



SURGERY DATES AND TIMES

PATIENT'S NAME:
SURGEON: DR. DENARD

PRE-OP APPT. WITH: Noah Keegan/Shane Tracy at Southern Oregon Orthopedics

PRE-SURGERY APPT DATE: _____ **TIME:** _____

AFTER-SURGERY APPT DATE: _____ **TIME:** _____

SURGERY DATE: _____ **ARRIVAL TIME:** _____

SURGERY LOCATION: _____

The surgery centers (Surgery Center of Southern Oregon or Grants Pass Surgery Center) perform phone screenings only and will contact you via telephone prior to surgery

The hospital will contact you to schedule your pre-anesthesia screening

They will determine if you need a pre-anesthesia appointment or if telephone screening alone is adequate. Lab work, if any needed is done at the time of the pre-anesthesia appointment or upon arrival to the hospital

The arrival time on the day of surgery, listed above, is required to allow adequate time for admitting and surgical prep. The surgery time may change but the date will stay the same unless told otherwise by Dr. Denard or his nurse.

DO NOT eat or drink anything after midnight the night prior to your surgery.

DO make sure there is someone available to drive you home when you are released from the hospital after your surgery.

If you are taking aspirin or any kind of blood thinners, check with Dr. Denard as to the number of days prior to surgery to discontinue them.

In the event that an assistant is required for your surgery, every effort is made to schedule one that is covered by your insurance.

Prior authorization from your insurance carrier is obtained by our patient services department for your surgery. Even though we receive authorization, payment by them for services rendered, are still subject to your eligibility at the time of your surgery.

If your insurance changes in any way before the surgery date, you must notify us immediately or your services may not be covered. You are ultimately responsible for all expenses related to your medical care.

If you have any questions call Kasidy at (541) 608-2595



Dr. Denard's After Surgery Instructions & Expectations – Arthroscopic Shoulder Surgery

My goal is to help you achieve the best functional result and experience after surgery possible. I believe part of that is having clear expectations about your postoperative course. I don't want you to be surprised after surgery! This information is meant to give you an overview of common questions that arise. If you have any questions before or after surgery, myself or a member of my team is available.

What you can expect from me

You will get my best effort to make you better. I stay up-to-date on the latest research through national and international conferences and regular journal reading. You will get the best that is currently available in the care of the shoulder. You can also expect clear communication and that I or a member of my team will be available to answer questions.

What I expect from you

READ THIS FORM. Follow my rehabilitation protocols – they are based on what I believe is the best available research. If you have an issue or comment, please let us know first. We can only make your experience and others better if we hear from you!

I ask all patients having surgery to fill out surveys about their shoulder. Although some of the questions can seem silly they are based on validated questionnaires that surgeons use to compare outcomes. It is very important that you fill out these surveys. They let us monitor how you are doing and how we are doing. Assuming you have email you will fill this out electronically. The survey comes from Surgical Outcomes System (SOS; www.surgicaloutcomesystem.com). Via this system you will receive email notifications with survey links. If you do not have email, they can be completed on paper but it is much easier to do this via email. Surveys will be sent prior to surgery and after surgery. If you have questions regarding your survey please contact my research coordinator, NormaJean at 541-840-2357 or at normajeanc@ gmail.com.

PRIOR TO SURGERY

In most cases surgery is arranged several weeks to months in advance. Because of this most people will have a separate preoperative visit 1 to 2 weeks prior to surgery. This is to go over the surgery again, be fit for a sling (which you must bring to surgery), provide prescriptions for medications after surgery, and have a pre-rehab visit.

If you take Aspirin, Ginkgo Biloba, and/or Fish Oil, please stop these medications 1 week prior to surgery unless pre-arranged. These medications can cause bleeding during surgery.

The night prior to surgery you should take the following medications:

- 1) Tylenol 1000mg x1

Infection prevention is a big part of surgery. While the risk of infection after shoulder surgery is low, we take every measure possible to prevent it. At least one study suggests that the risk may be reduced by applying 5% to 10% Benzoyl Peroxide to the shoulder for 3 days prior to the day of surgery. This is an inexpensive gel that you can buy at a pharmacy. One product is Clearasil “Daily Clear Acne Cream” with is 10% benzoyl peroxide. After showering, apply the gel to the shoulder area for the 3 days before surgery. Apply in the morning and the evening for a total of 6 applications

Please do not eat or drink anything after midnight the evening prior to surgery – if you do, your surgery may be cancelled. The exception is essential medications which can be taken with a sip of water the morning of surgery. If you take any blood pressure medications these should be taken on the day of surgery. The one exception is ACE inhibitors (such as Lisinopril), which should not be taken the day of surgery. Diabetes medications should not be taken since you won’t be eating. All nonessential medications (allergy medications, cholesterol meds, antidepressants, vitamins, etc.) do not need to be taken.

THE DAY OF SURGERY

Arrive to the hospital or surgery center at your scheduled arrival time (ON THE FIRST PAGE OF THIS SHEET). If your arrival time changes, you will be notified by the facility or my nurse. In most cases this surgery requires a general anesthetic which means that you will be asleep during the procedure.

Shoulder arthroscopy is done on an outpatient basis, which means you get to go home the day of surgery! You should anticipate the need for help at home for the first few weeks after surgery and make arrangements for a ride home after surgery.

AFTER SURGERY

Prevention of Deep Vein Thrombosis (DVT)

The risk of leg clots or DVT is low after shoulder surgery but we make every effort to prevent them. We take the following measures:

- 1) All my patients who have shoulder surgery will have leg stockings and pumps during surgery that are meant to lower the risk of leg clots. All patients should wear the leg stockings for 2 days after surgery.
- 2) It is advised that you take frequent walks after surgery since immobility is a risk factor for leg clots.
- 3) Take Aspirin 81 mg daily for a minimum of 2 weeks and maximum of 6 weeks after surgery

If you have a previous history of blood clots **you should inform us** so we can also provide you with a prescription medication to lower the risk of DVT.

Care of Surgical Incisions

You will have several small incisions which will be covered by a bandage after surgery. The bandage can be removed the day after surgery. Remove all of the dressings until you see the incisions which will be covered with surgical glue. Each incision is also covered with a nonadhesive dressing that looks like a netting. This prevents the glue from sticking to gauze pads. This should also be removed. You can shower the day after your surgery without your sling. Water can pass over the wound and you can pat dry. To wash under your armpit, lean over and dangle the arm at the side. After your shower, Band-Aids may be applied to each incision. Once the incision is completely dry (a few days after surgery at most), no Band-Aids are needed. Your stitches will be absorbable so you will not have to put up with suture removal! Please do not soak in a pool or hot tub until 2 weeks after surgery.

A wound infection after arthroscopic shoulder surgery is extremely uncommon (1 in 5,000 in one report). The wound should be dry by 3 to 5 days after surgery. If your wound is draining beyond this, and especially if there is a lot of redness or you have a fever, this is a sign of wound infection and you should call us. However, bruising is very common after shoulder surgery. It is common for the front of the shoulder (chest and biceps) to turn black and blue at about 3 to 5 days after surgery. This is temporary and resolves within a couple of weeks.

Medications

In general, resume all your regular medications immediately after surgery. A few other medications should be considered:

- 1) Vitamin D. Vitamin D is important to bone health and studies also suggest that Vitamin D deficiency can be associated with poor healing after rotator cuff repair. In this region of the country most patients are Vitamin D deficient. Therefore, while I don't check Vitamin D levels on my patients I do recommend that you take Vitamin D (800 IU) for a month prior and for at least 12 weeks following shoulder surgery. Also, it turns out that daily Vitamin D lowers the risk of hip fracture so there are other good reasons to take it.

- 2) Vitamin C. At least one study has shown that Vitamin C can lower pain after surgery. There is also evidence that it can improve tendon healing. Therefore, I think it is reasonable to take 500 mg of Vitamin C twice daily for 6 weeks after surgery.
- 3) NSAIDs. Non-steroid anti-inflammatories (Ibuprofen, Motrin, Naproxen, Mobic, Celebrex, Aleve, etc.) can modulate rotator cuff healing. The timing is important. It appears that if given early they can decrease tendon healing. Therefore, I advise avoiding NSAIDs for 6 weeks following surgery other than the first 5 days. However, after the early phase NSAIDs may actually help remodeling. Therefore from 6 weeks to 12 weeks after surgery NSAIDs may actually be advantageous and it can be considered to take them during this period as long as they are tolerated (no problems with upset stomach). Options are ibuprofen 600 mg three times daily or Aleve 2 tabs (440mg) twice daily from 6 to 12 weeks after surgery.
- 4) Magnesium. Clinical studies have shown that Magnesium reduces pain after surgery. Additionally, lab studies suggest that Magnesium can improve tendon healing. Magnesium is also important for Calcium and Vitamin D absorption. Interestingly, about 50% of the US population does not get enough Magnesium in their diet. Therefore, I believe it is reasonable for most people to start taking Magnesium the month prior to surgery and for 12 weeks following surgery. Dose recommendations are anywhere from 400 mg a day to 500 mg twice daily. One option is to take a Calcium, Vitamin D, Magnesium complex. One such supplement is available here:

<https://www.amazon.com/Country-Life-Target-Mins-Vegetarian/dp/B00117ZTNY>

This complex provides 400 IU of Vitamin D, 1000 mg of Calcium, and 500 mg of Magnesium per dose. Therefore, one could take this supplement twice a day to satisfy the recommended amount of Vitamin D and also get Magnesium.

Bruising, Swelling, Rashes, Warning signs, etc.

Bruising

Bruising after shoulder surgery is normal. Don't be alarmed if your arm turns black and blue. Blood follows gravity, so it is normal for this to happen in your arm around your biceps (front of your shoulder) or chest. This usually occurs 3-7 days after the surgery.

Swelling

Some degree of swelling is also normal. Often the swelling occurs around your sling. We encourage hand and elbow exercises to help this. Also, if you have your arm at your side and seated, such as when watching TV, it is okay to remove the sling to relieve pressure on your arm which may be causing the swelling to pool. Swelling that is very painful, especially on the inside of your arm with extension of the swelling down the entire hand is not normal and you should call in if this happens.

Rashes

A red rash under the armpit is typically fungal and can occur from the arm being close to the chest. It is okay to take the sling off when sitting down and provide some room between your

inner arm and chest wall. Make sure you wash the area and dry the armpit completely as fungal rashes thrive in moist environments. You can consider an antifungal cream over the counter

A rash over the shoulder is typically due to adhesives. This will resolve with time and avoidance of bandages. Consider Benadryl and/or an over the counter steroid cream (Hydrocortisone 1%).

A rash over entire upper extremity extending to the hand is usually from an allergic reaction to the skin prep (Chloraprep). This is uncommon but can occur. If it occurs it is important to take note so you can avoid this skin prep in the future (Chloraprep is the most common skin prep). Take Benadryl and we can provide a prescription topical cream. This may take 10 days to 2 weeks to resolve.

Another rare but important thing to watch for is shortness of breath with chest pain. While mild shortness of breath can occur after a nerve block (because of numbing the phrenic nerve to the diaphragm) please notify us of severe shortness of breath or chest pain. Shortness of breath due to the nerve block should resolve when the nerve block wears off (18 hours on average). If you have a fever over 101 degrees let us know. On the other hand, a lower grade fever within the first few days after surgery is not uncommon.

Pain Control & Prescriptions

Our goal is to control and ease your pain, but surgery is not a pain free process. The good news is that 1/3 of our patients do not require any narcotics after surgery.

Upon arrival for surgery, you will receive medications by mouth that have been shown to reduce after-surgery pain.

You will also receive an injection of a numbing medication (like at the dentist) which will provide good pain control for roughly 12-18 hours after surgery. It is your choice if I place this “locally” into the skin and nerves around the shoulder during the surgery or if you have a “nerve block” (interscalene block) by the anesthesiologist. The interscalene nerve block is placed in the neck prior to the surgery. There is no difference between the 2 options 24 hours after surgery. The nerve block provides more complete pain relief the day of surgery after surgery. This leads to less need for pain medication immediately after surgery and therefore a decreased risk of nausea (because narcotic pain medication can cause nausea). However, there slight risk with the nerve block. The interscalene nerve block is placed near the nerves at the level of the neck. Because of this, the block often temporarily paralyzes the entire arm and hand (This is normal!! Please do not be alarmed) and there is a small risk of temporary or even permanent nerve injury. A couple percent of patients will have residual symptoms for a few months after surgery. A permanent injury is very rare (< 1%). The local injection has virtually no risk of nerve injury. Reasons to lean toward the nerve block are if you already take narcotics and thus have high tolerance to medications, get nauseated easily, or have a long trip home after surgery (several hour drive). You should discuss the risk and benefits with the anesthesiologist.

ICE after surgery is a must!!! This is one of the cheapest and most effective ways to limit pain. In fact, studies show regular icing leads to decreased pain weeks after surgery. While you are awake, ice your shoulder for about 20 mins every 1 to 2 hours. Even if you aren't having a lot of pain, this is a good idea for the first few days after the operation. Options for icing the shoulder include a bag of ice, a bag of peas, or a dedicated ice machine. Many people find that the machine is most convenient. However, the dedicated machine does have an out-of-pocket expense since it is not covered by insurance. If you are interested in this type of device you can discuss with our bracing/orthotics specialist.

In general, you will be given prescriptions for:

- 1) Oxycodone 5mg. 1-2 pills every 4 hours as needed for pain. A prescription for 20 pills will be provided. Narcotics like oxycodone are used for pain but are addictive. Some studies say this can occur within 3 days. Do not take them with alcohol. You should aim to be off this within a few days or by the 2 week visit by the latest. Again, 1/3 of our patients do not require any narcotics after surgery. In the rare case a refill is needed, the number will be taken to 10 at the time of the refill. No more than 1 refill will be provided.
- 2) Neurontin (Gabapentin) 300mg. 3 pills will be prescribed. 1 pill every evening before bed 3 days after surgery. Begin the day AFTER surgery (if surgery is on Friday, take your first dose on Saturday). This medication is used to reduce "neuropathic pain" but can be sedating which is why I only advise taking at night. This medication is optional and I recommend avoiding if you have sleep apnea with a CPAP setting >10.
- 3) Tylenol 500mg. 2 pills every 8 hours. Take this consistently and use the oxycodone for breakthrough pain. That way you can wean off of the oxycodone more quickly. It is important to take the Tylenol and not ignore it as it works together with the oxycodone. This medication can be obtained over the counter (does not require a prescription).
- 4) Ibuprofen 600mg three times per day for 5 days after surgery, beginning the night of surgery. This medication can be obtained over the counter (does not require a prescription).
- 5) Zofran 4 mg. 1-2 pills every 4-6 hours as needed for nausea. 20 tabs will be prescribed.
- 6) Senna-S. 2 tabs pills per day while you are taking narcotic pain medication. This is a stool softener to help prevent the constipation that occurs with narcotics. Take this before you develop constipation. In other words, start taking it right away. I recommend beginning to take this 2-3 days before surgery in fact. This medication can be obtained over the counter (does not require a prescription).

If you aren't on any narcotic medications prior to surgery, in general you will need these for pain control for about the first few days to 2 weeks at the most. When you no longer need narcotics you can use Tylenol alone. No narcotic prescriptions will be provided 4 weeks after surgery. **NO REFILLS WILL BE PROVIDED ON THE WEEKENDS.** If you need a refill please anticipate this and let us know early in the week.

If you have a rotator cuff repair, please avoid NSAIDs for 6 weeks after surgery other than the first 5 days after surgery. These include Ibuprofen, Motrin, Naproxen, Mobic, Celebrex, Aleve, etc. These medications have anti-inflammatory properties that may inhibit the same processes that are required for the early phases of rotator cuff healing. Occasional use is okay, but please don't overdo it. If you do not have a rotator cuff repair these medications are okay. After 6 weeks they can be resumed.

Nausea

Preventing nausea is through a combination of limiting the use of narcotics and with medications you are given just prior to surgery through an IV. Most of the time these efforts and the use of Zofran as needed are effective. However, if you are prone to become nauseated OR get seasick/motion sick easily, we should also provide you a prescription for a Scopolamine patch to put on the evening prior to surgery. Finally, if you have a history of very severe nausea after anesthesia, let us know as there are other medications we can consider.

Sleep

Sleep is one of the most difficult things after shoulder surgery. Expect this to be a bit difficult for the first few weeks, especially because you will be wearing a sling. Some people find it easiest to sleep in a reclining chair while others sleep in their normal bed. A pillow wedge can be useful for sleeping in bed and these can easily be found on Amazon for less than \$50. I don't have a rule other than that you need to keep the sling on until the removal date specified on your rehab plan. If you are still having difficulty sleeping at the first postoperative visit, we can provide you with a sleeping medication (Ambien) to help. However, my recommendation is to avoid this as much as possible. If you do require Ambien be sure to avoid consuming alcohol with this medication.

Driving

You cannot drive while taking narcotic pain medication. Since studies show that wearing a sling impairs driving, I must also recommend that you delay driving until you are out of your sling. This is for 2 to 6 weeks depending on your surgery and rehab protocol.

Sling Care

You will get fit for a sling for protection of your shoulder after surgery. You will get fit for a sling at your preop appointment; this visit occurs within 30 days prior to surgery. At that appointment you will be provided with a sling and then it is your job to bring it with you the day of surgery.

The sling is one of the biggest annoyances following shoulder surgery but is important for your recovery. In most cases the sling is simply to prevent shoulder movement. Therefore, it is okay to take it off when you are sitting with the arm at your side. You can take the arm out of the sling and place it on a pillow, mimicking the position that it would be in with the sling. When you are up moving around and when you are sleeping the sling MUST be on. In the case of a rotator cuff repair the sling also decreases tension on the cuff repair by having the arm away from the body slightly. Therefore the pillow is important in these cases and when the arm is out of the sling it is better to have the arm slightly away from the body (abducted about 20-30 degrees).

After Surgery Clinic Visits

A typical after surgery course is detailed, although this may be changed in the unlikely event of any unforeseen issues. Also, the timeline is not exact; if you need to change a visit by a week in the first 3 months or by a couple of weeks after 3 months, this is okay. You will see either me or a physician assistant (PA) who works closely with me— **Noah Keegan** or **Shane Tracy**.

Here are the typical return visits to the clinic:

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

Rehabilitation & Return to Activity

Rehabilitation following shoulder surgery is very important. Your rehab will be tailored to you to match your particular shoulder problem and after surgery you will be provided with a rehab plan with important timelines/dates such as sling removal. Make sure you keep this form. It is important that you go our website and familiarize yourself with the exercises (www.oregonshoulder.com/rehab).

Formal therapy with a physical therapist does not begin in most cases until you are out of the sling. A prescription for formal physical therapy is usually provided at the first visit after surgery (2 weeks). However, you will do exercises on your own immediately after surgery based on your rehabilitation plan. You can also have a copy of my rehabilitation programs. These programs are based on the best available studies and designed to maximize your long-term outcome. Please **DO NOT** let anyone make changes to your rehab without you and I discussing first.

Until you are out of the sling, lifting is limited to approximately 2 pounds on the side of the surgery. Return to full activity varies based on the type of shoulder surgery. A typical timeline for full unrestricted activity after a rotator cuff repair is 6 months. Note, this is **FULL** return but motion begins at 6 weeks after surgery and strengthening begins at 12 weeks after surgery in most cases. Gym activities are allowed at 4 months for a rotator cuff repair. Running is okay after the sling removal date. While in the sling, aerobic exercise can be obtained with walking or using a stationary bike or treadmill. A typical golf progression is: 1) 3-4 months okay to putt, 2) 4 months for chipping, 3) 6 months for full golf swing.

Work

Return to work will be dictated by your type of work and your desire to return. In general, I advise taking 1 to 2 weeks off of work. Light duty with no use of the affected arm is usually allowed at 2 weeks. At 6 to 12 weeks you can return to full duty for light work such as desk work. Heavy labor may be delayed until 4 to 6 months. Work notes can be provided for being completely off work for up to 6 weeks after surgery. After that time, I will write notes for what you are physically capable of doing. These notes will have restrictions which are gradually removed. While your employer may feel that you cannot work based on the restrictions, I cannot legally simply take you completely off work for several months.

How can we be reached?

It is best to call us during the week. **Kasidy**, my nurse, is your first line of contact Monday through Thursday, 8am to 5pm. She is out of the office on Fridays. Her voicemail is **541-608-2595**. She and I communicate daily. After 5pm or on the weekends, call 541-779-6250 and the on-call physician for our group will be paged.



**OREGON
SHOULDER
INSTITUTE**

Preoperative Checklist for Open Shoulder Surgery

1 month prior:

- Preoperative visit in clinic within 1 month prior to surgery to obtain prescriptions, get fit for your sling, and do a pre-rehab visit with one of our therapists
- Begin taking a Calcium, Vitamin D, and Magnesium complex
- Arrange a ride to and from surgery
- Get the RightTrack app setup on your phone if you are using this

1 week prior:

- Stop taking Aspirin, NSAIDs (Ibuprofen, Aleve, Naproxen), and Fish Oil
- Complete your pre-surgery questionnaire in clinic or online (Surgical Outcomes System)
- Consider practice sleeping with you sling and dressing
- Arrange important household items so you don't have to reach up with 2 hands
- Watch the sling care and rehab videos on our website: www.oregonshoulder.com/rehab

2-3 days prior:

- Wash shoulder for 3 days with Benzoyl peroxide 5-10%. Obtain at the drugstore
- Start taking a stool softener 2 days before surgery to avoid constipation from narcotics

Night before surgery:

- Nothing to eat or drink after midnight
- Take Tylenol 1000mg x1 prior to bed
- Do not take any Lisinopril or other ACE inhibitor

Day of Surgery

- Do not take any Lisinopril or other ACE inhibitor
- Arrive 2.5 hours prior to scheduled surgery time

After Surgery

- Resume normal medications
- Remove dressing 2-3 days after surgery, shower, and apply an island dressing
- Wear leg stocking for 2 days
- Take NSAIDS for 5 days, then Do not take NSAIDS again for 6 weeks
- Take Vitamin C for 6 weeks
- Take the Calcium, Vitamin D, Magnesium complex for 12 weeks

After-Surgery Medication Schedule

1 month prior:

- Begin taking a Calcium, Vitamin D, and Magnesium complex

Evening prior:

- Take Tylenol 1000 mg before bed

Evening after surgery:

- Take Ibuprofen 600 mg in the evening
- Take Tylenol 1000 mg in the evening
- Oxycodone 5 mg 1-2 pills every 4 hrs ONLY IF needed for pain
- Take Zofran 4 mg every 4-6 hrs as needed for nausea

**Can also be taken the afternoon/evening after surgery to help prevent nausea

Days 1-3 after surgery:

- Take Ibuprofen 600 mg every 8 hours (5 days only)
- Take Tylenol 1000 mg every 8 hours
- Use Oxycodone 5 mg 1-2 pills every 4 hrs ONLY IF needed for pain
**Aim to wean off oxycodone with a few days after surgery
- Take Zofran 4 mg every 4-6 hrs as needed for nausea
- Take Senna-S two tabs twice daily
- Gabapentin 300 mg in the evening as needed for sleep/pain (3 days only)
- Take Vitamin C 500 mg twice daily
- Take Calcium, Vitamin D, and Magnesium complex twice daily
- Take Aspirin 81 mg

Days 4-14 after surgery:

- Take Tylenol 1000 mg every 8 hours until off oxycodone and pain is controlled
- Use Oxycodone 5 mg. 1 pill every 6 hrs ONLY IF Needed
**Aim to wean off oxycodone with a few days after surgery
**Wean off oxycodone first, then wean off Tylenol
- Take Senna-S two tabs twice daily until off oxycodone
- Take Aspirin 81 mg daily (take for minimum of 2 weeks, up to 6 weeks total)
- Take Vitamin C 500 mg twice daily (continue up until 6 weeks after surgery)
- Take Calcium, Vitamin D, and Magnesium complex twice daily

6 weeks after surgery

- Ok to take NSAIDs from 6 weeks to 3 months after

Example Schedule:

Days 1-3 after surgery

- 7 am** -Ibuprofen 600 mg
-Tylenol 1000 mg
-Oxycodone 5 mg. 1-2 pills (only if needed)
-Senna-S two tabs
-Vitamin C 500 mg
- Calcium, Vitamin D, and Magnesium complex
-Aspirin 81 mg
- 12 pm** -Oxycodone 5 mg. 1-2 pills (only if needed)
- 2 pm** -Ibuprofen 600 mg
-Tylenol 1000 mg
- 4 pm** -Oxycodone 5 mg. 1-2 pills (only if needed)
- 10 pm** -Ibuprofen 600 mg
-Tylenol 1000 mg
-Oxycodone 5 mg. 1-2 pills (only if needed)
-Senna-S two tabs
-Vitamin C 500 mg
- Calcium, Vitamin D, and Magnesium complex
-Gabapentin 300 mg as needed for sleep/pain

Days 4-5 after surgery

- 7 am** -Tylenol 1000 mg
-Ibuprofen 600 mg
-Vitamin C 500 mg
--Calcium, Vitamin D, and Magnesium complex
-Aspirin 81 mg
- 2 pm** -Tylenol 1000 mg
-Ibuprofen 600 mg
- 10 pm** -Tylenol 1000 mg
-Ibuprofen 600 mg
-Oxycodone 5 mg. 1 pill ONLY IF needed
-Senna-S two tabs (if still taking oxycodone)
-Vitamin C 500 mg
-Calcium, Vitamin D, and Magnesium complex

Days 6-14 after surgery

- 7 am** -Tylenol 1000 mg
-Vitamin C 500 mg
--Calcium, Vitamin D, and Magnesium complex
-Aspirin 81 mg
- 2 pm** -Tylenol 1000 mg

- 10 pm**
- Tylenol 1000 mg
 - Vitamin C 500 mg
 - Calcium, Vitamin D, and Magnesium complex



Benzoyl Peroxide Cream

Preparing for Rehab after your Shoulder Surgery

Rehabilitation following shoulder surgery is very important. You can also have a copy of my rehabilitation programs if you would like. These programs are based on the best available studies and designed to maximize your long-term outcome.

Prior to surgery

- Ideally, you will have a “prehab” visit with one of our physical therapists to go over rehab after shoulder surgery. At that visit you can determine if you will be doing therapy with our therapists, another therapist or remotely on your own
- **Review our shoulder rehab exercises online at:** <http://www.oregonshoulder.com/rehab>
- It is important that you at least watch Chapters 1 and 2 prior to surgery

After Surgery:

After surgery you will be provided a customized rehabilitation plan to optimize your outcome. Shoulder rehab has 4 phases:

- 1) **Rest:** This is the time immediately after surgery in the sling. The goal is to minimize swelling by beginning the basic exercises (Chapter 2). During this time you may remove your sling when you are sitting down. The best position is to have the arm on a pillow about 30 degrees away from the body. When up moving around or while sleeping the sling should remain on. Until you are out of the sling, lifting is limited to approximately 2 pounds on the side of the surgery.
- 2) **Motion:** This will begin while still in the sling or after the sling comes off depending on your surgery. Motion begins with passive movements (Chapters 3 & 4). Once the sling is removed motion above shoulder level starts with a rope and pulley; this is passive motion that is performed by the opposite arm lifting the surgical arm. After a few weeks this can be progressed to active motion (unassisted) but without resistance. During the motion phase, no lifting should be done over 5 pounds with the surgical arm. For a rotator cuff repair is also important to avoid internal rotation behind the back (reaching to the back pocket) until 12 weeks after surgery.
- 3) **Strengthening:** The goal is to regain strength after your shoulder has healed. Strengthening (Chapter 5) begins with elastic bands and should be used for the first month of this phase. Then, after 1 month of bands, strengthening may be progressed to weights and it is okay to return to a gym.
- 4) **Sport/Activity Specific Rehab:** After band strengthening is completed (4 months for a rotator cuff repair) rehab can progress into sport specific activities. Between 4 months and six months after surgery while one is progressing in strength, rapid acceleration of the arm should be avoided (throwing, full golf swing, etc). A full release after shoulder surgery is usually given at 6 months after surgery.