



YOUR SHOULDER REPLACEMENT

with Ben Robertson, M.D.

Patient Name

Surgical Procedure

Surgery Date

Pre-surgery appointment with your primary care provider

Provider

Clinic

Date

Time

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PHONE LIST

Ben Robertson, M.D......**218-632-8702**
Orthopedic surgeon

Lorinda Zigan, PA-C, Jody Rothermund, PA-C
Assists surgeon with surgery, hospital rounds and clinical visits

Krystle Olson, RN, Joint Care Coordinator.....**218-632-8768**
Coordinates your joint replacement care and hosts patient education sessions

Clinic Visits Scheduling**218-631-7579**

Physical/Occupational Therapy.....**218-631-7475**
Helps you adjust to your new joint, regain your mobility and navigate daily activities

Social Services.....**218-631-5228**
Assists with health care directives and swing bed transitional care referrals

Prior Authorization**218-632-8191**
Verifies with insurance company coverage for procedure/surgery

Patient Resource Department **218-631-7498**
Assists with price estimation and Uncompensated Care Program

After Hours

Hospital Supervisor**218-631-3510**
After hours questions/concerns

WELCOME TO ASTERA HEALTH ORTHOPEDICS

Thank you for choosing Astera Health for your joint replacement surgery.

Our dedicated team is here to guide you every step of the way from the planning stages to your transition home. During your stay with us, our goal is to ensure you receive state-of-the-art medicine combined with heartfelt care. We are committed to keeping you and your family well informed about your surgery so you can be an active partner in your health care.

HOW TO USE YOUR GUIDEBOOK

This guidebook was created to help you prepare for surgery and guide you through your recovery. The information is not meant to replace advice you receive from your healthcare team.

Inside this book, you will find information to assist you in knowing what to expect during the days and weeks leading up to your joint replacement as well as during your stay and recovery. You will find information to help make your stay with us at Astera Health more comfortable and convenient.

We will help you plan your discharge from the hospital so you can return home with peace of mind, knowing your recovery needs have been prepared. Communication between you, your providers, your nurses and your therapy team is essential. Please ask questions and take notes as needed. Keep this guidebook as a handy reference for the first year after surgery.

Please try to read the entire book before your surgery. You may read it at your own pace and write your questions in the margins. There are also designated pages for notes at the end of the book (Page 54).

Thank you again for choosing Astera Health. It is our privilege to care for you!

TESTIMONIALS

“I feel very strongly that I had it done at the right facility by the right surgeon with the right people caring for me and the right people praying for me. I am very thankful!”

– **Jerome Miller**, Total Hip Patient

“I spoke to several people, and they all asked, ‘What can I do to help?’”

– **Liz Lange**, Wife of Patient

“As a visitor, I was so impressed with the staff. From the moment I walked in the door, you’re treated great. The men out front helped me out of the cold. People offered to help me find my way around. You have great staff! It’s comforting to know your loved one is being treated so well.”

– **Bob Carter**, Husband of Patient

GENERAL INFORMATION

Joint Wellness Center

The Astera Health Joint Wellness Center, or joint camp, is a unique facility within the hospital dedicated to the care of your joints before and after surgery. The Joint Wellness Center introduces you to other total joint patients so that you can encourage one another and work toward recovery together.

Features include:

- Patient-centered, team-based care
- Private rooms
- Emphasis on group activities as well as individualized care
- Nurses and therapists who specialize in the care of joint patients
- Family or friends educated to participate as “coaches” in the recovery process
- A joint care coordinator who manages all pre-surgery care and discharge planning
- Coordinated after-care program
- Wi-Fi access

Joint Care Coordinator

Your joint care coordinator is responsible for your care needs from the time you commit to surgery during your stay with us and after you return home.

The joint care coordinator will:

- Act as your advocate and reliable contact throughout your treatment, including before surgery and after you return home
- Answer questions and coordinate your hospital care with Astera Health Orthopedics team members
- Help you find other helpful resources within the hospital
- Provide needed education before and after surgery

MyChart

MyChart is a secure and free online tool that connects patients electronically to parts of their medical record. Access to health information in MyChart is secured by a personal ID and password known only to the user.

How do I sign up?

The easiest way to sign up for MyChart is to ask your provider or a staff member at the clinic, hospital or emergency department. They will take care of everything and ensure your account is ready for you to use.

You may also go to asterahealth.org/mychart, click the blue “Sign Up Now” button and fill out a detailed form.

Key features

Once you have registered for MyChart, you will have access to the following information:

- **Stay in touch with your provider:** Communicating with your provider and clinic staff is as simple as sending an email, and it’s even more secure, meaning your information stays private and documented in your medical record for future reference. Through the Messaging Center, you can:
 - Schedule, request or cancel appointments
 - Ask non-urgent medical questions
- **Track your health:** With key parts of your medical information directly at your fingertips, you can keep track of your medical conditions and more:
 - Communicate with your provider or nurse
 - View test results as soon as they become available
 - Review your immunizations, medications, allergies and medical history
 - Track conditions such as diabetes, asthma, COPD and congestive heart failure
 - View a requested copy of your medical record
 - Record daily health readings such as weight, glucose or blood pressure
- **Download the smartphone app:** When you access MyChart on a smartphone, you get instant access and convenience. Simply search “MyChart” in your mobile app store.
- **MyChart assistance:** If you have questions about your health issues, results, medications, immunizations or other general medical questions, contact your health care provider.

Prescription Opioids: What You Need to Know

Prescription opioids are medications that can help relieve moderate to severe pain. They are often prescribed after a surgery. Though opioids can be an important part of your treatment, they also come with serious risks. It's important to work with your provider and Astera Health Orthopedics team to make sure you receive the safest, most effective care.

Minnesota Opioid Prescribing Guidelines

Using proven research and evidence-based practices, medical experts have created new guidelines for prescribing opioids. In Minnesota, these guidelines are called the Minnesota Opioid Prescribing Guidelines. They focus on controlling opioid use for pain and recovery from injuries and surgeries. Your expert providers at Astera Health use the Minnesota Opioid Prescribing Guidelines to make sure your opioid use is safe.

Prescription opioid use

If you are prescribed opioids for pain:

- Work together with your provider to discuss other non-opioid options for managing your pain and create a plan.
- Never take more than what is prescribed.
- Avoid alcohol.
- Tell your provider if you experience side effects.
- Never sell or share your opioids.
- Store your opioids in a protected place.
- Safely get rid of unused opioids using your community drug take-back program or your pharmacy mail-back program.

How to dispose of unwanted or unused medication

The best way to get rid of unwanted or unused medication is to bring it to an official medication disposal drop box. Do not flush medications down the toilet or drain.

Before getting rid of medication, remove or black out your personal information on the label, but leave the name of the medication intact. Tightly seal all liquids or place in a sealed bag. If an empty bottle has a recycling number, rinse out the bottle and put it in a recycling bin.

Call your county sheriff's office, local police department or solid waste department to learn about drop box locations near you.

Visit www.cdc.gov/drugoverdose to learn more about the risks of opioid abuse and overdose.

Freedom From Smoking

Using nicotine could affect your healing process and the longevity of your new joint, but don't worry. It's never too late to quit. No matter what age you are or how long you've been using tobacco, the effects of quitting are always beneficial.

Freedom From Smoking is a 12-week tobacco cessation program that gives you customized weekly visits and support by your provider, a nicotine treatment specialist and Astera Health's care coordination team.

Why quit?

- Lower risk of disease and death
- Financial savings
- Healthier family
- Better role model for children in your life

When you quit, you get:

- Clearer skin, hearing and sight
- Lowered blood pressure, heart rate and cholesterol
- Decreased risk of heart disease
- Improved lung function
- Reduced risk of cancer and diabetes
- Stronger immune system, muscles and bones

Helpful hints:

- Set a quit date
- Get rid of triggers like ashtrays and spit bottles
- Change your routine to replace tobacco use with another task or hobby

If you are interested in Freedom from Smoking or if you have questions, contact your provider.

Health Care Directive

A health care directive is a written document that tells others about your health care wishes. It allows you to name a person or “agent” to make decisions for you if you are unable to do so. Under Minnesota law, anyone 18 or older can make a health care directive.

How do I prepare a health care directive?

Fill out a form, create your own or have an attorney prepare one. Your directive must:

- Be in writing and dated
- Include your name
- Be signed by you (or someone authorized to sign for you) when you still can understand and communicate your health care wishes
- Have your signature verified by a notary public or two witnesses
- Appoint an agent and/or instructions about the health care choices you want to make
- If you want help completing your health care directive or if you have questions, please contact Medical Social Services at 218-631-5228.

What should I include in my health care directive?

Your health care directive may contain many health-related items, including:

- The name of your designated agent, alternate agents or joint agents
- Your goals, values and preferences about health care
- The type of medical treatment you want or do not want
- How you want your agent(s) to make decisions
- Your desire to donate organs, tissues or body parts
- Your funeral arrangements; you may be as specific or general as you wish

What are the limits on my health care directive?

- Your agent must be at least 18 years of age
- Your agent cannot be your provider, unless the provider is a family member, or you give a reason why your agent is your provider
- You cannot request health care treatment that is beyond reasonable medical practice
- You cannot request suicide assistance

How do I change my health care directive?

Your health care directive lasts until you change or cancel it. To cancel it, you can:

- Write a statement saying you want to cancel it
- Destroy it
- Tell at least two people you want to cancel it
- Write a new health care directive

Swing Bed Transitional Care

At Astera Health, we know you may need extra care to recover from your surgery. Our swing bed transitional care is an option you can consider for a short-term solution. It helps in gaining personal safety, strength, coping and support. To ensure insurance coverage for your stay in swing bed transitional care, we will discuss your care needs with your provider.

The services we provide include:

- 24-hour nursing care
- On-site providers
- Physical, occupational and speech therapies
- Certified wound care nurse
- Medical Social Services
- Room service with fresh, nutritional meals
- Medication monitoring
- Referrals to community resources

What are the benefits?

You receive support and personalized care to help with your healing and recovery. A team of professionals works with you to design a care plan that best fits your needs and addresses your specific condition and reason for admission. Additionally, swing bed transitional care at Astera Health allows you to stay close to your home, your family and friends, and your provider.

Length of stay

The amount of time you spend in swing bed transitional care depends on the reason for your stay, your goals, provider recommendations and how well you heal.

Other information

Medicare covers swing bed transitional care. If you have private insurance, we can help you research the benefits of your plan. Typically, a hospitalization of three nights is required before a swing bed stay. The need for swing bed transitional care is determined by a team that includes your provider, physical and occupational therapists, etc. Prior authorization works with your insurance company to determine whether or not swing bed is a benefit covered by your insurance.

For more information, contact Medical Social Services at 218-631-5228.

Personal Support Coach

You are encouraged to choose a family member/close friend to be your personal support coach. He or she will support and encourage you to meet milestones during your recovery. We recommend that your coach be available to stay with you and help care for you for at least 1-2 weeks after surgery.

Recommended qualities in a coach:

- C** – Caring and compassionate cheerleader
- O** – Offers comfort and support during your recovery
- A** – Available to actively participate and help with your rehabilitation
- C** – Communicates with you and your healthcare team
- H** – Helps, listens, and encourages your return to normal activity

Your personal support coach may also:

- Attend pre-surgery education class with you
- Be available during your hospital stay
- Go to therapy sessions with you
- Be with you as you receive your discharge instructions
- Be available to help you in your recovery after you leave the hospital

The coach's duties while you're in the hospital include:

1. Unpack the bags and pick out the first-day outfit.
2. Unpack the shoulder replacement guidebook and make sure it is nearby for reference and education sessions.
3. Remind you to use gel packs to reduce your pain and swelling.
4. Attend and participate in therapy if possible.
5. Be involved in patient care to better prepare to assist at home (e.g., practice putting Ted stocking on non-surgery leg, help with exercises, etc.).

Patient Financial Services

Prior authorization

Prior authorization is a process used by insurance companies to determine if they will cover a recommended procedure, service or medication. Our prior authorization department will contact your insurance company for you to determine eligibility for your procedure. Prior authorization does not start this process until about 2-3 weeks prior to your procedure. This process may take up to 14 days. For more questions, feel free to contact prior authorization at 218-632-8191.

Price estimate

Astera Health's price estimating tool gives you accurate and complete procedure price estimates. This helps you make informed decisions about your care and limit surprises when you get your bill.

We do our very best to ensure our estimates are as comprehensive as possible, meaning they include all related costs. Our estimates include all services billed by Astera Health such as professional fees, any technical charges, supplies, anesthesia, etc. We can provide price estimates for surgical procedures, clinic visits, lab and radiology.

For an estimate, call our patient resource department at 218-631-7498 or visit us at our Wadena campus.

Uncompensated Care Program

We know that medical expenses are often unexpected and unplanned and may cause a financial hardship for your family. If you are having trouble paying your bill, Astera Health's Uncompensated Care Program may be an option for you. This program provides services without charge or at a reduced rate for patients who have a financial need.

You may stop in for individualized assistance or contact us at 218-631-7498. No patient is refused emergency care or is discouraged from using Emergency Medical Services, regardless of ability to pay.

Nutrition Therapy: By the Academy of Nutrition and Dietetics

Fiber and fluid may help you feel less bloated and can help ease constipation after surgery. Increase fiber slowly over the course of a few weeks, which will keep your symptoms from getting worse.

- You may choose any foods, but try to find foods with whole grains.
- Slowly increase the amount of fiber you eat to 25 to 35 grams per day.
- Eat whole grain breads and cereals. Look for choices with 100 percent whole grains.
- Have brown or wild rice instead of white rice or potatoes.
- Enjoy a variety of grains such as barley, oats, farro, kamut and quinoa.
- Bake with whole wheat flour.
- Choose fresh fruits and vegetables instead of juices.
- Eat fruits and vegetables with peels or skins on.
- Drink at least 8 cups of water per day.
- If you are taking calcium or iron supplements, check with your doctor or registered dietitian. You may be able to take smaller amounts several times a day.

High-Fiber Foods	Amount	Total Fiber (g)
Bran cereal	1/3 cup	8.6
Cooked kidney beans	1/2 cup	7.9
Cooked lentils	1/2 cup	7.8
Cooked black beans	1/2 cup	7.6
Canned chickpeas	1/2 cup	5.3
Baked beans	1/2 cup	5.2
Pear	1	5.1
Soybeans	1/2 cup	5.1
Quinoa	1/2 cup	5
Baked sweet potato, with skin	1 medium	4.8
Baked potato, with skin	1 medium	4.4
Cooked frozen green peas	1/2 cup	4.4
Cooked frozen mixed vegetables	1/2 cup	4
Raspberries	1/2 cup	4
Blackberries	1/2 cup	3.8
Almonds	1 oz.	3.5
Cooked frozen spinach	1/2 cup	3.5
Vegetable or soy patty	1 each	3.4
Apple	1 medium	3.3
Dried dates	5 pieces	3.3

Your body needs protein to heal after surgery. If you are deficient in protein, you are less likely to heal as fast after surgery because your body does not have the nutrients

it needs. If you do not have the best appetite after surgery, which is common, we recommend drinking a protein shake supplement such as Ensure or Boost.

High-Protein Foods	Amount	Protein (g)
Sirloin Steak	4 oz.	34.2
Chicken Breast	3 oz.	26.7
Cooked Ground Turkey	3 oz.	22.4
Cooked Ground Beef	3 oz.	22.0
Tuna, Drained	3 oz.	21.7
Salmon	3 oz.	18.8
Cottage Cheese	4 oz.	14.0
Tofu	3 oz.	12.8
Milk, Skim	8 fl. oz.	8.7
Lima Bean	1/2 cup	7.3
Cheddar Cheese	1 oz.	7.0
String Cheese	1 each	7.0
Kidney Bean	1/2 cup	6.7
Large Egg	1 each	6.3
Low-fat Yogurt	4 oz.	4.9
Almonds	1 oz.	3.5

PREPARING FOR SURGERY

Four Weeks Before Surgery

You might notice that you've been less active because of your shoulder joint discomfort. When muscles are not used, they become weak and do not perform well in supporting and moving your body.

Having your shoulder surgery will correct the joint problems, but you will need a regular exercise program to strengthen and stretch your muscles to support your new joint.

Beginning an exercise program before surgery can greatly help your recovery.

The following pages list several exercises for you to work on before your surgery. Because everyone responds to exercise differently, you need to be the judge of how much exercise you can do each day. If an exercise causes an increase in discomfort, stop doing that exercise.

You should try to exercise one to two times a day, every day, before surgery. Work up to doing 10 to 20 repetitions of each exercise. It may be helpful to do these exercises on both arms.

Pre-surgery shoulder exercises

(See the following pages for descriptions)

1. Forward lean	20 reps	2 times/day
2. Pendulum circles	20 reps	2 times/day
3. Chin tuck	20 reps	2 times/day
4. Scapular set	20 reps	2 times/day
5. Bicep curls	20 reps	2 times/day
6. Elbow pronation/supination	20 reps	2 times/day
7. Wrist flexion/extension	20 reps	2 times/day
8. Grasp strength	20 reps	2 times/day

Shoulder Exercises – Before Surgery

1. Forward lean – Bend 30 degrees at the waist and place your non-surgical arm on a solid surface such as a table or chair. Let your surgical arm hang, relaxed.

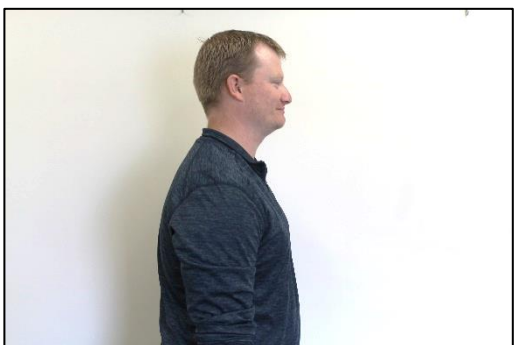
2. Pendulum circles – While in the forward lean position, keep your arm relaxed and use your body to swing your arm clockwise and then counterclockwise.



3. Chin tuck – Stand with your back straight and arms at your sides. Pull your head back and tuck your chin toward your neck. Hold for 5 seconds and relax.



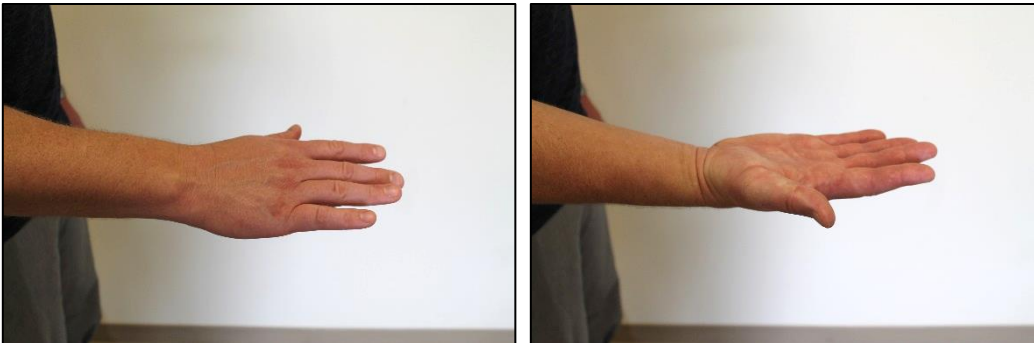
4. Scapular set – Stand with your arms at your sides. Pinch your shoulder blades together. Hold for 5 seconds and relax.



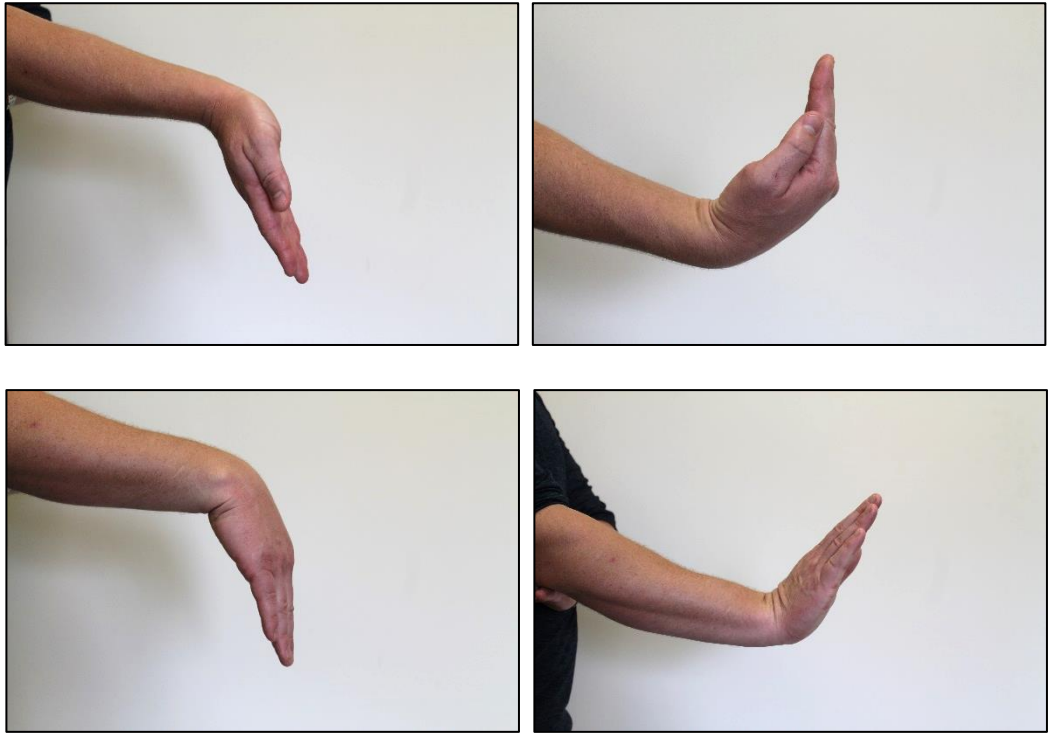
5. Bicep curls – Stand with arms relaxed at sides. With palm facing up, make a fist and raise surgical hand toward shoulder until it reaches 90 degrees. Hold for 5 seconds. Lower slowly.



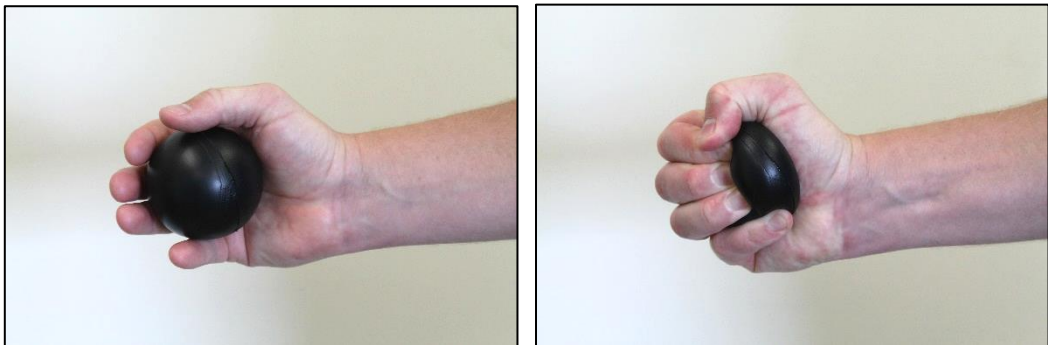
6. Elbow pronation/supination – With elbow held at side, wrist straight and palm facing up, turn until palm faces down completely. Then turn until palm faces up completely. Repeat.



7. Wrist flexion/extension – With elbow held at your side, wrist straight and palm facing up, bend wrist down, then up. Rotate your wrist so that your palm faces downward and repeat wrist bends.



8. Grasp strength – Grasp a foam ball as tightly as you are able. Hold for 5 seconds. Relax.



Two Weeks Before Surgery – Pre-Surgery Exam

The purpose of a pre-surgery exam is to evaluate and/or determine other testing to prepare patients who may be at higher risk for complications after surgery. A pre-surgery exam can help the surgical team identify risk factors that might complicate your recovery.

Your exam should be scheduled with your primary care provider's office 10-14 days before your surgery. Your surgeon will send orders to your provider for blood work, and EKG. These tests should be completed with the pre-surgery appointment. **If you are on Coumadin (warfarin), Plavix or aspirin, your provider will tell you about the need to stop taking these medications before surgery.** Depending on your provider's findings, you might be required to consult with other providers such as a cardiologist. **Please stop taking over the counter blood thinner medications such as Aspirin, Ibuprofen, Advil, Motrin, Aleve, and Naproxen 1 week prior to surgery.**

Gather supplies

Please purchase hand sanitizer in advance for use after surgery to reduce bacteria and the risk of infection. You will also need to purchase gel ice packs. This will allow you to have it readily available during your recovery.

Notify surgeon of any pre-surgery illness or infection

If you develop a minor illness such as a cold, flu, sore throat, fever, etc., please contact the surgery coordinator at your surgeon's office.

One Week Before Surgery

Prepare your home for your return. Remove all throw rugs from your kitchen and dining rooms. Some patients find it helpful to prepare meals in advance and freeze them or arrange for a family member or coach to prepare meals for you. Make arrangements for your mail pickup and pets while you are hospitalized.

Three Days Before Surgery – Preventing Complications

Before surgery, your skin should be as bacteria-free as possible to prevent infections after your procedure. Follow the instructions below regarding the use of Chlorhexidine Gluconate (CHG) solution and scrub.

1. Shower normally using your soaps and shampoos. Rinse off thoroughly.
2. Apply one-third of the bottle of CHG to a wet washcloth and scrub your entire body. Avoid scrubbing your face or genital areas.
3. Let the CHG soak on your skin for at least one minute. Then rinse thoroughly.
4. Showers are the preferred method for a CHG wash, but you may take a bath if you do not have access to a shower. Take a bath normally, then drain the tub. Wash with the CHG soap using the directions above, let sit one minute, and then draw a new bath to rinse.

Two Days Before Surgery – CHG Liquid

Repeat the instructions above for washing with CHG.

One Day Before Surgery – CHG Liquid and Cloths

Liquid

Repeat the instructions above for washing with CHG soap. Wait one hour after your shower before using the cloths.

Cloths

The surgeon's office will give you a packet of 2-percent CHG cloths. Use the CHG cloths in the evening before you go to bed.

1. Gently scrub the surgical area with one cloth for three minutes. You should also scrub halfway down your arm (front and back) and halfway up your shoulder (front and back). Do not rinse your shoulder.
2. Repeat the process with a second cloth. Scrub for an additional three minutes. Do not rinse.
3. Wash your hands thoroughly after scrubbing and avoid touching your eyes.

Note: Your skin may feel tacky after scrubbing. This will go away when your skin dries. You may shower the morning of your surgery if you wish.

Important notes when using the scrub

- Do not shave your underarms for two days prior to scrubbing with CHG because it can irritate newly shaved skin.
- Scrub the surgical area gently to avoid irritating the skin.
- You might notice a faint odor on your skin after washing with CHG. This is normal. It means that it is working and killing bacteria.
- If you develop a rash, immediately stop using CHG. However, you must complete the pre-surgery wash with the CHG cloths the night before your surgery.

Why is CHG important?

- CHG soap reduces potentially harmful bacteria on your body to protect from infection.
- CHG cloths kill germs on contact and continue killing micro-organisms after use.

48-72 Hours Prior to Surgery

You may be contacted by the joint care coordinator to schedule a final blood test prior to surgery called a Type and Screen. This blood test cannot be done at your preoperative appointment as it needs to be done within 72 hours of your surgery. This blood test determines your blood type and screens for any antibodies. This is done so that we have the information in the event you should need a blood transfusion during your surgery or hospitalization. This is not a fasting blood test.

Find out Your Arrival Time – Two Business Days Before Surgery

The joint care coordinator will call two days before (or the Thursday before if you have a Monday surgery) to tell you the scheduled arrival time. You should come to the hospital 1 1/2 hours before the scheduled surgery to give the nursing staff enough time to start IVs, prep and answer questions. It is important that you arrive on time in case the surgical time is moved up at the last minute. If you are late, it might create a significant problem with starting your surgery on time. In some cases, lateness could result in moving your surgery to a much later time.

If you have questions about your arrival time, call the joint care coordinator at 218-632-8768 during business hours. On weekends or after hours, call 218-631-3510 and ask for the nursing supervisor.

Pre-Surgery Checklist

4 weeks before surgery:

- Give FMLA/LOA employment forms to your surgeon.
- Inspect your chairs at home. Many patients prefer to sleep in a recliner rather than a bed for 1-2 weeks after surgery. Practice getting in and out of a recliner without using your surgical arm. You may want to have a chair in the dining room with arms.

2 weeks before surgery:

- Collect the supplies and equipment from the shopping list that you'll need at home.
- Now is the time to see your primary care provider (and cardiologist if applicable) for a pre-surgery exam. Review all medications and supplements at that time. Blood thinners may need to be stopped as directed by your provider.

1 week before surgery:

- Get your house ready for when you return home.
- Plan your ride home from the hospital. A minivan or SUV is preferred for ease. For cloth seat vehicles, place a trash bag in the glove box so it is available to place on the seat to aid you in sliding into and out of the vehicle.
- Three days before surgery, begin the daily shower/bath routine with 4-percent Chlorhexidine Gluconate (CHG) soap according to the instructions on Page 22.

Two days before your surgery:

- The joint care coordinator will call to tell you when you should arrive at Astera Health.

Day before your surgery:

- Pack your suitcase. Remember to bring your shoulder replacement guidebook.
- On the evening before surgery, use the 2-percent CHG no-rinse cloths on your surgical joint according to the instructions on Page 22.
- Do not eat or drink anything after midnight.

Hospital Packing Checklist

DO bring:

- One set of comfortable, loose clothes that are easy to put on and take off, including button-down shirts that are at least two sizes larger than your normal size. You are not going to be able to pull shirts over your head.
- Your insurance card and expected payment
- Your health care directive, if you have one (see Page 11 for more information)
- CPAP machine, if you use one at home
- Glasses/contacts, hearing aids or dentures, including a storage container for these items with your name on it
- Personal hygiene items such as toothbrush, comb, skin care products, deodorant (all of these items are optional; the hospital can provide most of them)
- An electric razor if you want to shave while here
- Any adaptive devices you need. You may want to bring a cane, if you have one, for balance if needed.
- Flat, supportive, non-slip shoes, such as walking or athletic shoes, with room for feet that will be swollen. Please bring shoes that have a back on them. Slip-on shoes or boots are not ideal.
- Remember this guidebook

Do NOT bring:

- Good clothing as it may become soiled
- Robes or slippers
- Medications, unless specifically told to do so
- Jewelry and money

DAY OF SURGERY

When You Arrive

- Park in south patient lot and enter through the emergency entrance.
- Check in with patient registration/admitting. You will be escorted to your room.
- A nurse will complete an admission assessment, start your IV and clean the surgical area.
- You will wash one more time with a CHG cloth and learn how to use Nozin (Page 33), a nasal sanitizer, to reduce your risk of infection.
- You will be asked to sign a consent form for surgery if you have not already done so.
- A member of your surgical team will talk with you about the surgery and verify which joint is to be replaced.
- A certified registered nurse anesthetist will review your medical history and help you decide which type of anesthesia you will receive.
- Please ask questions.

Anesthesia: What You Need to Know

Anesthesia is a combination of medicines that blocks the feeling of pain and lowers your awareness during surgery. The type of anesthesia used depends on your surgery, medical and surgical history, and physical condition. Before your surgery, a certified registered nurse anesthetist (CRNA) will help you decide which anesthesia is best for you. You will receive other medicine to give you pain relief during and after surgery.

Who are the anesthetists?

The operating room and post anesthesia care unit at the hospital are staffed by CRNAs. Each CRNA is an individualized practitioner with privileges to practice at this hospital.

What types of anesthesia are available?

The type of anesthesia for your shoulder surgery will be tailored to you based on your individual needs. The CRNA will discuss the anesthesia care plan before your surgery. The most common anesthesia is a combination of heavy intravenous (IV) sedation along with local anesthesia. The IV sedation helps you stay very comfortable during the surgery. Most commonly, the local anesthetic technique is in the form of a spinal anesthetic. However, an epidural is occasionally used. The spinal anesthetic is also enhanced with other nerve blocks to further help in your after-surgery comfort.

During surgery, what does my anesthetist do?

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

Types of Anesthesia

Type	Definition	Benefits	Side Effects
Peripheral nerve block or one-time shot	A numbing medicine (local anesthesia) blocks the pain in your shoulder. You'll receive a mild sedative and shot of local anesthesia by the nerves in the shoulder.	<ul style="list-style-type: none"> • Fewer pain medications post-surgery • Improved pain relief • Improved physical therapy results 	<ul style="list-style-type: none"> • Numbness near the surgery area • Weakness in surgical leg <p>Ask for help walking to avoid injury after surgery.</p>
Regional anesthesia	Regional anesthesia blocks sensations to a limited area of your body. A light sedation relieves anxiety while the anesthesia is given by a shot.	<ul style="list-style-type: none"> • Faster wake-up time • Less chance of nausea • Less stress on your heart and lungs • Pain relief after surgery 	<ul style="list-style-type: none"> • Headache • Itching • Trouble urinating <p>Side effects typically fade in a few days. Inform a member of your health care team if you experience side effects.</p>
General anesthesia	General anesthesia puts you to sleep during surgery and is given by shot or inhalant. A breathing tube will be used to help you breathe during the anesthesia.	<ul style="list-style-type: none"> • Better for longer or more involved surgeries • Keeps you comfortable during surgery 	<ul style="list-style-type: none"> • Sore throat • Headache • Hoarseness • Nausea • Drowsiness <p>Side effects typically fade in one day. Tell a member of your health care team if you experience side effects.</p>

Post Anesthesia Care Unit (PACU)

- After surgery, you will be taken to the recovery room or post anesthesia care unit (PACU).
- Most people stay about one hour in the PACU. Your time in the PACU will depend on your surgery and how fast you recover from anesthesia.
- A nurse will monitor your vital signs and help if you have side effects from anesthesia.
- You might have discomfort and pain when you wake up. Your nurse will work with you to make you as comfortable as possible.
- You will be given a shoulder brace to protect and immobilize your shoulder.
- An X-ray may be taken of your new joint in the PACU.

YOUR HOSPITAL STAY

You will stay in a private room in the inpatient unit of the hospital. The Astera Health nursing team consists of professional registered nurses (RN) and certified nursing assistants (CNA). Their main focus is to help you recover as quickly and as comfortably as possible. The team will provide encouragement and support as you make steps toward recovery.

You will feel some discomfort, which is normal after surgery. You will be provided with pain medication to help lower the amount of discomfort you experience. Some pain will continue despite the use of pain medications. Remember that everyone experiences pain at different levels and intensities. Your health care team recognizes that managing your pain appropriately will help in your recovery and healing process. The staff will refer to a pain scale of 0 to 10 (0 being no pain and 10 is the worst pain you could imagine) and will ask you to rate your pain. Please let your nurse know as soon as you feel the first sign of pain because your pain is easier to manage at a low level.



Safety at the Hospital

- You will be asked for your name and date of birth many times.
- Always use the call light when you want to get out of bed. You will be attached to many pieces of equipment that will need to be disconnected to allow you out of bed safely.
- Always use the slip-resistant socks provided to you by the hospital when up and walking. Don't get out of bed with only compression stockings on.
- Please ask questions.

What Can You Expect While Hospitalized?

- Frequent checks by the nurse
- Pain management
- Bruising and swelling (increases 7-10 days after surgery)
- Physical and occupational therapy
- Increasing activity each day
- Stockings/devices on your legs to promote circulation
- Laboratory tests

What to Expect Each Day

(The length of your hospital stay depends on progress and health status)

Day of surgery:

- Frequent vital sign checks and assessments
- Receiving oxygen as needed
- Incision covered with a dressing
- Oral pain medications will be started
- **Lovenox injection** (blood clot prevention medicine)
- Clear liquid diet, advancing to regular diet as tolerated
- Infusion of fluids through an intravenous (IV) catheter
- Nozin nasal sanitizer administered
- Cold therapy with gel ice packs
- Sitting on edge of bed, walking to bathroom and walking in halls
- Physical therapy evaluation in the afternoon
- Discharge planning and questions for health care team

Day after surgery:

- Morning blood draw
- Assistance getting dressed in comfortable clothes
- Incision still covered
- **Lovenox injection** (blood clot prevention medicine)
- Physical therapy and occupational therapy session in the morning
- Cold therapy with gel ice packs
- Expected discharge

Patients who can complete the following may return home as soon as the day after surgery:

- Adequate pain control
- Minimal assistance with dressing and walking
- Understanding of infection and blood clot prevention

GOING HOME

Discharge Instructions

1. Walk every day, but don't overdo it.
2. Wear your TED stockings for two weeks or until seen by your provider. You may remove them for one to two hours twice a day to wash the stockings and bathe your legs.
3. Continue your assigned physical therapy exercises (Page 37).
4. You may shower at home but be sure to keep the surgical area covered and dry by using press and seal plastic wrap.
5. Keep brace in place for six weeks or as instructed by your physical therapist.
6. Do not lift anything with your surgical arm for six weeks. Do not lay on your surgical shoulder.
7. Dressing will be changed 7 days after surgery in the orthopedic clinic. If 75% saturated, prior to this, please call orthopedic clinic nurses at 218-632-8702.
8. Report any of the following to your doctor:
 - a. Increased uncontrolled pain
 - b. Drainage or redness at the incision site (there should be no drainage after five days)
 - c. Fever higher than 101 degrees
 - d. Numbness or tingling in your shoulder or arm
 - e. Injury to your shoulder or arm
9. Refrain from dental work including cleanings or procedures for 12 weeks after surgery. You will need to notify your surgeon's office for antibiotic treatment prior to your visit to the dentist for one year after your surgery. This is to prevent an infection in your new joint.
10. Apply gel ice pack to shoulder while at rest. Use ice during the day, up to 20 minutes at a time. Place a protective layer (thin cloth) between the skin and sleeve. Take a 20-minute break in-between icing. Do not leave ice on overnight. Most patients will use the gel ice packs for several weeks after surgery.
11. Use Nozin (Page 33) twice a day (morning and evening) for eight days after surgery.
12. You may alternate taking 600 mg ibuprofen with 650 mg acetaminophen every 3-4 hours as needed for pain control. You may also take your prescribed pain medication as directed.
13. For medication refills or if the bottle shows you have 0 refills, please contact your surgeon's office directly. This will expedite your refill request.

Medications Prescribed for Home Use

1. Pain Medication (Oxycodone or Hydrocodone)

You will be prescribed one of the above opioid pain medications to take at home. Take this medication as prescribed for moderate to severe pain. This medicine can impair judgement and decision making, make you drowsy, nauseated and/or dizzy. Drink plenty of water and eat lots of fiber as opioid induced constipation is a common side effect from this medication.

2. Hydroxyzine HCL (Atarax) or Hydroxyzine Pamoate (Vistaril)

This is a broad medication used for nausea, itching, anxiety, and muscle spasms or muscle pain. Hydroxyzine may cause drowsiness so it may be best to take this medication at a time where you can rest and/or at bedtime.

3. Acetaminophen (Tylenol)

Acetaminophen can help provide pain control after surgery. You may take up to 650mg of Acetaminophen per dose. You may alternate Acetaminophen with Ibuprofen every 3-4 hours or you may alternate Acetaminophen with your opioid pain medication.

* If you are prescribed Hydrocodone for pain medication after surgery, do NOT take 650mg of Acetaminophen. Hydrocodone already has Acetaminophen in it so only take 325mg of Acetaminophen per dose if you are alternating it with Hydrocodone.

4. Ibuprofen (i.e. Advil, Aleve, Motrin)

Helps control mild to moderate pain after surgery. You may take up to 600 mg of Ibuprofen per dose. You may alternate Ibuprofen with Tylenol every 3-4 hours or you may alternate Ibuprofen with your pain medication.

*Do NOT take Ibuprofen if you are on a blood thinner or have other contraindications to NSAIDS.

5. Sennosides-docusate sodium (Sennakot-S/Senna Plus)

Senna Plus is a laxative that can help with constipation after surgery. As you wean off your opioid pain medications, you can also wean off the Senna Plus.

6. Aspirin

Aspirin (325 mg) is taken daily for 30 days to decrease the risk of developing blood clots in your legs and/or lungs. It is important that you take your aspirin daily if it is prescribed to you.

Nozin[®]

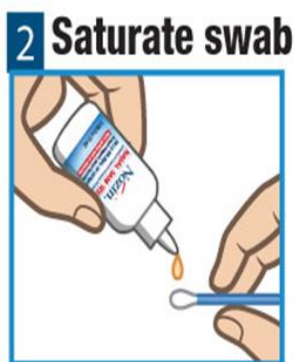
NASAL SANITIZER[®]

NOZASEPTIN[®] FORMULA ADVANCED ANTISEPTIC

HOW TO USE BOTTLE AND SWAB



SHAKE BOTTLE WELL.



Apply about 4 drops to cotton swab tip.



Swab nasal vestibule 8X in each direction. Swab inside front pocket.

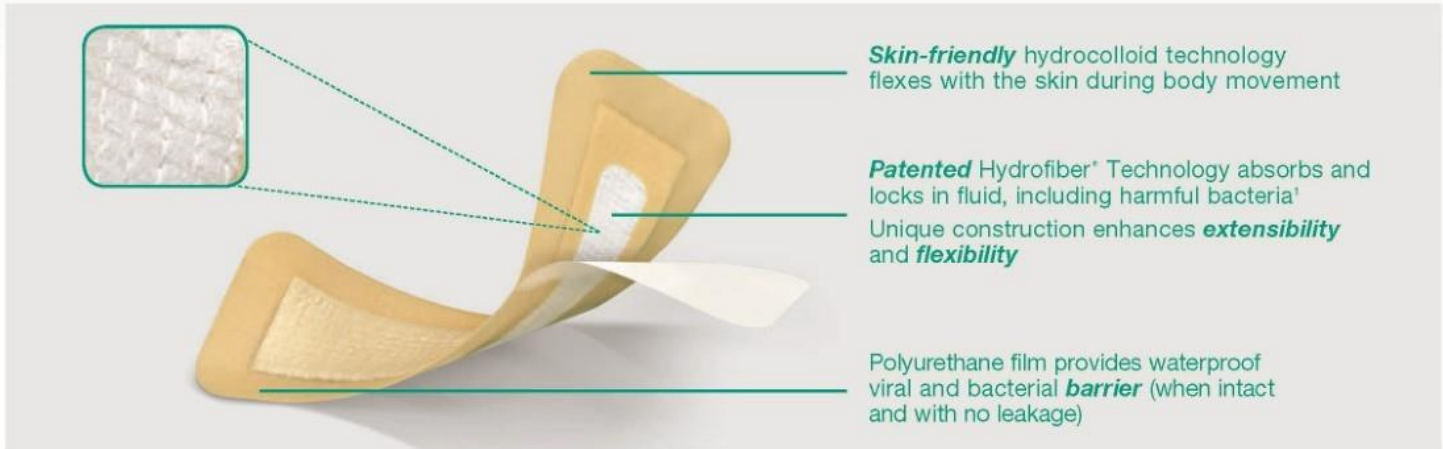
Repeat steps 2 and 3 for the other nostril (nasal vestibule).

DO NOT GO DEEPER THAN SWAB TIP. Discard used swab. Secure cap on bottle. For best results with the bottle, use within 45 days after bottle has been opened. Please read entire product package prior to use. Apply to skin only.

You will use Nozin twice daily (morning and evening) for only eight (8) days after surgery.

A patient's guide to AQUACEL® Ag SURGICAL dressing

An innovative design to handle post-operative challenges



- Dressing is waterproof, can be worn in the shower
- Your dressing can be left in place for up to seven days
- Dressing may need to be changed sooner depending on the amount of drainage it absorbs



Acceptable amount of fluid



Dressing needs to be changed when fluid reaches border

Removal

- To remove dressing, press down on the skin with one hand and carefully lift an edge of the dressing with your other hand. Stretch the dressing to break the adhesive seal and remove.



Call your Clinician if:

- the dressing will not stay in place
- there is a large amount of fluid coming from the incision
- you experience unusual pain or odor

Refer to package insert for full instructions for use.

References

1. Walker M, Hobot JA, Newman GR, Bowler PG. Scanning electron microscopic examination of bacterial immobilisation in a carboxymethylcellulose (AquaCell) and alginate dressings. *Biomaterials*.2003; 24:883-890.8.

POSSIBLE COMPLICATIONS

Blood Clots

Patients who have surgery are at risk for a complication known as deep vein thrombosis (DVT). It happens when a blood clot forms deep inside a vein, most commonly in the thigh or calf. It can happen after any major surgery, not just total joint replacements, but those who have surgery on their legs or hips are at a higher risk.

Warning signs of blood clots:

- Pain in your shoulder or arm that is unrelated to your surgical incision
- Redness or tenderness around your shoulder
- Swelling in your shoulder, arm, wrist, or hand

If you experience these symptoms, immediately contact your surgeon.

Pulmonary Embolism

Another risk for after-surgery patients is pulmonary embolism, which happens when a blood clot breaks free and moves through the veins. It is possible for this clot to reach the lungs and heart and block the blood flow, which could lead to death.

Warning signs of pulmonary embolism:

- Shortness of breath that comes on suddenly
- Chest pain, especially when breathing

If you experience any of these symptoms, immediately call 911.

Preventing Complications

Your Astera Health Orthopedics team is committed to preventing complications after your surgery. This plan may include elevating your legs, support stockings and medication. Follow all instructions to reduce your risk for blood clots in the first several weeks of recovery.

- Follow your therapy program.
- Take Aspirin or other prescribed medications every day for 30 days.
- Wear TED stockings.
- Be as active as possible.

Infections

- Wash hands.
- Avoid lotion/creams for one month.
- Change bandage daily.
- Report increased pain, redness, drainage, or odor immediately.

HOME EXERCISE PROGRAM

Your arm muscles may feel weak after surgery because you did not use them much when you suffered from shoulder problems. Surgery corrected this problem. Your home exercise program will include activities to reduce swelling and increase your shoulder motion and strength. This will help you move more easily and get back to doing the activities you enjoy.

Your success with rehabilitation largely depends on your commitment to following the home exercise program (beginning on the next page) developed by your therapists.

Swelling:

It is important to keep your swelling down after surgery. You can do this by:

- Putting a cold pack on your shoulder
- Exercising your muscles
- Balancing activity with rest

Range of motion:

It is important to work on your shoulder motion (bending and straightening) after shoulder replacement surgery.

Follow any additional instructions given to you by your health care provider or therapist.

Total shoulder replacement after-surgery exercises and goals – activity guidelines

Exercising is important to get the best results from total shoulder surgery. You may receive exercises from a therapist at an outpatient facility or at home. In either case, you need to participate in an ongoing home exercise program. After each therapy session, ask your therapist to mark the exercises in your guidebook. These goals and guidelines are listed on the following pages.

Weeks 1-5

During Weeks 1-5 of your recovery, your goals are to:

- Use passive range of motion only at shoulder joint
- Limit flexion to 90 degrees
- Achieve abduction to 60 degrees
- External rotation to neutral
- Slowly resume everyday tasks
- Complete 20 reps each of home exercises twice daily

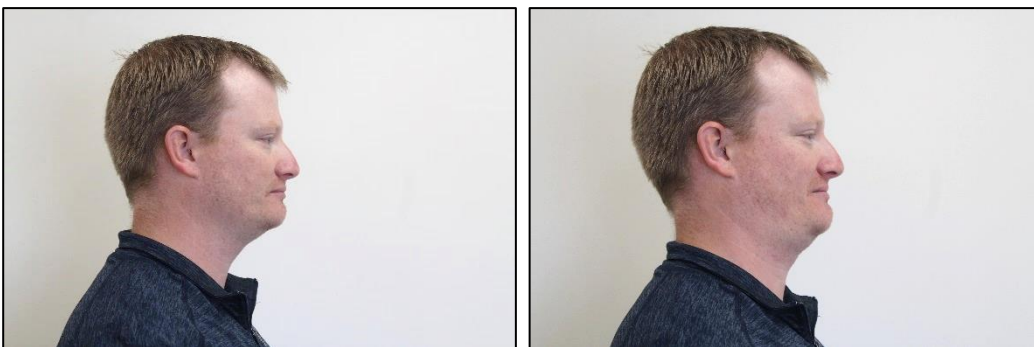
*Track your progress using the table on Page 48.

1. Forward lean – Bend 30 degrees at the waist and place your non-surgical arm on a solid surface such as a table or chair. Let your surgical arm hang, relaxed.

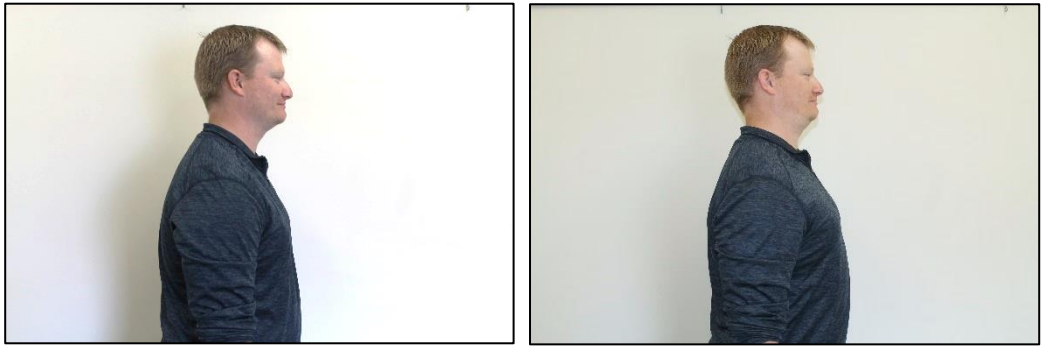
2. Pendulum circles – While in the forward lean position, keep your arm relaxed and use your body to swing your arm clockwise and then counterclockwise.



3. Chin tuck – Stand with your back straight and arms at your sides. Pull your head back and tuck your chin toward your neck. Hold for 5 seconds and relax.



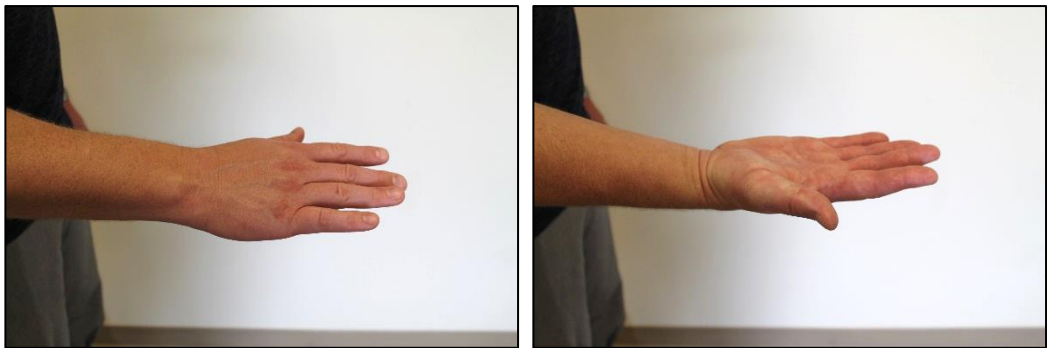
4. Scapular set – Stand with your arms at your sides. Pinch your shoulder blades together. Hold for 5 seconds and relax.



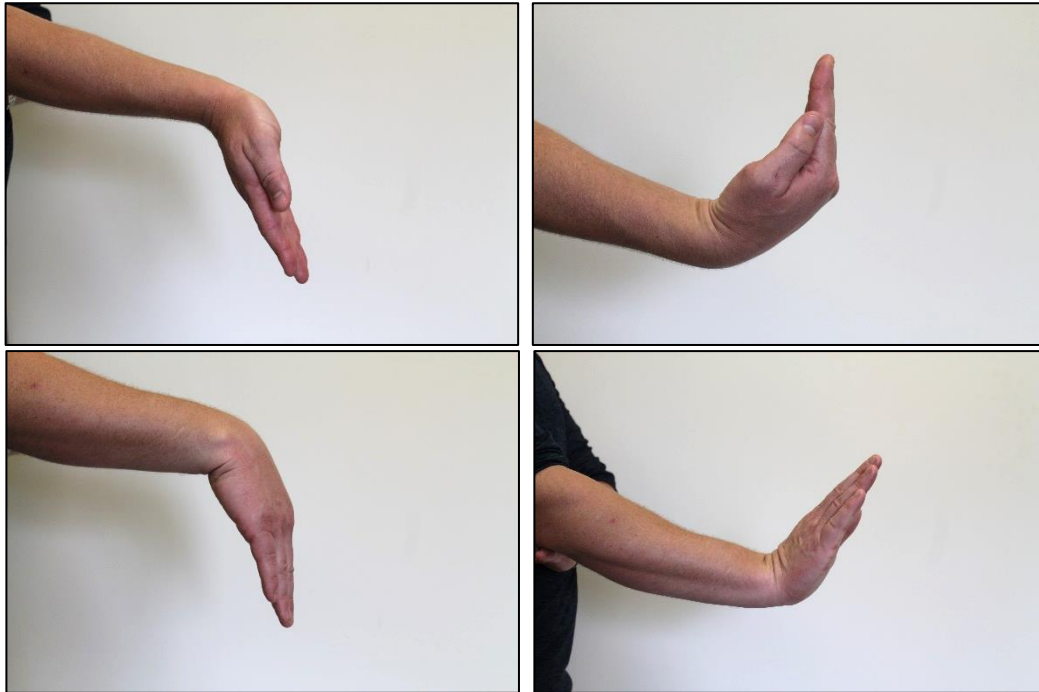
5. Bicep curls – Stand with arms relaxed at sides. With palm facing up, make a fist and raise surgical hand toward shoulder until it reaches 90 degrees. Hold for 5 seconds. Lower slowly.



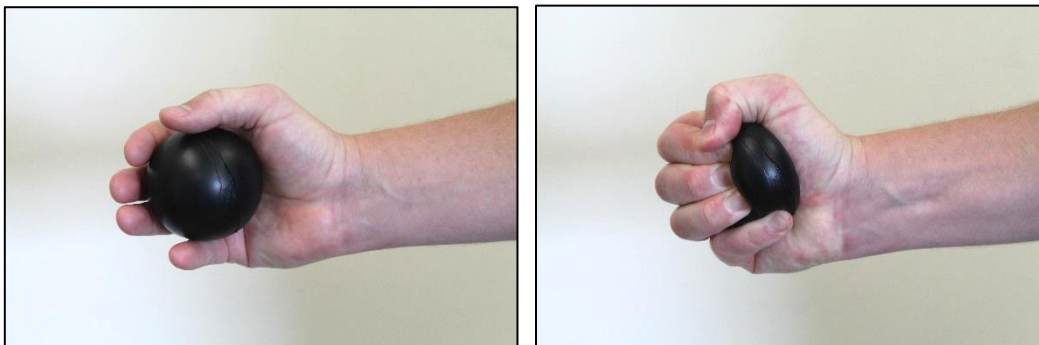
6. Elbow pronation/supination – With elbow held at side, wrist straight and palm facing up, turn until palm faces down completely. Then turn until palm faces up completely. Repeat.



7. Wrist flexion/extension – With elbow held at your side, wrist straight and palm facing up, bend wrist down, then up. Rotate your wrist so that your palm faces downward and repeat wrist bends.



8. Grasp strength – Grasp a foam ball as tightly as you are able. Hold for 5 seconds. Relax.



Scar Massage

Start scar massage four weeks after surgery. Do this by placing the pad of your fingertip on your scar area. Apply steady downward pressure while moving in a circular fashion. Use another finger on top to assist. Repeat until the entire scar has been worked/massaged. Do this 2-3 times throughout the day. You may use vitamin E oil, Palmer’s cocoa butter formula, or other lotions and skin moisturizers if you wish.

Week 6

Week 6 will see much more recovery to full independence. Your home exercise program will be even more important as you receive less supervised therapy. During this period, you will transition to home physical therapy or using the wellness center on your own. Your therapist can instruct you on how to appropriately use the equipment at the wellness center. Your goals for this time period are to:

- Achieve the goals set during Weeks 1-5
- Begin exercises in warm-water therapy pool
- After Week 6, return to work periodically
- Complete 20 reps each of home exercises twice daily

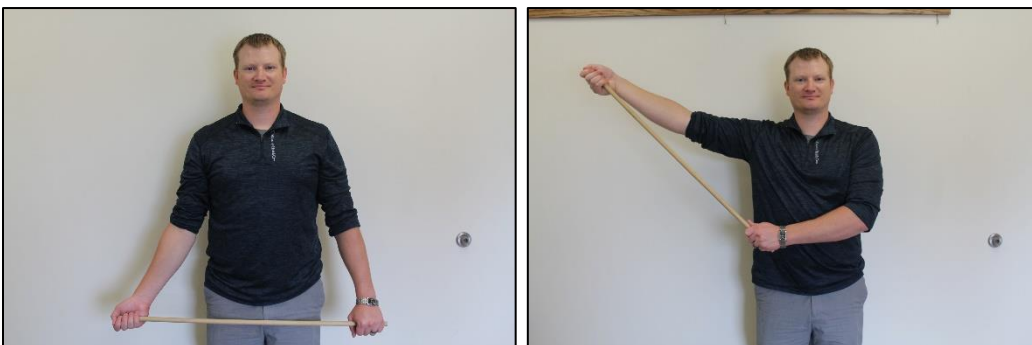
*Track your progress using the table on Page 49.

It is common to experience aching and soreness even six weeks after surgery. This is normal as your activity level increases. Relaxation techniques such as deep breathing, reading before bed and using ice packs can help to ease discomfort and give you better rest and relief.

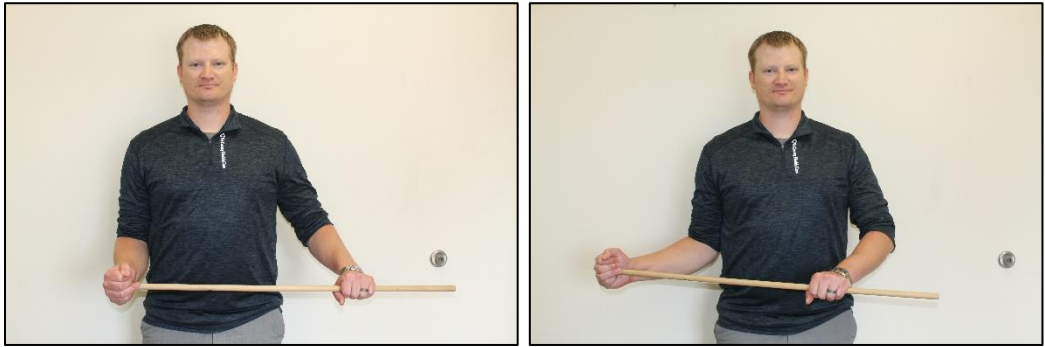
1. Shoulder flexion with wand – Holding wand in both hands and keeping elbows straight, slowly raise arms as far as you are able without causing pain.



2. Shoulder abduction with wand – Holding wand with surgical hand palm up, push wand directly out to surgical side, leading with other hand palm down, until stretch is felt.



3. External rotation with wand – Hold the end of the wand in the palm of your surgical hand, thumb up. Keep your elbow at your side and push surgical arm out.



4. Internal rotation with wand – Hold wand behind your back. Slide up your back as far as possible.



5. Shoulder extension with wand – Hold wand behind your back. Pull arms back, squeezing shoulder blades together.



Week 7

During Weeks 7 of your recovery, your goals are to:

- Achieve the goals set during Weeks 1-6
- Slowly resume everyday tasks
- Complete 20 reps each of home exercises twice daily

*Track your progress using the table on Page 49.

1. Shoulder flexion – Start with arm at your side, thumb up. Raise your arm in front as high as you are able without causing pain. Lower slowly.



2. Shoulder abduction – Start with arm at your side, thumb up. Raise arm sideways as high as you are able without causing pain. Lower slowly.



3. Shoulder scaption – Start with arm at your side, thumb up. Raise your arm diagonally from your hip as high as you are able without causing pain. Lower slowly.



4. External rotation – Lie on non-surgical side. Start with arm across stomach and elbow bent 90 degrees. Place a towel roll under your arm. Raise hand away from stomach toward ceiling. Lower slowly. Repeat.



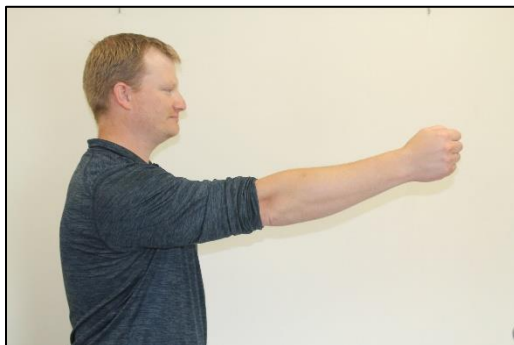
Week 8

During Week 8 of your recovery, your goals are to:

- Achieve the goals set during Weeks 1-7
- Slowly resume everyday tasks
- Complete 20 reps each of home exercises twice daily

*Track your progress using the table on Page 49.

1. Shoulder flexion – Start with arm at your side, thumb up. Raise your arm in front as high as you are able without causing pain. Lower slowly.



2. Shoulder abduction – Start with arm at your side, thumb up. Raise your arm sideways as high as you are able without causing pain. Lower slowly.



3. External rotation with TheraBand – Squeeze shoulder blades together. Keep elbow at your side and pull surgical hand away from your stomach. Slowly return.



4. Internal rotation with TheraBand – Squeeze shoulder blades together. Keep elbow at your side and pull surgical hand toward your stomach. Slowly return.



5. Shoulder extension with TheraBand – Start with head up maintaining upright posture. Grasp rep band with both hands, keeping arms straight. Pull arms back, squeezing shoulder blades together.



OCCUPATIONAL THERAPY

Total Shoulder Techniques

1. Your occupational therapist will instruct you in the hemi-dressing technique, which is a one-handed dressing technique.
2. You may want to invest in a raised toilet seat (with or without handles) to make getting on and off the toilet easier and safer. A self-wipe toilet aid is another device that can make using the bathroom easier.
3. When you eat, place a nonskid mat under your plate to prevent it from sliding when you scoop food. Use a clip-on plate guard or lip plate to further help you while eating.
4. Choose simple styles for your hair. If you need to blow dry your hair, use only your non-surgical hand.
5. While showering, shower mitts are often easier to grasp than a washcloth. Grab bars or a shower chair can also be useful for balance in the shower.
6. Use a foam sponge or ball to grip in your surgical hand to improve and prevent the loss of grip strength.

FREQUENTLY ASKED QUESTIONS

My shoulder feels numb. Should I be concerned?

After surgery, you might feel numbness near your shoulder. This numbness is normal because your nerve endings were affected during surgery. Over time, some patients regain the feeling, others do not. The numbness you feel does not affect the function of your shoulder.

How long will full recovery take?

Full recovery from shoulder replacement surgery may take up to one year. Your body has experienced significant changes and stress. Over time, you will notice your activity level returning to normal.

Can I still travel through airport security?

Having a joint replacement should not prevent you from traveling. Airport security technology can easily detect your shoulder replacement components, so we no longer need to provide wallet cards stating you've had joint replacement.

How long after my surgery will I see my surgeon?

Your surgeon wants to follow the progress of your shoulder for your entire lifetime! He will typically see you every other year after the first anniversary of your surgery, but he may decide you need to be seen yearly. He'll keep an eye on your joint through X-rays and exams to make sure that it is functioning properly and that there aren't concerns.

When can I resume sexual activity?

You can resume sexual activity 8 weeks after surgery. A firm mattress is recommended. Use the missionary position or less dominant position. Visit recoversex.com for more information about resuming sexual activity after surgery.

EXERCISE PROGRESS REPORT

Weeks 1-5								
	Forward Lean	Pendulum Circles	Chin Tuck	Scapular Set	Bicep Curls	Elbow Pronation/Supination	Wrist Flexion/Extension	Grasp Strength
	Reps	Reps	Reps	Reps	Reps	Reps	Reps	Reps
Day 1								
Day 2								
Day 3								
Day 4								
Day 5								
Day 6								
Day 7								
Day 8								
Day 9								
Day 10								
Day 11								
Day 12								
Day 13								
Day 14								
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Day 24								
Day 25								
Day 26								
Day 27								
Day 28								
Day 29								
Day 30								
Day 31								
Day 32								
Day 33								
Day 34								
Day 35								

EXERCISE PROGRESS REPORT

Week 6					
	Shoulder Flexion with Wand	Shoulder Abduction with Wand	External Rotation with Wand	Internal Rotation with Wand	Shoulder Extension with Wand
	Reps	Reps	Reps	Reps	Reps
Day 36					
Day 37					
Day 38					
Day 39					
Day 40					
Day 41					
Day 42					

Week 7				
	Shoulder Flexion	Shoulder Abduction	Shoulder Scaption	External Rotation
	Reps	Reps	Reps	Reps
Day 43				
Day 44				
Day 45				
Day 46				
Day 47				
Day 48				
Day 49				

Week 8					
	Shoulder Flexion	Shoulder Abduction	External Rotation with TheraBand	Internal Rotation with TheraBand	Shoulder Extension with TheraBand
	Reps	Reps	Reps	Reps	Reps
Day 50					
Day 51					
Day 52					
Day 53					
Day 54					
Day 55					
Day 56					

