and flat, non-slip, walking or athletic shoes.

### **DO NOT**

- Eat anything or as directed by your surgeon
- Shave your underarms or put anything (including deodorant, lotion or powder) around the surgical area
- Wear makeup, nail polish or jewelry
- Wear contact lenses

### Check-In

- Arrive at the Day of Surgery Admissions unit as directed. It's important to arrive at the hospital on time.
- You will complete any needed forms.
- Advise the medical staff of dentures or other prosthetic devices you may be wearing.

### Before Surgery

- You'll change into a hospital gown.
- Blood pressure, pulse and temperature will be taken.
- An IV will be placed in your hand or arm for hydration and to administer anesthesia drugs in the operating room.
- You may be given medication to relax.
- You will be placed on a stretcher.
- A pen marking will be made on the surgical side, verified both by you and the surgical consent form.
- The nurse will update your medical information and record any health changes.



## What to Expect the Day of Surgery

- You will be taken to the pre-surgery holding area, where you will:
  - See your surgeon and anesthesiologist and sign a consent form
  - Meet with the nurse who will be in the operating room during your surgery
- When it's time for you to move to the operating room, your visitor(s) will be directed to the Surgical Waiting Area. Please check in so that we can inform your visitor(s) when the surgery is completed.

## During Surgery

Patient safety and the best possible surgical outcomes are our top priorities for each and every patient.

- Because infection of the joint replacement site can cause serious complications, special precautions are taken to ensure sterility of the operating room.
- Each of our surgeons work with an orthopaedic team who are specially trained in the intricacies of your joint replacement procedure.

## Once in the Operating Room:

- Your anesthesiologist will put on standard monitors, such as a blood pressure cuff and EKG leads, and administer anesthesia as discussed with you.
- The surgery will begin with an incision that will expose the joint. Special precision guides and instruments are used to remove the damaged surfaces and shape the ends of the bones to accept your implants.
- When your surgeon is satisfied that he or she has achieved the best possible fit and function of the implants, the incision will be closed.
- Your actual time in surgery will depend on your procedure. Your surgeon can give you an estimate. The amount of time you'll spend in the recovery room will vary by procedure and the type of anesthesia used.

## What to Expect the Day of Surgery

***Immediately report any symptoms of pain, nausea, constipation, or difficulty urinating.***

### After Your Surgery is Completed:

- Your surgeon will talk with your family.
- You'll go to the post-anesthesia care unit for monitoring for up to several hours; nurses will watch you closely until you are stable and then transport you to the Joint Replacement unit.
- Your vital signs will be checked frequently.
- There may be an oxygen tube in your nose. For most patients, it will be removed later in the day.
- You will do deep breathing and coughing exercises for several days after surgery. You may be asked to use a breathing device as well. This is done to expand your lungs and help get oxygen to your tissues.
- You will be given medication and therapy to prevent complications such as infection and blood clots.

### Controlling Pain

Our goal is to keep you as comfortable as possible throughout your stay. Although pain will not disappear completely, it should be significantly diminished.

Your immediate post-operative pain management plan depends on the type of anesthesia you've had. Regional anesthesia offers prolonged pain relief after surgery.

Regular pain assessment will be a routine part of your care. When vital signs are checked you will be asked to rate your discomfort using a scale of 1 to 10.



**1-4**

MILD PAIN



**5-7**

MODERATE PAIN



**8-10**

SEVERE PAIN

# YOUR HOSPITAL STAY

## What to Expect After Surgery

For the best possible assessment, never try to hide or ignore your pain. Your medical care team can only help you if they know how you're feeling. Please let them know as soon as you start feeling like your pain is not adequately controlled.

### Your pain may be managed with:

- Pain Medication
- Nerve block
- Ice wraps
- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Walking
- Positioning

### Movement

Active movement after your surgery helps to prevent possible complications. Depending on your surgeon, type of anesthesia and the time of your surgery, you **WILL** be getting out of bed the day of surgery.

- Nurses and therapists will teach you movements that you need to avoid and exercises to strengthen your muscles and help your blood circulate.

### Preventing Falls

You are at higher risk of falling in a hospital setting.

- Be cautious, not courageous. Let us help determine if you can navigate alone.
- Call rather than fall.
- Do not get up alone.

### Food and Fluids

You will have fluids going through your IV at first. Your first meal by mouth may be liquids, and your diet will increase to solid foods as tolerated. Slowly increasing your food intake can help to avoid nausea that sometimes happens after anesthesia or use of pain medication. The IV will be stopped when you are eating and drinking well.

### Going to the Bathroom

If you're unable to urinate, you may have a tube (catheter inserted into your bladder). It may take a day or more to have a bowel movement. Anesthesia and pain medication can cause constipation. Your doctor may prescribe a stool softener or laxative if needed.

### Wound Care

There will be a large dressing over your incision and there may be a drain tube coming from the surgical site. The drain will be removed per surgeon orders. Your incision may have sutures, staples, steri-strips, glue, Dermabond Prineo (glue with mesh) or Zipline (adhesive with plastic strips).

## Day of Surgery

- Vital signs will be checked frequently and blood work will be done daily until discharge.
- Your therapist or nurse will help you transfer from the bed to a chair. You will begin walking.
- Your therapist may work on daily activities such as dressing, bathing and grooming, and will offer advice on assistive devices.
- You will continue coughing, deep breathing, ankle pumps, and thigh and buttocks exercises.
- You may be going to physical therapy today. We encourage you to bring a family or friend to all physical therapy sessions.

## Day After Surgery

- You will have therapy today.
- The surgical dressing may be removed and a new dry, sterile dressing may be applied.
- The team will review your home care plan with you.
- You will continue with your breathing and circulation exercises.
- A nurse will provide information about which anticoagulation therapy your doctor has chosen.
- You will be discharged when you have cleared therapy, you are medically cleared and your pain is controlled.

## Discharge from the Hospital

- We'll review discharge instructions with you regarding diet, activity, limitations, wound care, medications and the need for a follow-up appointment with your surgeon.

## During surgery, what does my anesthesiologist do?

Your anesthesiologist is responsible for your comfort and well-being before, during and immediately after your surgical procedure. In the operating room, the anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature and breathing. The anesthesiologist is also responsible for fluid and blood replacement when necessary.

## What can I expect after the operation?

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU) where specially trained nurses will observe you closely. During this period, you may be given extra oxygen and your breathing and heart functions will be observed closely.

# YOUR HOSPITAL STAY

## Leaving the Hospital

Our goal is to provide you with the best and safest discharge plan. Your individual plan is determined by your surgeon in collaboration with the team. A nurse will call within one or two days after you leave the hospital to check your progress and answer any questions.

Your doctor and health care team will let you know when it's medically appropriate for you to be discharged from the hospital.

- Our goal is for you to be able to return directly home
- A few patients may need temporary rehabilitation at a skilled nursing home

Social workers and nurse care managers will work with you to ensure a smooth transition from the hospital to home or a care facility.

At the time of your discharge, you will be asked to sign a discharge form regarding your rights as a patient, and you will receive discharge instructions. Please be sure to review everything thoroughly before leaving and get all your questions answered.

### Discharge to Home

You may work with a certified home care agency (such as Rochester Regional Health Home care). A home care coordinator will contact you and order all necessary equipment, such as a walker, as well as arrange visits from nurses, physical therapists, occupational therapists, home health aides and social workers; you should have checked about your insurance eligibility for home care prior to your surgery.

If you need additional equipment not provided by your insurance company, we'll provide you with a list of local medical equipment loan closets.

The person who is picking you up on the day of discharge will be given instructions on your discharge location, and you will be transported by wheelchair and assisted getting into your vehicle.

### Discharge to a Skilled Nursing Facility

The social worker will ask you to select your top choices from a list of the facilities we work with, however, we cannot guarantee placement due to space restrictions and other factors out of our control. Your social worker will provide information on the average length of stay, how you will be transported, what you should wear, and other pertinent details.

You may need a wheelchair car or ambulance to transfer to the nursing facility. These services can be arranged by the team at the hospital. Please note that most insurance companies and Medicare do not cover such transportation costs.

## Understanding Anesthesia

### Who are the anesthesiologists?

The Operating Room, Post Anesthesia Care Unit (PACU) and Intensive Care Units at the hospital are staffed by board certified and board eligible physician anesthesiologists. Each member of the service is an individual practitioner with privileges to practice at this hospital.

### Types of anesthesia:

- General anesthesia, which provides loss of consciousness.
- Regional anesthesia, which involves the injection of a local anesthetic to provide numbness, loss of pain or loss of sensation to a large region of the body.

### Will I have any side effects?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your doctors and nurses will do everything possible to relieve pain and keep you safe. Your discomfort should be minimal, but do not expect to be totally pain-free. The staff will teach you the pain scale to better assess your pain level.

### What will happen before my surgery?

You will meet your anesthesiologist immediately before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you. He or she will also answer any further questions you may have.

You will also meet your surgical nurses. Intravenous (IV) fluids will be started and pre-operative medications will be given. Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, EKG and other devices for your safety. At this point, you will be ready for anesthesia.

### During surgery, what does my anesthesiologist do?

Your anesthesiologist is responsible for your comfort and well-being before, during and immediately after your surgical procedure. In the operating room, the anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature and breathing. The anesthesiologist is also responsible for fluid and blood replacement when necessary.

### What can I expect after the operation?

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU) where specially trained nurses will observe you closely. During this period, you may be given extra oxygen and your breathing and heart functions will be observed closely.



# Shoulder Replacement Guidebook

## SECTION 4 LEAVING THE HOSPITAL

Caring for Yourself at Home.....	X
Wearing and Using Your Sling .....	X
Recognizing & Preventing Potential Complications .....	X
Swelling and Bruising .....	X
Pre- and Post-Op Exercises and Goals .....	X
– Phase I: Weeks 1-3 .....	X
– Phase II: Weeks 4-6 .....	X
– Phase III: Weeks 6-9 .....	X
– Phase IV: Weeks 9+.....	X
Activities of Daily Living .....	X
Around the House.....	X
Dos and Don'ts for the Rest of Your Life.....	X





## 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.

### Shoulder Precautions

Care must be taken to prevent your new joint from coming out of the socket or dislocating. Following some simple guidelines will help keep the risk of a dislocation at a minimum. Your doctor will advise you on how long you may need to follow these precautions.

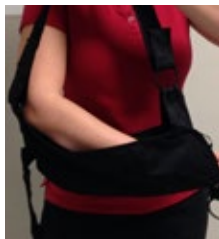
#### Avoid Combined Motions of Extension, Internal Rotation and Adduction (Elbow behind, arm twisted inward and arm across body)

In addition:

- Avoid excessive extension
  - When sitting or sleeping keep a pillow behind your shoulder
  - No reaching backwards
  - You should always be able to see your elbow (6 weeks)
- Avoid excessive internal rotation
  - No reaching behind back (6 weeks) to: tuck in shirt, reach to back pocket to get wallet out, fasten bra (if applicable), perform personal hygiene
- Avoid excessive external rotation
  - No reaching away and backwards to: put on seatbelt, reach for items away from body, reach behind head/neck

## Wearing and Using Your Sling

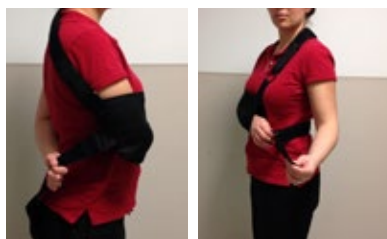
1. Place your arm in the pocket.



2. Bring top strap around neck and fasten through the top ring.



3. Bring the bottom strap around your waist and attach through the lower ring.



4. Your arm should be parallel to the floor and snug against your body.



# LEAVING THE HOSPITAL

## Be Comfortable

- Take your pain medicine at least 30 minutes before physical/occupational therapy.
- Gradually wean yourself from prescription medication to a non-prescription pain reliever. Try to use an over-the-counter pain reliever/anti-inflammatory as recommended by your doctor.
- Get up and walk every hour.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort. It is recommended for at least 20 minutes, every 1-2 hours. You can use it before and after your exercise program.

## Body Changes

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- You may have difficulty sleeping, which is normal.
- Your energy level will be decreased at first.
- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives, if necessary.

## Caring For Your Incision

- Keep your incision dry.
- Keep your incision covered with a light dry dressing until there is no drainage. Your sutures will be removed in about 7-10 days.
- You may shower as instructed by your surgeon.
- Monitor for signs of the following:
  - increased redness
  - increase in clear drainage
  - yellow/green drainage
  - odor
  - surrounding skin is hot to touchContact your surgeon if any of these symptoms occur.
- Notify your surgeon if any of these symptoms occur, or if your temperature exceeds 100.5 .

## Recognizing & Preventing Potential Complications

### Infection

#### Signs of Infection

- Increased swelling and redness at incision site
- Change in color, amount, odor of drainage
- Increased pain in shoulder
- Fever greater than 100.5 degrees

#### Prevention of Infection

- Take prophylactic antibiotics when having dental work or other potentially contaminating procedures.
- Notify your physician and dentist that you have a joint replacement.

### Blood Clots in Extremities

Surgery may cause the blood to slow and coagulate in the veins of your extremities, creating a blood clot. If a clot occurs despite these measures, you may need blood thinners.

#### Signs of Blood Clots

- Swelling in thigh, calf or ankle that does not go down with elevation and activity
- Swelling in arm, hand that does not go down with ice, elevation and activity
- Pain, heat and tenderness in calf, back of knee or groin area
- Pain, redness, heat, tenderness in upper extremity

**NOTE:** Blood clots can form in your legs or arms.

#### To Help Prevent Blood Clots

- Perform ball squeezes
- Perform wrist pumps (up and down)
- Perform ankle pumps, knee presses and gluteal sets
- Walk several times a day
- Take your blood thinners as directed, if prescribed

### Pulmonary Embolus

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency and you should CALL 911 if suspected.

#### Signs of a Pulmonary Embolus

- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion

#### Prevention of Pulmonary Embolus

- Prevent blood clot in extremities
- Recognize if a blood clot forms in your leg and call your physician promptly

# LEAVING THE HOSPITAL

## Swelling and Bruising

It is common to develop post-operative swelling and/or bruising following shoulder replacement surgery. This is nothing to be alarmed about. You may notice changes in the color of the bruise as it begins to disappear. This may take several weeks.

You may notice bruising and swelling extending down your arm. This can be relieved by performing ball squeezes, hand pumps and wrist exercises. Eventually your body will reabsorb the fluids.

Try to elevate your arm as tolerated on pillows to reduce swelling.

## Pre- and Post-Op Exercises and Goals

### Activity Guidelines

Exercising is important to obtain the best results from total shoulder surgery. **Always consult your physician before starting a home exercise program.** Follow the program given you by your surgeon or therapist.

### Phase I: Weeks 1-3

**During weeks 1-3 of your recovery, typical goals are to:**

- Continue to walk daily to build endurance. Wear your sling while walking until otherwise directed by your physician.
- Independently sponge bath or shower and dress. Continue to wear button-down/zippered shirts for increased ease.
- Do 20 minutes of home exercises twice a day, with or without the therapist, from the program given to you.

**Continue with your pre-op exercises for the wrist, elbow, and shoulder/neck.**

**But now also include:**

Sub maximal isometrics

- Shoulder external rotation (with internal rotation)
- Shoulder abduction (with internal rotation)
- Shoulder flexion
- Shoulder adduction

**Advanced exercises are listed in Helpful Resources under Pre- and Post-Op Exercises. Your physical therapist will add these or other similar exercises at the appropriate time of your rehabilitation.**

## Phase II: Weeks 4-6

Weeks 4-6 will see much more recovery, moving toward full independence. Even if you are receiving outpatient therapy, you will need to be faithful to your home exercise program to be able to achieve the best outcome. Your goals for the period are to:

- Achieve weeks 1-3 goals.
- Walk at least 20-30 minutes.
- Independently shower and dress.
- Resume simple homemaking tasks (within restrictions).
- Do 20 minutes of home exercises twice a day with or without your therapist.

### **Continue with Phase I exercises and begin these exercises:**

- Pulleys
- Scapular squeezes

**Advanced exercises are listed in the Section 6 under Pre- and Post-Op Exercises. Your physical therapist will add these or other similar exercises at the appropriate time of your rehabilitation.**

## Phase III: Weeks 6-9

**During weeks 6-9 you should be able to begin resuming all of your activities.**

Your goals for this time period are to:

- Achieve weeks 1-6 goals
- Walk 30-60 minutes
- Improve shoulder flexibility for daily activities (reaching, driving and carrying light objects).
- Improve overall strength.
- Resume activities as directed.

### **Continue with Phase I and II exercises and begin these:**

- Active assistive range of motion (AAROM) with cane
  - Shoulder external rotation (at side)
  - Shoulder flexion
  - Shoulder internal rotation (use other hand to assist)
  - Shoulder abduction
- Swiss ball shoulder flexion
- Pulleys for flexion and internal rotation
- Towel stretch for internal rotation
- Scapular squeezes
- Shoulder abduction (sidelying)
- Prone horizontal abduction
- Increase isometric resistance for flexion and external rotation

**Advanced exercises are listed in Helpful Resources under Pre- and Post-Op Exercises. Your physical therapist will add these or other similar exercises at the appropriate time of your rehabilitation.**

# LEAVING THE HOSPITAL

## Phase IV: Weeks 9+

After week 9, you should be able to resume most of your activities. Your goals for this time period are to:

- Maximize shoulder motion
- Resume previous fitness programs/activities
- Improve shoulder strength to 75%
- Resume household and work tasks when cleared

### Resistance Band

- Shoulder adduction
- Shoulder internal rotation
- Shoulder external rotation
- Lat pulls
- Bicep/tricep

### Wall Push-Ups

### Quadruped Arm Raises

#### Prone

- Shoulder flexion
- Shoulder retraction
- Shoulder extension
- Shoulder horizontal abduction

#### Sidelying

- Shoulder external rotation
- Shoulder abduction

**Advanced exercises are listed in Helpful Resources under Pre- and Post-Operative exercises. Your physical therapist will add these or other similar exercises at the appropriate time of your rehabilitation.**

## Activities of Daily Living

### Sleeping

You will need to keep your sling on while you are in bed for a period of time after surgery until you are instructed otherwise. You may find it more comfortable to sleep on your back to start, with a pillow under your affected arm for support.

A semi-upright position in a recliner or on the couch may also be a good option. Use pillows to support your arm to allow for a relaxed neck and shoulder but hand elevated.

### Prepare Your Shower

You may need a tub bench or seat, particularly if you had trouble getting in and out of the shower before surgery or have had problems with your balance in the past. To make bathing easier, installing a hand-held shower head is fairly easy and may not require a plumber.

Place your soap, shampoo and other shower items in a spot that does not force you to bend or twist to reach items.

### When Can I Use My Arm?

You can use your arm for light tasks such as eating, dressing and writing as soon as you feel ready. Keep motions close to the body, no lifting more than 1-2 pounds the first six weeks.

### Driving

You may begin driving again when you are no longer taking the narcotic pain medication and can perform the necessary functions safely. Your surgeon will tell you when this is okay.

### Up From a Chair

- No pushing yourself up out of a chair, wheelchair or toilet seat with the operative arm.
- Attempt to use your non-surgical side to assist.
- Never let someone pull on your surgical side to assist you with standing.

### Lifting

- Avoid lifting items more than 1-2 pounds for the first six weeks.
- Avoid pushing or pulling heavy items, such as doors and furniture.



# LEAVING THE HOSPITAL

## Around the House

### Saving energy and protecting your joints

#### Kitchen

- Keep housekeeping chores simple. Avoid strenuous cleaning such as vacuuming, mopping or sweeping the floors.
- Plan ahead! Gather all your cooking supplies at one time and use a low counter or shelf. Buy or make individual meals that can be frozen and reheated easily.
- Place frequently used cooking supplies and utensils where they can be easily reached.
- Keep your sling on while preparing meals to avoid accidental use. Practice using one arm to get used to potential issues/challenges.

#### Bathroom

- Avoid excessive cleaning that involves using your affected arm.
- Consider installing a hand-held shower head. It's fairly easy and may not require a plumber.
- Use small containers for soap and shampoo or purchase items with a pump to avoid lifting. Have these items within reach.

#### Safety and Avoiding Falls

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

## Dos and Don'ts for the Rest of Your Life

Whether you have reached all the recommended goals in three months or not, you need to have a regular exercise program to maintain the fitness and the health of the muscles around your joints. With both your orthopaedic and primary care physicians' permission, you should be on a regular exercise program three to four times per week lasting 20-30 minutes. High-risk activities such, as singles tennis or bowling (if dominant hand), are discouraged because of the risk of fractures around the prosthesis and damage to the prosthesis itself. Infections are always a potential problem and you may need antibiotics for prevention.

### What to Do in General

- Take antibiotics one hour before you have dental work or other invasive procedures.
- 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 the bacteria from an infection located in another part of your body. If you should develop a fever of more than 100.5 degrees or sustain an injury notify your doctor.

### What to Do for Exercise

- Choose a Low-Impact Activity
- Recommended exercise classes
- Regular one to three mile walks
- Home treadmill (for walking)
- Stationary bike
- Aquatic exercises
- Regular exercise at a fitness center
- Low-impact sports such as walking, gardening, dancing, etc. Consult with your surgeon or physical therapist about returning to specific sport activities.

### What Not to Do

- Do not engage in high-impact activities or activities that require a lot of overhead or repetitive arm use.
- Do not participate in high-risk activities such as contact sports.
- Do not take up new sports requiring upper body strength and agility until you discuss it with your surgeon or physical therapist.



# Shoulder Replacement Guidebook

## SECTION 5 HELPFUL RESOURCES

What to Bring to the Hospital Checklist.....	X
Recommended Exercise Classes .....	X
Pre- and Post-Operative Exercises .....	X
Post-Operative Home Exercises.....	X
– Phase I: Weeks 1-3.....	X
– Phase II: Weeks 4-6.....	X
– Phase III: Weeks 6-9.....	X
– Phase IV: Weeks 9+ .....	X
Advanced Exercises .....	X
Frequently Asked Questions .....	X
Rochester Regional Health Physical Therapy & Rehabilitation .....	X



## What To Bring to the Hospital Checklist

### For Check-In

- Driver's license or photo ID
- Insurance card(s)
- A copy of your Advance Directives (health care proxy and living will)
- Your most current list of medications and supplements, noting which ones have been stopped and when. Do not bring your own medications.

### For Your Stay

- Important telephone numbers (include person bringing you home)
- Hospital gowns are provided for surgery but we welcome you to bring your own clothing (loose pajamas or short nightgown) for your stay.
- Short, lightweight robe
- Non-slip slipper socks are provided but you are welcome to bring your own (or walking sneakers/shoes with Velcro® closures).
- Toothpaste and a toothbrush are provided, but you are welcome to bring your own.
- Deodorant
- If you are bringing dentures, eyeglasses or a hearing aide with you, please be sure to tell the admitting nurse that you have these items.
- An electric razor, since you will be on anticoagulants

### For Discharge

- Loose-fitting underwear and clothing
- Comfortable walking shoes with non-slip soles and good support

### About Valuables

Please leave jewelry and large sums of money at home. If that's not possible, ask your nurse to have your valuables stored with Hospital Security.

More patients are bringing cell phones and laptop computers. While cell phones and wireless computers are permitted in patient rooms and we will do everything to ensure that they are not lost, you and your family members will be responsible for them.

## HELPFUL RESOURCES

### Pre- and Post-Operative Exercises

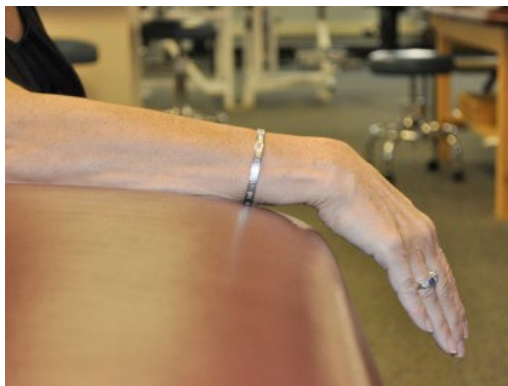
#### Range of Motion and Strengthening Exercises



**Putty (squeezing):** Grasp the stress ball in your hand. Gently squeeze and hold for 5 seconds. Repeat for up to 3 minutes throughout the day.



**Wrist extension:** With your elbow bent to 90 degrees, relax your forearm on the armrest of a chair or table. Raise your hand toward the ceiling. Hold 5 seconds and repeat 10 times.



**Wrist flexion:** With your elbow bent to 90 degrees, relax your forearm on the armrest of a chair or table. Bend your wrist, bringing your hand toward the ground. Hold 5 seconds and repeat 10 times.

## Pre- and Post-Op Exercises, cont.

### Range of Motion and Strengthening Exercises



**Forearm supination/pronation:** Using a tapered candle (or similar sized object) and elbow bent to 90 degrees at your side, alternate rotating your hand upward (palm facing the ceiling) and downward. Repeat 10-20 times.



**Elbow flexion and extension:** Lying on your bed (optional: pillow under head), place a towel roll under your elbow. Bend and straighten your elbow within a comfortable range. Do not allow your shoulder to glide/move toward the ceiling. Repeat 10-20 times.





## HELPFUL RESOURCES

### Pre- and Post-Op Exercises, cont.

#### Range of Motion and Strengthening Exercises



**Pendulum/codmans:** Bend over at your waist and allow your surgical arm to relax completely. Slowly swing your arm in circles clockwise 10-20 times. Reverse direction (counterclockwise) 10-20 times.



**Upper trapezius stretch:** With your surgical arm at your side, grasp head with opposite hand and pull toward this same side until a stretch is felt. Hold 5 seconds and repeat 10 times.



**Scapular squeezes:** Stand or sit with arms at your sides. Pull shoulders back and squeeze your shoulder blades together. Hold 5 seconds and repeat 10 times.

## Post-Operative Home Exercises

### PHASE I (Weeks 1-3) Submaximal Isometrics



**Shoulder external rotation (with shoulder internal rotation):** Make a fist with your surgical arm and place against your stomach. Grasp this fist with your opposite hand. Attempt to rotate your fist outward lightly, resisting as you go. Hold this position for 5 seconds. Repeat 10 times.



**Shoulder abduction (with shoulder internal rotation):** Place a pillow or soft ball between your elbow and the wall. Rotate your arm inward, placing your hand near your stomach. Push into the ball lightly and hold for 5 seconds. Repeat 10 times.



**Shoulder flexion:** Place a pillow or soft ball between your closed fist and the wall with your arm at your side and elbow bent to 90 degrees. Push gently into the wall and hold for 5 seconds. Repeat 10 times.

## HELPFUL RESOURCES

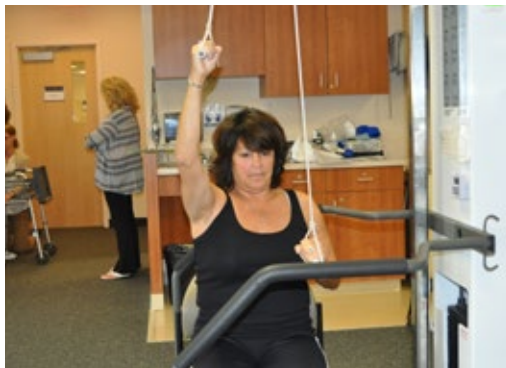
### Post-Operative Home Exercises, cont.

#### PHASE I (Weeks 1-3) Submaximal Isometrics



**Shoulder adduction:** Place a pillow or soft ball between your arm and side, elbow bent to 90 degrees. Gently push into the ball with your elbow and hold for 5 seconds. Repeat 10 times.

#### PHASE II (Weeks 4-6)



**Pulleys:** Grasp handles with your surgical arm in the resting spot. Slowly pull down on the opposite pulley until a stretch is felt in your surgical arm. Hold for 5 seconds. Gently lower your surgical arm back to the starting point. Repeat 10 times.



**Scapular squeezes:** Stand or sit with arms at your sides. Pull shoulders back and squeeze your shoulder blades together. Hold 5 seconds and repeat 10 times.

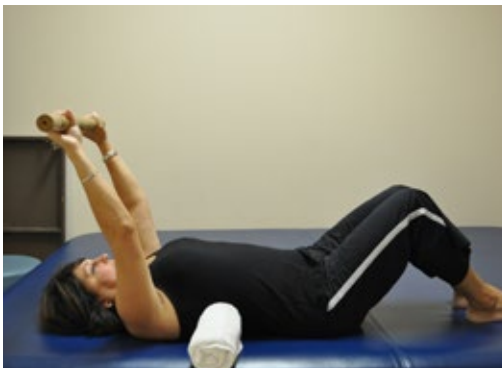
## Post-Operative Home Exercises, cont.

### PHASE III (Weeks 6-9) Active Assistive Range of Motion (AAROM) with cane:



#### **Shoulder external rotation (at side):**

Lying on your back, place a rolled towel under your surgical side's elbow and place a cane or wand in both hands. Keeping your elbow bent to 90 degrees, slowly push your affected hand away from your body until a stretch is felt. Hold 5 seconds. Repeat 10 times.



**Shoulder flexion:** Start with your arms at your sides, elbows bent. Using your non-surgical side to provide assistance, raise both arms into the air and overhead until a stretch is felt. Hold 5 seconds. Repeat 10 times.



**Shoulder internal rotation:** Start with your arms at your sides, elbows bent. With affected elbow on a rolled towel, grasp the wand with both hands. Pull affected hand toward body until a stretch is felt. Hold 5 seconds. Repeat 10 times.

## HELPFUL RESOURCES

### Post-Operative Home Exercises, cont.

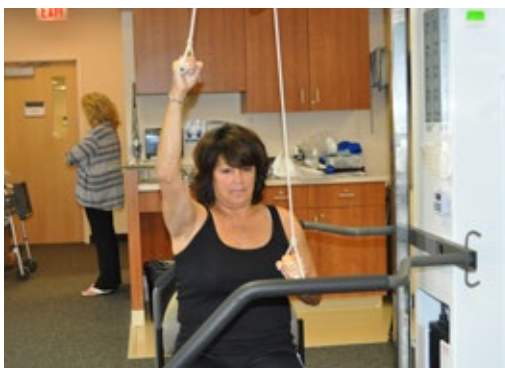
#### PHASE III (Weeks 6-9)



**Shoulder abduction:** Start with your arms at your sides and affected elbow straight. Using your non-surgical hand, push your affected arm out to your side and upward until a stretch is felt. Hold 5 seconds. Repeat 10 times.



**Swiss Ball shoulder flexion:** Place a ball on your table and grasp with both hands. Slowly push ball forward (bending at the waist as needed), until a stretch is felt in your shoulder. Hold 5 seconds and repeat 10 times.



**Pulleys:** Grasp handles with your surgical arm in the resting spot. Slowly pull down on the opposite pulley until a stretch is felt in your surgical arm. Hold for 5 seconds. Gently lower your surgical arm back to the starting point. Repeat 10 times.

## Post-Operative Home Exercises, cont.

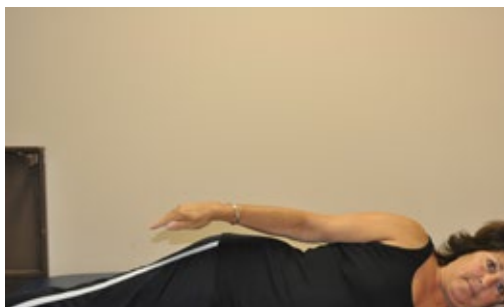
### PHASE III (Weeks 6-9), continued



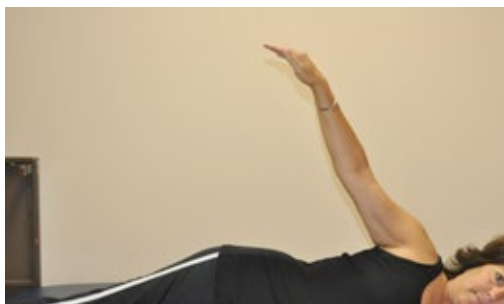
**Towel stretch for internal rotation:** Place a towel or strap over your opposite shoulder and grasp the bottom with your surgical hand and the top with your other hand. Pull upward until you feel a stretch. Hold 5 seconds and repeat 10 times.



**Scapular squeezes:** Stand or sit with arms at your sides. Pull shoulders back and squeeze your shoulder blades together. Hold 5 seconds and repeat 10 times.



**Shoulder abduction:** Lying on your good side, squeeze shoulder blades together slightly. Keeping arm in line with your body, slowly raise your surgical arm to end range. Keeping shoulder blades squeezed, slowly lower your arm to your side. Repeat 10 times.



## HELPFUL RESOURCES

### Post-Operative Home Exercises, cont.

#### PHASE III (Weeks 6-9), continued



**Shoulder horizontal abduction:** Lying on the edge of your bed or table with your surgical arm at rest, hand toward the floor. Slowly raise your arm out to the side to your end point, slowly squeezing your shoulder blades as you move. Return to your starting point. Repeat 10 times.



**Increase isometric resistance:** Surgical arm and place against your stomach. Grasp this fist with your opposite hand. Attempt to rotate your fist outward lightly, resisting as you go. Hold this position for 5 seconds. Repeat 10 times and external rotation.



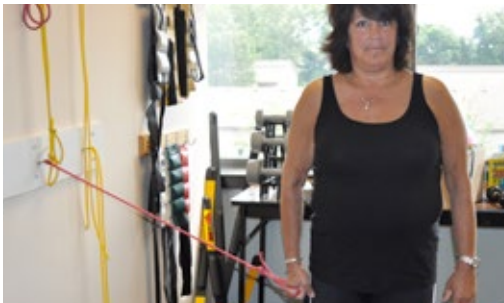
**Shoulder flexion:** Place a pillow or soft ball between your closed fist and the wall with your arm at your side and elbow bent to 90 degrees. Push gently into the wall and hold for 5 seconds. Repeat 10 times.

## Post-Operative Home Exercises

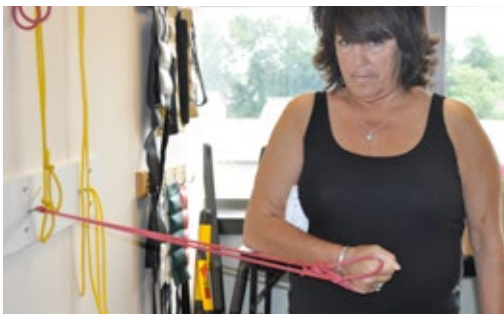
### PHASE IV (9+ weeks) Resistance Band



**Shoulder adduction:** Attach the band securely at elbow height or slightly higher. Stand next to band with affected arm closest. Grasp the band in affected hand with elbow straight. Keep head facing forward and shoulder blades squeezed together. Slowly pull band down toward hip with arm straight. Slowly return to start position with arm straight and away from hip. Complete 2 sets of 10 repetitions.



**Shoulder internal rotation:** Attach the band securely at elbow height. Stand next to band with affected arm closest. Place towel between elbow and ribcage. Keep elbow bent 90 degrees and slowly pull band across body by rotating hand towards stomach while keeping elbow in place. Slowly return to start position with hand pointed forward. Complete 2 sets of 10 repetitions.





## HELPFUL RESOURCES

### Post-Operative Home Exercises

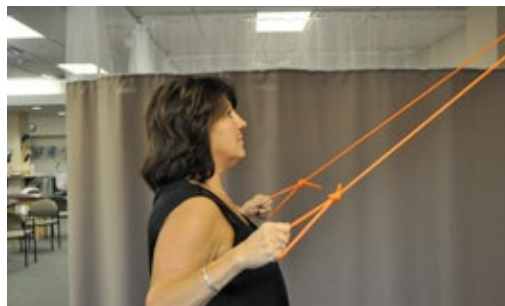
#### PHASE IV (9+ weeks), continued



**Shoulder external rotation:** Attach the band securely at elbow height. Stand next to band with non-surgical arm closest to the wall. Keep elbow bent 90 degrees and slowly pull band away from the body by rotating hand away from stomach (keeping elbow at side). Slowly return to start position with hand near your stomach. Complete 2 sets of 10 repetitions.



**Latissimus pulls:** Attach the band securely overhead. Grasp the band in both hands, slowly pull downward, bringing your elbows toward your sides, squeeze your shoulder blades together. Return to the starting position. Complete 2 sets of 10 repetitions.

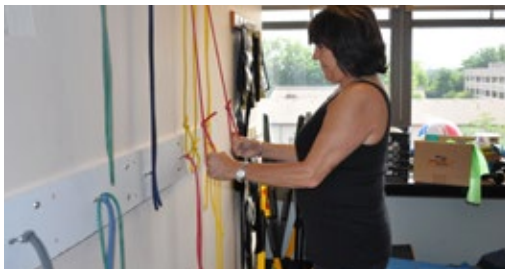


## Post-Operative Home Exercises

### PHASE IV (9+ weeks), continued



**Bicep Curls:** Attach the band securely under one or both feet. Grasp the band with affected hand while keeping the arm at your side and shoulder blades squeezed slightly. Pull hand upward by bending your elbow. Slowly straighten elbow returning to the start position. Complete 2 sets of 10 repetitions.



**Tricep Curls:** Attach the band securely overhead. Grasp the band with your affected hand while keeping elbow bent to 90 degrees at your side. Straighten elbow by pushing your hand down toward floor. Return to your starting position. Complete 2 sets of 10 repetitions.



**Wall push-ups:** Stand facing the wall feet 12-18 inches away. Place hands on wall at shoulder height. Gently lean on wall with weight through hands. Slowly straighten elbows pushing away from the wall. Let elbows bend slowly to return to the starting position. Complete 2 sets of 10 repetitions.

## HELPFUL RESOURCES

### Post-Operative Home Exercises

#### PHASE IV (9+ weeks), continued



**Quadrupedal arm raises:** Kneel on your hands and knees on your bed or floor. Position your hands directly under your shoulders, keeping your head in line with your body. Lift affected arm forward and upward, keeping your elbow straight. Return to the starting position. Complete 2 sets of 10 repetitions.



**Shoulder flexion:** Lie on the edge of your bed or table with your surgical arm at rest, hand toward the floor. Elevate your affected arm forward until you feel a stretch. Slowly lower arm to your starting position. Complete 2 sets of 10 repetitions.



**Shoulder retraction:** Lie on the edge of your bed or table with your affected arm at rest, hand toward the floor. Raise your arm backward while bending your elbow while gently squeezing your shoulder blades together. Return to the start position. Complete 2 sets of 10 repetitions.



**Shoulder extension:** Lie on the edge of your bed or table with your affected arm at rest, hand toward the floor. Squeeze your shoulder blades and slowly lift hand backwards, keeping your elbow straight. Return to your starting position. Complete 2 sets of 10 repetitions.

## Post-Operative Home Exercises

### PHASE IV (9+ weeks), continued



**Shoulder horizontal abduction:** Lie on the edge of your bed or table with your surgical arm at rest, hand towards the floor. Slowly raise your arm out to the side to your end point, slowly squeezing your shoulder blades as you move. Return to your starting point. Complete 2 sets of 10 times.



**Shoulder external rotation:** Lie on your non-operated side. Place your operative arm alongside your body with elbow bent. Rotate your hand upward toward the ceiling keeping elbow tucked at side and shoulder blades squeezed slightly. Slowly return arm to your side. Complete 2 sets of 10 repetitions.



**Shoulder abduction:** Lying on your good side. Squeeze shoulder blades together slightly. Keeping arm in line with your body, slowly raise your surgical arm to end range. Keeping shoulder blades squeezed, slowly lower your arm to your side. Complete 2 sets of 10 repetitions.



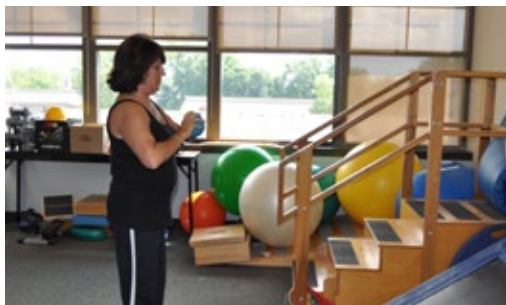
# HELPFUL RESOURCES

## Advanced Exercises

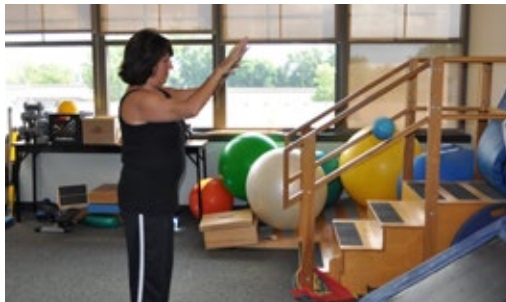
### 3 Months + (Closed chain exercises)



**Body blade:** Working with your therapist you will move the flexible blade forward/backward, upward/downward in various directions. Focus on keeping your shoulder blades squeezed.



**Ball toss/plyometrics:** You will work on strength and coordination by throwing a ball or bouncing a ball at various angles and weights.



## Frequently Asked Questions

We are glad you have chosen Rochester Regional Health to care for your shoulder. People facing joint surgery often have the same questions. If there are any other questions that you need answered, please ask your surgeon or anyone on the Orthopaedic team. We are here to help.

### **What is osteoarthritis and why does my shoulder hurt?**

Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal 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 the bone ends. Over time, 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 total shoulder replacement?**

The term total shoulder replacement is somewhat misleading. The shoulder itself is not replaced, as is commonly thought, but rather an implant is used to re-cap the worn bone ends. The head of the humerus is removed. A metal stem is then inserted into the humerus shaft and topped with a metal or ceramic ball. The worn socket (acetabulum) is smoothed and lined with a metal cup and a plastic, metal or ceramic liner. No longer does bone rub on bone, causing pain and stiffness.

### **How long will my new shoulder last and can a second replacement be done?**

All implants have a limited life expectancy depending on an individual's age, weight, activity level and medical condition(s). A total joint implant's longevity will vary in every patient. 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 guarantee that your particular implant will last for any specified length of time.

### **What are the major risks?**

Most surgeries go well, without any complications. Infection and blood clots are two serious complications. 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 infection.

### **How long will I be in the hospital?**

You may get out of bed the day of surgery. The next morning you will get up, sit in a recliner and walk, wearing a sling, with assistance. Most shoulder patients will be hospitalized for one day after surgery. There are several goals that must be achieved before discharge.

### **What if I live alone?**

You will probably be able to go directly home even if you live alone. Start thinking now of friends or relatives who may be able to assist you. A home health nurse and physical or occupational therapist will visit you at home two to three times per week, for a few weeks. Occasionally, a short stay in a sub-acute facility is necessary depending on your mobility and insurance coverage.

### **What happens during the surgery?**

The hospital reserves approximately two hours for surgery. Some of this time will be taken by the operating room staff to prepare for surgery. You may have regional or general anesthesia.

## HELPFUL RESOURCES

### Frequently Asked Questions, continued

#### **Will the surgery be painful?**

You will have discomfort following the surgery, but we will try to keep you as comfortable as possible with the appropriate medication. We use a pre-emptive pain management protocol. You will receive medication for discomfort before you go to the operating room. After surgery, please ask for medication as frequently as needed to maintain your pain level at less than five.

#### **How long and where will my scar be?**

There are a number of different techniques used for shoulder replacement surgery. The type of technique will determine the exact location and length of the scar. The traditional approach is an incision across the front of the shoulder. This typically runs from below your collarbone to the outside edge of the shoulder. Your surgeon will discuss which type of approach is best for you. Please note that there may be some numbness around the scar after it is healed. This is perfectly normal and should not cause any concern. The numbness usually disappears with time.

#### **Will I need any special equipment?**

Patients progress at their own rate. Your therapist(s) may recommend pieces of equipment that help you perform daily tasks easier. We may alter the type of device you use if you require assistance with walking. The home care coordinator can arrange for these if necessary.

#### **Where will I go after discharge from the hospital?**

Most patients are able to go home directly after discharge. Some patients may transfer to a sub-acute facility, where they will stay from five to seven days. The orthopaedic social worker will help you with this decision and make the necessary arrangements. Even if you have sub-acute rehab benefits, your insurance company will have final determination on whether they will provide coverage.

#### **Will I need help at home?**

Yes, for the first few days or weeks, depending on your progress, you will need someone to assist you with housekeeping, meal preparation, etc. If you go directly home from the hospital, the orthopaedic social worker will arrange for a home health nurse to come to your house as needed. 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 the bed and single-portion frozen meals will help reduce the need for extra help.

#### **Will I need physical therapy when I go home?**

Yes, you will have either outpatient or in-home physical/occupational therapy. Patients are encouraged to utilize outpatient physical therapy. If you need home therapy, we will arrange for a therapist to provide services in your home. Following this, you may go to an outpatient facility several times a week to assist in your rehabilitation. The length of time for this type of therapy varies with each patient.

#### **Will my new shoulder set off security sensors when traveling?**

Your joint replacement is made of a metal alloy and may or may not be detected when going through some security devices. Inform the security agent that you have a metal implant. The agent will direct you on the security screening procedure. Please be sure to plan on additional time for security at the airport.

# HELPFUL RESOURCES

## OCCUPATIONAL THERAPY

---

### BATAVIA

**UMMC OT at Summit**  
99 Med Tech Dr  
Ste 104  
Batavia, NY 14020

Certified Hand Therapy  
Lymphedema

**P** 585.201.7080  
**F** 585.201.7087

---

### GREECE

**UHS Ridgeway Therapy**  
2655 Ridgeway Ave  
Ste 320  
Rochester, NY 14626



Pre-Driving Assessments  
CARF Accredited Specialty Programs:

- Stroke
- Brain Injury
- Comprehensive Medical Rehabilitation

**P** 585.368.6600  
**F** 585.368.6601

---

### IRONDEQUOIT

**RGH OT at Irondequoit**  
1381 East Ridge Rd  
Ste 210  
Rochester, NY 14617

Cancer-Related Fatigue  
Certified Hand Therapy  
Lymphedema  
Work Hardening

**P** 585.922.1700  
**F** 585.922.1799

---

### NEWARK

**NWH OT**  
1200 Driving Park Ave  
Newark, NY 14513

**P** 315.332.2289  
**F** 315.332.2472

---

### PENFIELD

**RGH OT at Linden Oaks**  
360 Linden Oaks  
Ste 200  
Rochester, NY 14625

Cancer-Related Fatigue  
Certified Hand Therapy

**P** 585.922.9700  
**F** 585.922.9701

---



# HELPFUL RESOURCES

## PHYSICAL THERAPY

---

### BATAVIA

#### UMMC PT at Summit

99 Med Tech Dr  
Ste 104  
Batavia, NY 14020

Aquatic Therapy  
Lymphedema

**P** 585.201.7080

**F** 585.201.7087

---

### BRIGHTON

#### RGH PT at Midtown

210 Highland Dr  
Rochester, NY 14610

**P** 585.244.9580

**F** 585.242.2396

---

### BROCKPORT

#### UHS Brockport PT

6668 Fourth Section Rd  
Brockport, NY 14420

**P** 585.368.6860

**F** 585.368.6861

---

### CLIFTON SPRINGS

#### CSH PT

2 Coulter Road  
Clifton Springs, NY 14432

**P** 315.462.1540

**F** 315.462.0381

---

### GREECE

#### UHS Ridgeway Ortho PT UHS Ridgeway Therapy (Neuro PT)

2655 Ridgeway Ave  
Ste 320  
Rochester, NY 14626



Certified Vestibular Rehabilitation  
Concussion  
Women's Health  
CARF Accredited Specialty Programs:

- Stroke
- Brain Injury
- Comprehensive Medical Rehabilitation

**P** 585.368.6600

**F** 585.368.6601

---

### HENRIETTA

#### UHS Pieters PT

1025 Commons Way  
Rochester, NY 14623

**P** 585.487.3500

**F** 585.487.3576

---

## HELPFUL RESOURCES

### PHYSICAL THERAPY *(CONTINUED)*

---

#### IRONDEQUOIT

**RGH PT at Irondequoit**  
1381 East Ridge Rd  
Ste 210  
Rochester, NY 14617

Cancer-Related Fatigue  
Lymphedema  
Women's Health  
Work Hardening

**P** 585.922.1700  
**F** 585.922.1799

---

#### NEWARK

**NWH PT**  
1200 Driving Park Ave  
Newark, NY 14513

**P** 315.332.2289  
**F** 315.332.2472

---

#### PENFIELD

**RGH PT at Linden Oaks**  
360 Linden Oaks  
Ste 200  
Rochester, NY 14625

Cancer-Related Fatigue  
Lymphedema

**P** 585.922.9700  
**F** 585.922.9701

---

# HELPFUL RESOURCES

## SPEECH LANGUAGE PATHOLOGY

---

### CLIFTON SPRINGS

#### CSH SLP

2 Coulter Road  
Clifton Springs, NY 14432

**P** 315.462.1540

**F** 315.462.0381

---

### GREECE

#### UHS Ridgeway Therapy

2655 Ridgeway Ave  
Ste 320  
Rochester, NY 14626



Parkinson's Disease - SPEAK OUT!

CARF Accredited Specialty Programs:

- Stroke
- Brain Injury
- Comprehensive Medical Rehabilitation

**P** 585.368.6600

**F** 585.368.6601

---

### IRONDEQUOIT

#### RGH SLP at Irondequoit

1381 East Ridge Rd  
Ste 210  
Rochester, NY 14617

Cancer-Related Fatigue

Parkinson's Disease - SPEAK OUT!

**P** 585.922.1700

**F** 585.922.1799

---

### NEWARK

#### NWH SLP

1200 Driving Park Ave  
Newark, NY 14513

Parkinson's Disease - SPEAK OUT!

**P** 315.332.2289

**F** 315.332.2472

---

### PENFIELD

#### RGH SLP at Linden Oaks

360 Linden Oaks  
Ste 200  
Rochester, NY 14625

Cancer-Related Fatigue

Parkinson's Disease - SPEAK OUT!

**P** 585.922.9700

**F** 585.922.9701

---

## Rochester Regional Health Physical Therapy & Rehabilitation

### Greece

#### Physical Therapy at Ridgeway

PHYSICAL THERAPY • OCCUPATIONAL THERAPY  
SPEECH

2655 Ridgeway Ave., Ste. 320  
Rochester, NY 14626

**P 585.368.6600**

Office Hours: **M-Th: 7 am - 6:30 pm**  
**Fri: 7 am - 4:30 pm**

### Brockport

#### Physical Therapy at Brockport

PHYSICAL THERAPY  
6668 4th Section Rd.  
Brockport, NY 14420

**P 585.368.6860**

Office Hours: **M-Th: 8 am - 5:30 pm**  
**Fri: 8 am - 4:30 pm**

### Henrietta

#### The Pieters Family Life Center

PHYSICAL THERAPY  
1025 Commons Way  
Rochester, NY 14623

**P 585.487.3500**

Office Hours: **M-Fri: 8 am - 4:30 pm**

### Penfield

#### Physical Therapy at Linden Oaks

PHYSICAL THERAPY • OCCUPATIONAL THERAPY  
SPEECH

360 Linden Oaks, Ste. 200  
Rochester, NY 14625

**P 585.922.9700**

Office Hours: **M-Th: 7:30 am - 6 pm**  
**Fri: 7:30 am - 4:30 pm**

### Irondequoit

#### Physical Therapy at East Ridge

PHYSICAL THERAPY • OCCUPATIONAL THERAPY  
SPEECH

1850 East Ridge Rd., Ste. 5  
Rochester, NY 14622

**P 585.922.7100**

Office Hours: **M-Th: 7:30 am - 6 pm**  
**Fri: 7:30 am - 4:30 pm**

### Irondequoit

#### Physical Therapy at Riedman Campus

PHYSICAL THERAPY  
100 Kings Highway South  
Rochester, NY 14617

**P 585.467.1070**

Office Hours: **M-Th: 8 am - 7 pm**  
**Fri: 8 am - 2 pm**

### Brighton

#### Physical Therapy at Midtown Athletic Club

PHYSICAL THERAPY  
210 East Highland Dr.  
Rochester, NY 14610

**P 585.244.9580**

Office Hours: **M, Fri: 7 am - 4 pm**  
**Tue, Th: 7 am - 6 pm**  
**W: 8 am - 4:30 pm**

### Specialty Program Locations

#### Aquatic Therapy

Greece, Henrietta

#### Lymphedema

Irondequoit (East Ridge), Brighton (Midtown Athletic Club), Penfield (Linden Oaks)

#### Vestibular Rehabilitation

Greece

#### Women's Health

Greece, Irondequoit (East Ridge)

#### Work Hardening/FCE/PCA

Irondequoit (East Ridge)



# Shoulder Replacement Guidebook

## SECTION 6 FORMS

Personal Information

Health Care Proxy

Advance Care Directive (Living Will)

FORMS



**HEALTH CARE PROXY**

To: My Family, my Physicians, my Lawyer, any Medical Facility in whose care I happen to be, any Individual who may become responsible for my Health Affairs, and All Others Whom It May Concern:

1. **Print Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

This form is for appointing another person as your agent to make decisions about your medical treatment if for some reason you lose the capacity to make a medical decision. It is **very important** that you discuss your wishes with your agent and your doctor. In particular, **you must** tell your agent what your wishes would be on artificial nutrition and hydration or else your agent cannot decide on your behalf. You are also encouraged to complete an Advance Care Directive (**Living Will.**)

I, \_\_\_\_\_, hereby name the following person(s) as my Health Care Agent(s).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

All Phone Numbers: \_\_\_\_\_

2. **Alternate Health Care Agent is (optional, to serve if agent is unavailable)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

All Phone Numbers: \_\_\_\_\_

My health care agent may make any and all health care decisions for me, except to the extent that I state otherwise. This agent shall take effect should I become unable to make my own health care decisions.

3. **Instructions:** I direct my agent to make health care decisions **according to my wishes and instructions which I have shared with my agent.** I have the following limitations or special instructions (for additional space use the last page of this form.) Examples are given in the booklet you received with this document. Discuss your thoughts, feelings and questions about this document with your doctor.



4. Unless I change this, the proxy shall remain in effect indefinitely, or until the date or conditions stated below. This proxy shall expire (specific date or conditions, if desired).

---

---

---

---

---

5. **Your signature** (this must be signed in the presence of two (2) adults that are NOT persons you named as your proxy or alternate proxy).

Signed: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
*(Sign and Date this document)*

6. **Witness** (*must be two [2] adults.*) I declare that the person who signed this document is known to me and is acting of his/her own free will. He/she signed (or asked another to sign for him/her) this document in my presence.

**Witness #1**

Your Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Witness #2**

Your Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Additional Instructions:**

1. Let important people in your life know who you have named as your health care agent.
2. Make photo copies of this document and keep original in a safe place.
3. Give copies to: your agent, all doctors involved in your care, lawyer, minister, other family members.
4. Bring a copy with you when you are admitted to the hospital.

## ADVANCE CARE DIRECTIVE (LIVING WILL)

To: My Family, my Physicians, my Lawyer, any Medical Facility in whose care I happen to be, any Individual who may become responsible for my Health Affairs, and All Others Whom It May Concern:

1. **Print Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

2. I, \_\_\_\_\_, being of sound mind, make this statement as instructions to be followed if I become permanently unable to participate in decisions regarding my medical care. These instructions reflect my firm decision to **decline** medical treatment under the following circumstances indicated below.

3. If I have an **incurable or irreversible** condition that renders me incapable of making decisions on my own and there is no reasonable expectation that I will recover, then I direct my attending physician to withhold or withdraw treatment that only prolongs my dying.

**These instructions only apply if:** *(Check those statements you agree with)*

I am in a terminal condition

I am minimally conscious with irreversible brain damage

I have Alzheimer's or another form of dementia

I am permanently unconscious

Other \_\_\_\_\_

I instruct that my treatment be limited to measures to keep me comfortable and to relieve pain.

While I understand that I am not legally required to be specific about future treatments, if I am in the conditions described above I have strong beliefs about the following forms of treatment:

*(Check those statements that you agree with)*

I do not want cardiopulmonary resuscitation (CPR).

I do not want mechanical ventilation (respirator).

I do not want artificial nutrition and hydration (intravenous fluids or feeding tube).

I do not want medical treatment (antibiotics/other medications) unless they are necessary for my comfort.

I do not want hospitalization.

*Continue on reverse side*

4. Other directions/instructions that you wish to add (*for additional space, use the bottom or back of this form*):

---

---

---

---

---

5. These express my legal right to refuse treatment, under the law in New York. I intend my instructions to be carried out unless I have changed them in writing or by clearly indicating that I have changed my mind.

Signed: \_\_\_\_\_ Today's Date: \_\_\_\_\_

6. **Witness** (*must be two [2] adults.*) I declare that the person who signed this document is known to me and is acting of his/her own free will. He/she signed (or asked another to sign for him/her) this document in my presence.

**Witness #1**

Your Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Witness #2**

Your Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**ROCHESTER**  
**REGIONAL HEALTH**

[RochesterRegional.org](http://RochesterRegional.org)