



Halton
Healthcare

Welcome to Prehab

Shoulder Rapid Access Clinic

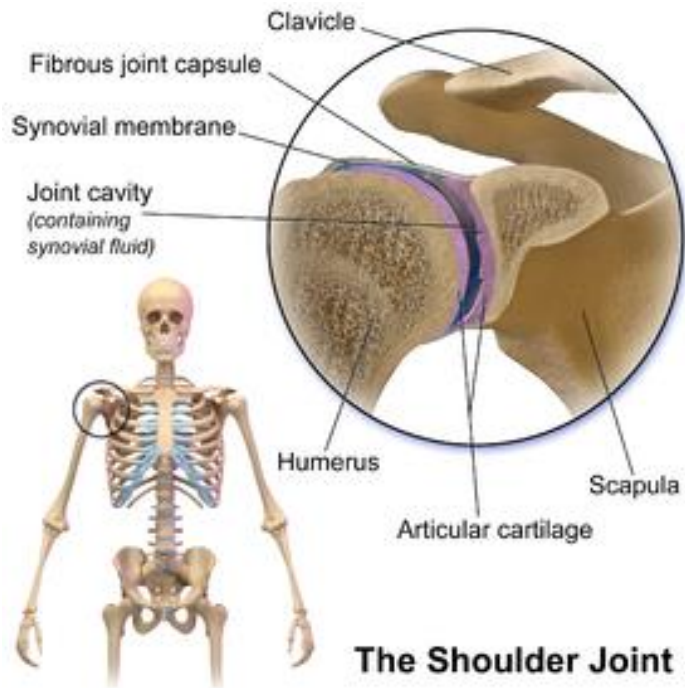
Surgeon Appointment

Prehab Education Session

Pre-Admission Appointment

Surgery

The Shoulder Joint

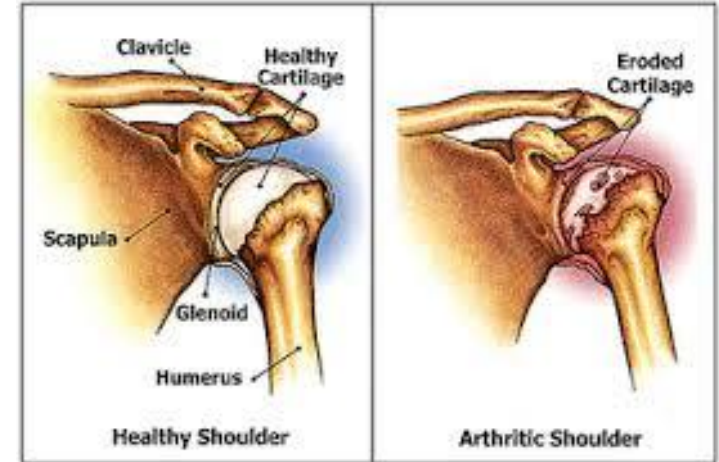


- ❖ The shoulder joint is found where the arm bone meets the end of the shoulder blade.
- ❖ It is made up of two bones:
 - “Ball” at the end of the Upper Arm Bone (**humerus**)
 - A “socket” on the shoulder blade (**glenoid on the scapula**)
- ❖ **Articular cartilage** (a smooth, elastic type tissue) covers the surfaces of these bones to protect them and allow for smooth movement
- ❖ There are also strong, rope-like structures (**ligaments**) that connect the humerus to the scapula.
- ❖ The Rotator Cuff Muscles are a **group of muscles** that surround the joint which help support it and enable movement front to back; side to side and thru rotation.

Why have a Total Shoulder Replacement?

Osteoarthritis is the most common form of arthritis.

- It is a disease of the joint that results from wearing of the protective cartilage that cushions our bones. Damage can cause pain, stiffness and loss of shoulder function.



❖ There are many reasons for this happening including:

- ↑ BMI/obesity
- previous injury to your shoulder
- joint mal-alignment/abnormal joint shape
- heavy or repetitive use of your shoulder over a prolonged period of time
- age, gender
- genetics

❖ Rotator Cuff Tear **Arthropathy** can be a reason to have a Reverse Total Shoulder



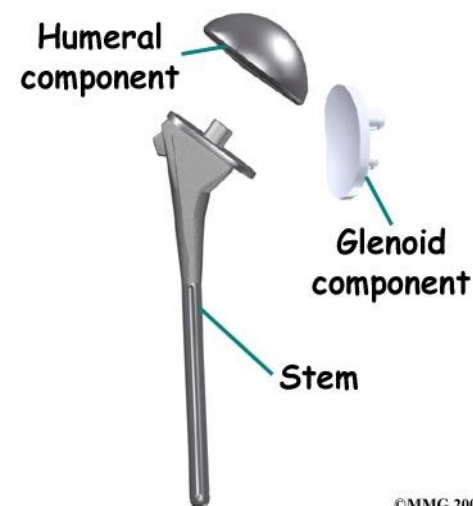
Total Shoulder Replacement Surgery

❖ TOTAL (ANATOMIC) SHOULDER REPLACEMENT

- During shoulder replacement surgery, the surgeon will remove the damaged cartilage and bone of your glenoid and humerus and replace them with an implant. The implant is made up of two components:
 - A plastic shell (*to replace your glenoid*)
 - A metal ball and stem (*to replace your humeral head*)

❖ HEMI-SHOULDER REPLACEMENT

- The surgeon replaces only the humeral part of the shoulder.



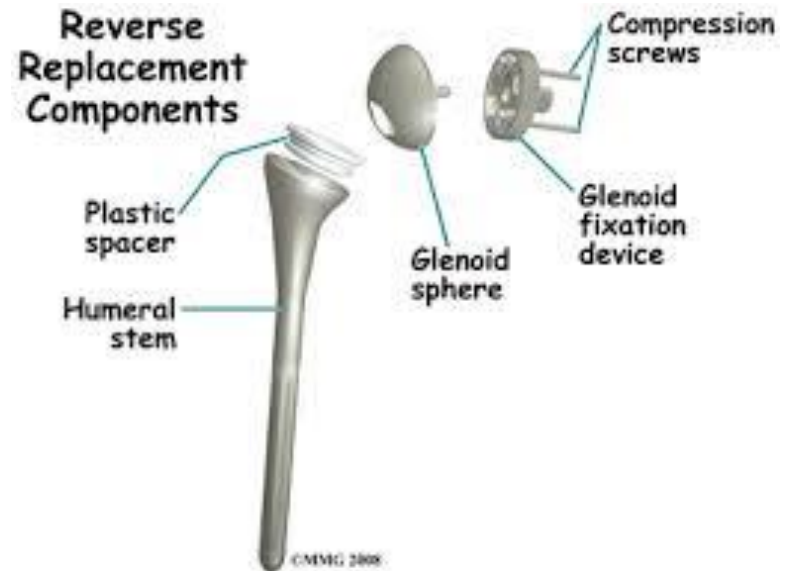
Total Shoulder Replacement Surgery

❖ REVERSE TOTAL SHOULDER REPLACEMENT

- Performed if severe damage to the shoulder or when Rotator Cuff muscles are unable to stabilize shoulder joint. The surgeon will remove the damaged parts of the shoulder and replace with implants. The implant is made up of two components:
 - A metal sphere (*to replace your glenoid*)
 - A metal stem with a plastic spacer (*to replace your humeral head*)

❖ The purpose of the any total shoulder replacement is to:

- Reduce your pain
- Improve the movement in your shoulder
- Improve your overall quality of life



Types of Shoulder Replacements

Total Shoulder Replacement (TSR)



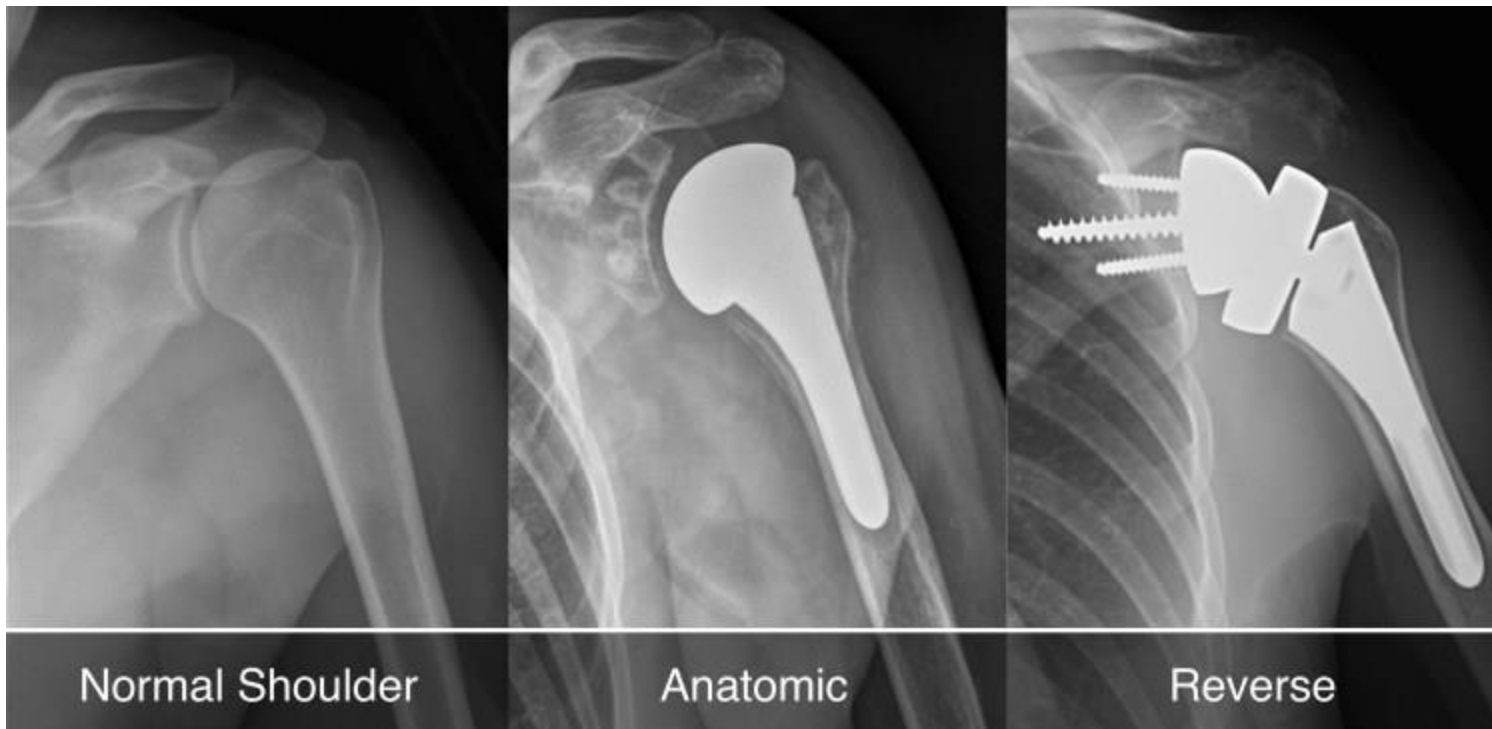
Shoulder Hemiarthroplasty



Reverse TSR



Before & After



The Pre-Admission Appointment

- ❖ A health history, health assessment and pre-op tests will be performed prior to surgery:
 - Typically takes place at the hospital 2-4 weeks prior to surgery (2-3hrs long)
 - Paperwork will be reviewed
 - Please complete the “Pre-Op Surgical Questionnaire” and “Confidential Admission Form” and bring them to the appointment
 - You will meet with a nurse, pharmacist and anesthetist
 - Bring your OHIP card, surgery package (including CPP), your prepared medication list and all of your current medications, vitamins, supplements/herbals
 - Information will be provided regarding
 - Where to check in on the day of your surgery
 - When to stop eating/drinking prior to surgery
 - Managing your medications before and after surgery
 - How to prepare for your surgery
 - Details of COVID testing

Day of Surgery

❖ Items to bring:

- Your overnight bag
 - Toiletries (*toothbrush, toothpaste, deodorant, soap, shaving kit, etc.*)
 - Appropriate clothing (*loose fitting, soft, button-up/zipper tops and elastic waist pants can be helpful*)
 - Appropriate footwear (*slip-on shoes that enclose your foot are easiest to put on with one hand*)
 - Glasses, hearing aids, dentures, walking aid
 - Surgery booklet, notepad & pen
- CPAP machine
- Your sling
- Ice machine



Please do not bring any personal items of sentiment or value.

In the Recovery Room

- ❖ Incision covered by large dressing.
- ❖ Sling will be on.
- ❖ IV fluids connected at the wrist.
- ❖ Blood pressure, pulse & tubes will be checked by a nurse.
- ❖ If you feel sick or have pain, tell your nurse right away.
- ❖ Start hourly Deep Breathing and Foot & Ankle Pumping



"You have a slice in your fairway, but you're out of the rough and doing about par."

Dealing with *pain* after surgery

- ❖ Following surgery, it is important to **discuss any issues you are having managing your pain** with members of your healthcare team.
 - Numerical Pain Rating Scale (0 to 10)
 - **0 = no pain, 10 = worst pain ever experienced**
- ❖ When your pain is dealt with effectively, your function and recovery will be easier.
- ❖ Always inform your nurse when pain medication is required. Do not wait for the pain to get worse.
 - Try to maintain your pain around 4/10 or less.
- ❖ Take your pain medication for physiotherapy appointments.
 - When your pain is controlled you are able to sleep, walk and exercise more effectively.

My hospital stay

- ❖ Some patients will be able to go home on the same day as their shoulder surgery.
- ❖ If you stay overnight in the hospital, plan to be discharged at approximately **10:00am**.
 - To be confirmed by your healthcare team.



Inpatient Physiotherapy

- ❖ Mobility starts the day of your surgery.
 - Nursing staff will assist you with safe movement up to the bathroom/chair etc. after your shoulder surgery.
 - Your arm will be numb for the first 10-16hrs after the surgery until your nerve block wears off. This means initially, you may not be able to move your arm at all.

- ❖ You may also be assessed by physiotherapy. Their goals are to help you:
 - Understand your shoulder precautions
 - Ensure you are managing putting your sling on and off
 - Practice transfers
 - Review your home exercise program



General Total Shoulder Arthroplasty

Post-op Guidelines

- ❖ During surgery, the capsule and soft tissue surrounding the shoulder joint are cut to allow access to the bones.
- ❖ For the *first 6 weeks*, you need to avoid activities that will place your operated shoulder at risk for dislocation or damage your repair.
 - Depending on your specific surgery, your surgeon may implement further restrictions to obtain the best result for your surgery.
 - After surgery, you are advised to complete activity and walking *as tolerated*. Complete ONLY the upper body exercises in the booklet or as *prescribed by your Physiotherapist*.

Exercises

The exercises you will be shown can be started **today** in order to prepare you for surgery.

Try to do **5-10 repetitions** of each exercise **3-5 times a day**.

If you experience any pre-op increase in pain or swelling, stop doing the exercise that is aggravating your shoulder.

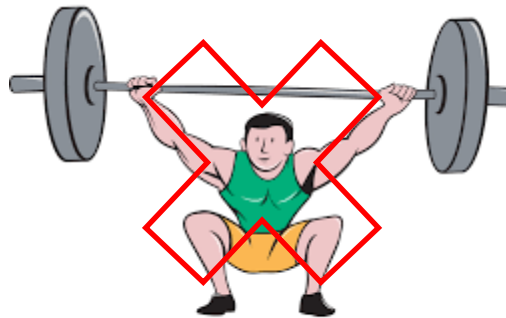
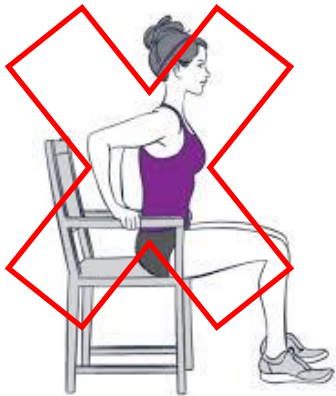
Goals for the first 6 weeks **AFTER** the surgery are to:

- Immobilize your shoulder with the SLING
- Allow for Wound Healing
- Pain Management (medication, positioning, ice/cryotherapy)
- Range of Motion/Pendular exercises

Exercises

0-2 Weeks Post-op

- Sling on at ALL times except for hygiene and exercises
- Postural Exercises
- Active-Assisted Shoulder Flexion to 90 degrees
- Hand, Wrist, Elbow and Neck Active Range of Movements
 - NO lifting more than a coffee cup, pushing or pulling with surgery arm
 - NO ER (rotating arm away from your body)
 - NO pushing yourself up from a chair or allowing anyone to pull on your surgery arm



Exercises

2-6 Weeks Post-op

- Sling may now be removed while you are SITTING quietly as well as for hygiene and exercises
- Continue with previous exercises
- Add AROM of shoulder flexion to 90
- Start GENTLE isometric strengthening
- May use a Stationary Bike with SLING ON



Going home

❖ You will be able to:

- Dress yourself with minimal assistance.
- Transfer safely (chair, toilet & bed).
- Understand how to put your Sling on & off
- Understand movements to avoid after your surgery
- Perform your home exercise program.



❖ You must also have:

- A stable, healing wound.
- Effective pain control.
- Follow-up services in place (*Outpatient Physiotherapy*).

NOTE: Your surgical arm may still be numb from the nerve block when you go home from the hospital. These nerve blocks can last from 8-24hrs.

Outpatient Physiotherapy



❖ Work-Fit Total Therapy

- Oakville, Milton, Georgetown Hospitals
- OHIP covered

❖ Community Physiotherapy Clinics

- http://health.gov.on.ca/en/public/programs/physio/pub_clinics.aspx
- OHIP covered

❖ Private clinics

- Review your insurance requirements/costs
- You may need a signed prescription from your surgeon

❖ Local Hospital

- Check if they have an outpatient clinic and any costs

Booking Outpatient Physiotherapy

- ❖ **Anatomic Total or Hemi Shoulder Replacement**
 - 4 weeks after surgery
- ❖ **Reverse Total Shoulder Replacement**
 - 4 weeks after surgery



Important Contacts

St. Elizabeth Health

Questions after hip or knee replacement surgery?

Call anytime 24/7

1 (866) 898-2480

Available for 90 days after surgery



Bundled Care Integrated Care Coordinator

Dan Pope

905.845.2571 ext.5717

- You may receive a call between 48-72 hours after your discharge from hospital to check in on your health status and address any questions/concerns you may have related to your recovery.

Your Surgeon

- Changes to your pain medication protocol
- A refill of opioid medication prescription
- Sudden and extreme shoulder pain
- Increased redness, swelling or drainage around skin incision
- A foul odour or yellow or green drainage at the incision site
- Sudden increase in bruising around the incision site
- Fever over 100.4°F or 38°C
- ??nerve signs

Your Family Doctor

- New leg swelling, calf soreness or calf pain
- Any skin rashes, ulcers or infections
- Infection (i.e. tooth abscess, burning on urination, vaginal infection).
- Prolonged bleeding from cuts and nosebleeds; increased menstrual flow; black tarry stools and red or dark brown urine

Break (10 minutes)

❖ *Coming up:*

- Managing your every day activities despite limitations from surgery
- The implications of surgery on your activities of daily living
- Adaptive equipment needs
- Activity restrictions

Tips: Setting Up Your Home

❖ **Before your surgery**, consider these tips for preparing your home to ensure it is a safe place to return to after your hospital stay:

- Ensure proper indoor/outdoor lighting.
- Safe entry & exit to your home:
 - Secure handrails along staircases.
 - Remove any items or decorations from stairways.
- Check bathroom bars & install adaptive equipment.
- Clear paths to maneuver safely:
 - Eliminate clutter in hallways & rooms.
 - Move electrical cords or items that may cause you to trip.
 - Remove small rugs & tape down edges of larger rugs.
- Be aware of your surroundings
 - Pets & small children.

Your Care Partner

- ❖ Following surgery, you will require a responsible caregiver to take you home from the hospital and stay with you.

- ❖ If you live alone, plan to have someone stay with you for 1-2 weeks after surgery:
 - Transportation
 - Groceries & meal preparation
 - Housework & yard work

- ❖ If you cannot make arrangements for supports, a list of respite options can be found in your surgical booklet.



Adaptive Equipment - Chairs

- ❖ It is important to choose an appropriate chair:
 - Arm rests on your surgical side may be uncomfortable if not at the correct height for you. Firm/high seats are generally easiest to get up and down from.
 - A pillow under your surgical arm can be helpful for improving comfort
- ❖ If you need to make the seat higher:
 - Use a high density foam cushion, folded sheets or blankets on the seat
- ❖ Set up a table beside you for placing frequently used items.
- ❖ Try to change your activity every hour or so during the day to minimize general stiffness and assist with pain control



Adaptive Equipment - Beds

- ❖ Following surgery, good sleeping positions include on your back or on your non-operative side. Keep a pillow between your knees and supporting your operated arm
 - Change positions as you feel comfortable
 - We recognize many of you have been sleeping in recliner chairs to help with pain control. Please attempt to be sleeping on a bed by 4wks post-operatively



Adaptive Equipment – Tubs & Showers

- ❖ Tub or shower equipment can be helpful to ensure safe entry, use and exit from your shower.
 - Shower chair
 - Tub transfer bench
 - Grab bars
 - Non-slip bath mat
 - Hand held shower head
 - Long-handled sponge



Adaptive Equipment – Getting Dressed

- ❖ Various dressing aids are available to help with dressing after surgery:
 - Long-handled Reacher
 - Long-handled shoe horn
 - ❖ Dress the operated arm first, undress it last
- Remember button or zip-up shirts can be helpful initially



Tips for Doing Things One Handed

IN KITCHEN

- Deep-sided dishes can help keep food on your plate
- Rocker knives can help with one-handed cutting
- Store items in easy to open containers
- Electric Can-opener

PERSONAL CARE

- Use shampoo/soap from pump bottles vs squeeze bottles or bars
- Use pop-up tooth paste vs screw-on lids
- Put on deodorant by leaning forward and letting surgical arm swing/dangle forward from your body
- Electric Toothbrush

Working in the kitchen

- ❖ Keep frequently used kitchen items at an accessible height.
- ❖ Plan ahead and freeze meals to last 2-4 weeks after surgery.
- ❖ Stock up on easy to prepare foods or pre-packaged frozen meals.
- ❖ Consider home frozen meal delivery services.



Housework

- ❖ Heavy housework will be difficult to do for several weeks after surgery.
 - *Plan to have someone help you for the first several months*
- ❖ Overhead reaching and lifting will NOT be possible for the first 6-12wks after surgery







Transportation/Driving

- ❖ No driving is permitted for at least 6-8 weeks.
 - *You may return to driving when you have the strength and confidence to manage a vehicle; cleared by surgeon or Physio.*

- ❖ As the passenger:
 - Begin with short rides, break every hour on longer rides.

- ❖ Alternatives:
 - Friends & family
 - Public/paid transit
 - Taxi services
 - Volunteer drivers
 - Grocery delivery



From now until surgery



In conjunction with the medication / treatment prescribed by your doctor:

- *Keep active!*
- Use of heat
- Use of ice & elevate



After Prehab Class – Planning ahead

It is **your responsibility** to think ahead and make the necessary arrangements to ensure a safe return home.

You need to plan the following prior to surgery:

- ✓ Your Care-Partner/Respite Care
 - ✓ Transportation
 - ✓ Adaptive Equipment
- ✓ Outpatient Physiotherapy
 - ✓ Meals
- ✓ Housework/Yard work



It's a Stretch



"Yup, it's definitely a case of frozen shoulder."

Thank you



**" This is going to hurt me more than it is
you . . I've got Arthritis on my shoulder. "**



Oakville Trafalgar Memorial Hospital
3001 Hospital Gate
Oakville, Ontario

Adaptive Equipment - Toilets

- ❖ Equipment may be required to temporarily raise the height of the toilet seat.
 - Raised toilet seat without arms
 - Commode chair with arms

