

Dr. Ball Reverse Total Shoulder Arthroplasty

What to Expect/Activity

- Always wear the sling unless performing exercises (described below) or for hygiene.
- Once your nerve block is fully resolved, you may use your operative arm to lift up to the weight of a cup of coffee directly in front of your body (i.e., it is ok to use this arm to eat and drink if you wish).
- You may sleep however you would like but you must sleep in the sling. Some people find it more comfortable for a few days to sleep in an upright position or reclining chair.
- While in the sling or when the sling is off, specifically avoid having your arm rotate away from your body or behind your body.
 - Focus on keeping your elbow in front of your body
 - The worst positions to place yourself in are:
 - Reaching up and away from your body to grab something
 - Placing your arm behind you to push up out of a chair/bed (especially avoid this one).
- Regular finger, wrist and elbow range of motion to prevent stiffness.
- Please use incentive spirometer 10 times per hour while awake (see diagram).
- Please use ice packs for 20-30 minutes every 1-2 hours for 48-72 hours on the operative hip. Please make sure there is a barrier directly between your skin and your ice/ice pack.
- On POD #3, you can start pendulum and passive forward flexion exercises (see diagram). Again, be careful to avoid the positions described above.
- No driving until instructed by Dr. Ball.

Dressing/Wound Care/Bathing

- There is a surgical dressing over your incision that stays in place for 14 days after surgery. (Prineo dressing)
- You may start showering 72 hours after surgery, the surgical dressing will remain in place. Please pat the dressing dry. If you notice the dressing appears saturated or is starting to come off, please contact the office.
- On the 7th day, remove dressing carefully. Your sutures will be under the skin. If you notice light drainage after removing the dressing please cover with a dry dressing. If this drainage continues please contact the office.
- There may be dried blood around the incision. It is ok to continue showering after removing the dressing but do not scrub the incision. Pat incision dry.
- Do not place any creams, ointments or gels on or around the incision.
- No baths, swimming or submerging until cleared by Dr. Ball.

Pain Management/Medications

- You may resume your usual medications.

- Please take the following medications:
 - Anticoagulation (blood clot prevention) – 325 mg aspirin once daily (unless prescribed alternative anticoagulation medication)
 - Pain medication:
 - Oxycodone – every 4-6 hours as needed
 - Tylenol 1000mg every 8 hours
 - Zofran (ondansetron) – 4mg every 8 hours as needed for nausea
 - Doxycycline 100 mg (Monodox) – take 1 pill two times daily for 3 days
- While taking your narcotic medication, an over-the-counter stool softener may be helpful to prevent constipation. Please consider taking Peri-Colace twice daily while taking this medication.
- If you have questions or pain concerns, please contact the office. Pain medication cannot remove all post-operative pain.

Follow up/Call if:

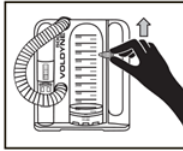
- The findings of your surgery will be explained to you and your family immediately after surgery. However, in the post-operative period, during recovery from anesthesia you may not fully remember or fully understand what was said. This will be discussed again when you return for your post-op appointment.
- Please contact Dr. Ball's office if you experience the following:
 - Excessive bleeding (bleeding through your dressing)
 - Fever greater than 101 degrees F
 - Persistent nausea or vomiting
 - Decreased sensation or discoloration of the operative limb
 - Pain or swelling that is getting worse and not better with medication

Dr. Ball's Office Contact:

- Locations and Contact:
 - 1349 S. Rochester Road, Suite 205, Rochester Hills, MI 48307
 - (248)-239-5300
- More Information about your surgery available at my website
 - www.drguyball.com

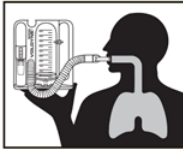
STEP 1

1. Remove components from package.
2. Attach open end of tubing to stem at front side of exerciser.



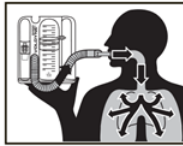
STEP 2

- Slide the yellow pointer to prescribed milliliter volume level.
- Hold or stand exerciser in an upright position.



STEP 3

- Exhale normally.
- Then place lips tightly around mouthpiece.



STEP 4 - **INHALE**

- Inhale slowly to raise the white piston in the chamber.
- When inhaling maintain top of the yellow flow cup in the "BEST" flow range.

STEP 5

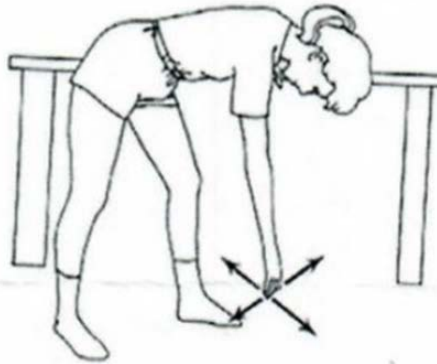
- Continue inhaling and try to raise piston to prescribed level.*
- When inhalation is complete, remove mouthpiece from mouth, hold breath as prescribed, and exhale normally.
- Allow piston to return to bottom of chamber, rest and repeat exercise.

*Top of piston indicates level attained.

Frequency of use and recommended inspiratory volumes should be performed at the direction of your physician.

SHOULDER PENDULUM:

Bend at your waist with your surgical side hand hanging down and your other arm supporting your upper body on table. Relax your arm completely until it feels "heavy." Swing your arm forward and backward, back and forth across body, and in circles. Repeat 5 -10 times each direction.



Passive Shoulder Motion:

- Can be performed either lay down (as pictured) or in a seated or standing position.
- Grab the operative wrist with your non-operative hand
- Raise your operative wrist **only with the effort** of your **non-operative** arm. By not using your operative arm to lift, this makes it a **passive** exercise.
- The goal is to reach at least 90 degrees (parallel to the floor when seated/standing or perpendicular if laying down, as in the picture) but you continue beyond 90 degrees if it feels comfortable.
- Perform 10-15 reps, 3 times per day in addition to the pendulum exercises.
- It is again important to avoid the positions described in the “What to Expect/Activity” section.

