



Shoulder Replacement Patient Education Guide



Total Joint Center
The Miriam Hospital

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MyChart
Your secure online health records

Brown University Health uses MyChart, an electronic health record system that gives you access to your own medical information and enables private communication with your physicians. Visit brownhealth.org/mychart.



Welcome to the Total Joint Center at The Miriam Hospital

Thank you for choosing the Total Joint Center at The Miriam Hospital for your joint replacement surgery. As a part of the Brown University Health Orthopedics Institute, the Total Joint Center is committed to providing patients with the high-end care that has made it the region's highest volume program for total hip, knee and shoulder replacement procedures. Our clinical and quality outcomes are among the best in the nation.

This recognition reflects the expertise and compassion of our board-certified, fellowship-trained orthopedic surgeons, nurses, physical therapists, and occupational therapists. We take pride in the care we provide, and our results speak to that commitment. Here are a few reasons you can feel confident in choosing us:

- Our center consistently outperforms the national average in key areas, like shorter hospital stays and successful discharge to home, according to the American Academy of Orthopedic Surgeons.
- We've earned The Joint Commission's Gold Seal of Approval for Advanced Certification in total hip and knee replacement, recognizing our quality, consistency, safety, and dedication to patient care.

At The Miriam Hospital, we value your right to understand and participate in your care. This guide is one step of your patient journey. Your care team and the entire staff at The Miriam Hospital are committed to providing you safe, compassionate, and consistent care.

Sincerely,



Maria Ducharme, DNP, RN

President, The Miriam Hospital

Chief Quality Executive, Brown University Health

Total Shoulder Replacement

What is Shoulder Replacement Surgery?

Shoulder arthroplasty is a surgical procedure that involves replacing the shoulder joint with artificial parts. A surgeon removes the damaged area of bone, replacing it with metal and plastic implants to alleviate the discomfort or injury and, following recovery, allow the patient to move more freely.

Types of Shoulder Replacement Surgery

Doctors with the Total Joint Center at The Miriam Hospital perform several types of standard surgical procedures, each designed to treat specific types of conditions:

- **Anatomic Shoulder Replacement** – in this procedure, both the ball and the socket are replaced. The implants resemble the natural shape of the bones.
- **Reverse Total Shoulder Replacement** – as indicated by its name, this procedure is the reverse of anatomic shoulder replacement. While the ball and socket are both replaced, the implants are reversed. The ball is attached to the shoulder blade and the socket is attached to the upper arm bone. This option typically is preferred if the rotator cuff is severely damaged.
- **Ream and Run Shoulder Surgery** – this type of total shoulder replacement is most appropriate for younger patients who are more active than the typical shoulder replacement patient. This procedure eliminates the need for a plastic socket.

Which Surgery is Right for You?

Your physician will help you to select the procedure to best resolve your situation. Together, you, the doctor and surgical team will take into consideration your lifestyle, age, gender, and the day-to-day activities and responsibilities you manage. Providing you with the safest, most reliable surgery is our shared priority.

Prepare Your Home For Your Return

Use this list to make small, simple changes to your home which will ensure you have what you need to recover safely and successfully.

- Remove throw rugs in any room of your home that you will be using during your recovery.
- Be sure you have a cell phone or portable phone to keep at hand.
- Arrange furniture to create space and open up all walkways leading to the main rooms of your home.

Kitchen

- Prepare and freeze a few meals before your surgery.
- Place frequently used items in accessible cabinets so you won't have to reach too high or low.
- Keep counters clear of clutter.
- Make sure flooring is not slippery.
- Buy juices/milk/etc. in small containers.

Clothing

- Set aside loose-fitting clothing that is easy to get on and off.
- Place frequently used clothing in higher drawers.

Bedroom

- Acquire recliner to sleep in, or wedge to elevate trunk if you plan to sleep in bed.
- Have a lamp and telephone on the bedside table.
- Use a nightlight to illuminate the path to the bathroom.
- If possible, arrange a place to sleep on the first floor. This may be needed only for the first few days that you are home.

- Move a chair with arms into the bedroom to use while you are getting dressed.

Bathroom

- Use a nonskid mat in the tub.
- Consider installing fixed or removable grab bars by the toilet and the tub.

Living Room

- Pick out a chair that will be appropriate to sit in when you come home. A firm chair with arms is best. Avoid rockers and chairs on wheels.

Stairways/Halls

- Keep stairs and hallways free from clutter.
- Check to make sure all stairs have sturdy railings.
- Plan to have a support person be with you as you manage stairs for the first few times.

Home Maintenance:

- Plan to have a support person assist with laundry, garbage disposal, or any other household task that would require the use of two hands.

Outdoor Areas

- Make sure hedges, shrubs and trees do not interfere with outdoor walkways.
- Ensure that outdoor pathways are clear when you return home, especially during autumn (fallen leaves) and winter (snow).

Preparing for Surgery

Use these tips to help give your body a healthy start before you head into the operating room.

Your Health

- **Complete any pre-operative appointments** you have been asked to schedule.
- **If you smoke**, try to cut back or, ideally, quit. Smoking can increase your risk of infection, delay wound healing, and impede progress toward your goals.
- **If you have diabetes**, check your blood sugar regularly, and monitor what you eat. High blood sugar after surgery can increase your risk of infection.
- **Stay active.** Remain as active as you can in the weeks leading up to surgery. The stronger you are before surgery, the faster you will heal.
- **Medications:** The pre-admission testing nurse will give you specific instructions about your medications. Follow these instructions.

Contact Your Surgeon's Office If:

- You cannot make it to your surgery on time.
- You get sick (COVID19, cold, or flu) or have a fever.
- You have infected skin, a rash, small cut, and/or a wound anywhere near the area where your surgery will be done.
- You have questions or concerns about your surgery.
- Toothache or other dental problem occurs.

Assistance From Your Loved Ones

Ask friends, family, or neighbors for some assistance with the following tasks while you are in the hospital and during the first two weeks after you return home:

- seasonal yard work/snow removal.
- help with groceries.
- mail and newspaper pickup.
- pet care (walking, feeding).
- taking trash to the curb.
- carrying laundry to the basement.

See support person's guide for more information.

Home Equipment for Your Recovery

You may choose to obtain the following equipment prior to surgery. These items may make your initial recovery easier.

- suction cup grab bar for shower (optional).
- raised toilet seat (optional).
- shower chair (optional).
- grabber/reacher (optional).
- ice packs.

Recipe for Homemade Ice Pack:

Ingredients:

- 3/4 cup rubbing alcohol
- 2 cups water
- 2 Large Ziploc freezer bags

1. Mix ingredients in bag
2. Double bag
3. Leave in freezer until it turns to slush

Insurance Questions

Please call your insurance provider before your surgery, as insurance coverage for doctor visits, hospital visits, surgeries, therapies, and equipment is dictated by your policy. Ask if any of the following apply to your insurance coverage, and get explanations:

- surgery deductible.
- hospital stay deductible/copay.
- copay for sling.
- copay for home therapy visits.
- copay for outpatient therapy.
- coverage of anesthesia services.

The Week of Your Surgery

- Review the medication instructions given to you at your pre-admission testing visit and at your surgeon's office. Be sure to follow these instructions.

- Eat high-fiber foods in the days leading up to your surgery. This will help prevent constipation after your surgery.
- For one week before surgery, do not shave near the area where surgery will be done. This can increase your risk of infection.
- If you have any unresolved questions or concerns, contact your surgeon's office.
- If you develop flu-like symptoms, a congested cough, severe vomiting or diarrhea, a skin condition, or new dental pain or problem near where surgery will occur, please contact your surgeon, or contact the Total Joint Hotline at 401-793-5852.
- Pack for surgery. Use (below) *What to Bring to With You to the Hospital* as your guide.

What to Bring With You to the Hospital

Information

- Insurance cards and identification (or photocopies of each).
- Payment method for copayment (if not paid in advance).
- Copy of your Health Care Directive, if you have not already provided the hospital with a copy.

Medications and Equipment

- Please ask a member of the Total Joint Center team for the most recent policy on use of your home CPAP machine.

Clothing and Personal Items

- The sling provided by your surgeon's office.
- Comfortable shoes with nonskid soles. Tennis shoes with laces work well.
- Undergarments and socks.
- Loose-fitting T-shirt or shirt with button/zipper that is easy to put on and remove.

- Loose fitting sweatpants or shorts that are easy to put on and remove. Jeans are not preferred.
- Glasses or contact lenses.
- Dentures.
- Hearing aid.
- Chewing gum or hard candy.
- Chapstick.

Do Not Bring

- No need to bring a bra.
- Jewelry or other valuables.
- Walker, cane or crutches.
- Home medications.

Please make arrangements for transportation home following discharge. You will NOT be allowed to drive yourself home. Discharge usually happens before noon, although this is subject to your individual progress while in the hospital.

The Day Before Surgery

- Prepare your skin by washing with the Hibiclens soap, following the instructions for use.
- See small “preparing for surgery” booklet for your medication instructions.
- Drink a large 32-ounce electrolyte replacement beverage (diet Gatorade, vitamin water, Powerade, etc.) to ensure you are hydrated before your surgery. This can help reduce your risk of nausea and low blood pressure after surgery.
- Get some rest— we will see you tomorrow!

The Day of Surgery

What You Should Know About Your Surgical Experience:

- **Enter through the main entrance of the hospital** at the time you were instructed to arrive. If your arrival is very early in the morning, your family can park in the lot directly across the street (patient/visitor parking) after dropping you off. After 7 a.m., free valet parking is available.
- **Registration:** The admitting office is in the main lobby. The admissions staff will confirm your identity and insurance coverage, give you an identification bracelet, and register you for your surgery and hospital stay.
- **The Surgical Liaison and Waiting Area:** The liaison will greet you. Our waiting area has free wifi, television and comfortable seating. The liaison will ensure your loved ones remain informed about your surgery progress. While you are in surgery, they can be reached for questions at 401-793-2273.
- **Pre-Op or Holding Unit:** The pre-operative (pre-op) department completes your preparation for surgery. You will change into a hospital gown, and we will start



an intravenous line. Your personal belongings and clothing will be labeled with your name and stored in a locker. A team of nurses and anesthesiologists will review your paperwork, vital signs, and laboratory results. You will be asked your name, date of birth, and planned surgery by many members of the hospital team. This is a normal part of the routine safety checks done in preparation for surgery.

You will see your surgeon in the pre-op area. After reviewing the surgical paperwork and answering any questions, he or she will mark the surgical site with his or her initials.

- **Anesthesia:** Anesthesia is administered to make you comfortable during surgery. The anesthesiologist will talk with you and your surgeon to decide which type of anesthesia is best for you. Depending on your surgery, you may receive a regional nerve block with local anesthesia to help with pain after the surgery. See small “*Preparing for Surgery*” booklet or the **Total Joint Center website for descriptions of the anesthesia options that are available.**

Your Hospital Stay

- **Surgery:** After all the pre-operative checks have been completed you will be taken into surgery. You may be given a sedative to make you sleepy. Once you are in the operating room (OR), the OR staff will make you comfortable, the anesthesiologist will administer your anesthesia, and the surgeon will begin the operation.

- **Post Anesthesia Care Unit (PACU):** Once your surgery is completed, you will be transferred to the recovery room. When you wake, you will have an oxygen mask on your face, a blood pressure cuff, a heart monitor, a device on your finger that measures your oxygen level, and devices on your feet that help with circulation.

The nurse in the PACU will make sure that you wake from anesthesia safely, that your heart and breathing are normal, and that you remain comfortable after surgery.

Your length of stay in the PACU will be dependent on the type of surgery, type of anesthesia, and any medical conditions you may have. Some patients are discharged home directly from the recovery room, if they are able to meet all their goals for discharge. Please talk to your surgeon to discuss whether or not you are a candidate for this same-day discharge home pathway.

- **Visitors:** If you require a support person during the pre-operative phase, please inquire with a member of the Total Joint Center team at 401-793-5852.



The 3 North Team

- **The 3 North (3N) team** consists of highly trained registered nurses, nurse practitioners, certified nursing assistants, and unit secretaries. In addition, occupational therapists, physical therapists, and case managers will be caring for you during your stay. The Miriam Hospital is a teaching facility, and our doctors, nurses, and therapists may have students assisting with your care.

- **Occupational Therapy:** Once you have been cleared by anesthesia to get out of bed, our nursing team will be able to walk with you the day of surgery. Early ambulation (walking) has been shown to lead to a reduction in post-operative complications and speedier recovery. The occupational therapist will arrive to your room the morning after surgery. They will explain post surgical precautions, sling use, dressing techniques, and exercises.

Pain Management After Your Surgery

Pain after surgery is expected, and is a normal part of the healing process. Redness and warmth is caused by extra blood flow to the area, which is normal. It is variable in intensity. Swelling can also occur and is normal. Excess swelling is abnormal.

Benefits of good pain control: Pain control and the ability to move will facilitate a faster healing process and functional recovery. Adequate pain control will allow you to participate in therapy and care with your staff and family. Your care team may try different amounts of medication, different types of medication, given at different time intervals in order to manage your pain effectively.

The Pain Scale

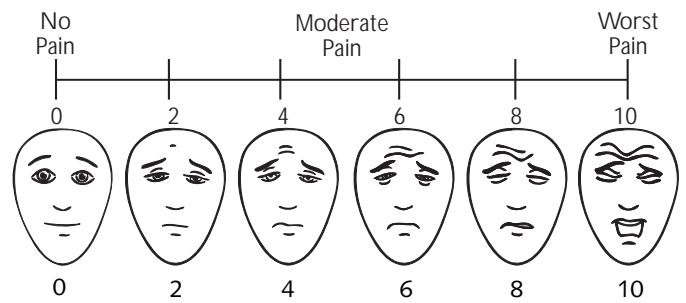
- 0-3 = Minimal/Mild Pain – EXPECTED. Annoying, but you are able to rest, eat, and participate in your therapy and recovery.
- 4-6 = Moderate Pain – Expected to occur periodically. Nagging, may have difficulty resting or participating with therapy.
- 7-10 = Severe/Intense Pain (RARE) – Severe, excruciating, and you are unable to participate in your care, sleep, or eat.

Pain Medications

- Some medications are given on a set schedule, and others are given as you need them throughout the day. Your care team will ask you frequently (about every three hours) about your pain level and they will ask you to rate your pain again after you receive pain medications.
- **Oral pain medications** are used for mild and moderate pain (pain scores ranging from 1-6).
- **Intravenous pain medications** are used for severe pain (pain scores ranging from 7-10). Your surgeon will prescribe a combination of pain medications to provide pain relief for you.

Side Effects

We will partner with you to monitor and treat pain medication side effects. Side effects include nausea, vomiting, constipation, itching, dizziness, and drowsiness. It is extremely rare that a patient becomes addicted to pain medication if it is taken as prescribed.



This Faces Pain Scale-Revised has been reproduced with permission of the International Association for the Study of Pain® (IASP). The figure may not be reproduced for any other purpose without permission.

Non-medication treatments: There are also non-medication treatments that can be used to control pain:

- **Moving around and changing position.** Your care team might suggest changing positions to help alleviate pain. This might include working with Occupational/Physical Therapy, ambulation with your nurse, or therapeutic exercise.
- **Cold therapy** often works well to control pain. It can also relieve itching and muscle spasms.
- **Relaxation techniques** such as prayer and meditation help relieve anxiety and tension. Doing these activities produces a relaxation response that reduces stress.
- **Distraction therapy** reduces pain by taking your mind away from it. Music is an example of distraction therapy. The Miriam offers MedCalm TV on channel 18. Crosswords, puzzles, and adult coloring pages can also be used for distraction.
- **Positive thinking** – Individuals who stay positive and hopeful often feel less pain or are less bothered by the pain they feel. Remembering your long term goals can inspire you to think positively about the ultimate outcome of this surgery.

Frequently Asked Questions About Pain and Pain Medications

Should I be concerned about addiction to pain medications?

Addiction is extremely rare if pain medication is taken as prescribed. Your care providers will be monitoring you closely and you will be on these medications for only a short period of time.

Will I have pain during my hospital stay?

You should expect to feel pain after surgery; however, your care providers will make every attempt to keep your pain at a tolerable level by using a variety of pain medications as well as different pain relieving modalities.

- **Integrative/Alternative Therapies:** Interventions such as massage therapy, and reiki are available for patients who require a lengthier admission to the hospital.

Keeping your pain under control: Everyone feels pain differently and responds differently to pain control treatments. Be sure to:

- Inform your care team about pain control methods that have worked or not worked for you before.
- Talk about any concerns you may have about pain medications.
- Tell your nurse about any allergies to medications you may have.
- Take your pain medications as instructed or ask the nurse for pain medication as needed.
- Set realistic goals for your pain management, with the understanding that pain is expected but should be kept at a tolerable level so you can participate in your recovery.

Blood Work

- Blood may be drawn if needed the morning after surgery. Additional blood will be drawn only as needed during your hospital stay.

- The nursing team and your physician will review your blood work before making decisions regarding your treatment plan.

Preventing Blood Clots

- After surgery you may wear compression stockings and/or have foot pumps while you are in bed. Foot pumps are devices that go around your feet and provide intermittent pulsation, helping to circulate blood and prevent clots.
- Your doctor will also treat you with medications to help prevent blood clots. Your nurse will give you information about the blood thinner your surgeon has prescribed, and he/she will answer any questions you may have.

Urine Catheter

Most of the time, a urine catheter is not needed during or after your joint replacement surgery. If you have a history of difficulty voiding after surgery, let your providers know. In these instances, the need for a urine catheter is temporary. The nurse will monitor your ability to urinate after the catheter is removed.

Bowel Management

Some of the medications you receive while you are in the hospital may cause constipation. Your doctor will

Frequently Asked Questions Regarding Your Hospital Stay

How long will I be in the hospital?

We aim to have you return home once you meet the goals for a safe and successful discharge. Some patients progress very rapidly and meet all discharge goals on the same day as surgery. Almost all patients meet their goals for discharge by 11 a.m. the day after surgery. Please make sure that the person who is picking you up on the day of your discharge is available by 11 a.m., as discharge usually occurs by noon.

Surgery

Monday

Tuesday

Wednesday

Thursday

Friday

Home

Tuesday by noon

Wednesday by noon

Thursday by noon

Friday by noon

Saturday by noon

prescribe medications that prevent constipation and help you to have a bowel movement. These include stool softeners and laxatives. Moving around will help to “wake up” your digestive system. If you have a tendency toward constipation on a regular basis or after surgical procedures, please inform your nurse.

Preventing Falls

No one plans on falling down after having joint replacement surgery, but because of medications and the nature of joint replacement surgery, your balance and strength may be compromised. It is extremely important that you call the nurse for assistance prior to getting out of bed or moving from the bed to the chair or if you feel dizzy. When you are in the bathroom, it is important that you call for the nurse before standing and moving to the sink and into your room.

Occupational Therapy

What is Occupational Therapy?

Occupational therapists holistically look at a patient’s physical and cognitive abilities and the environment in which they need to function in order to assist with the successful transition to the home, community, or next level of care. Occupational therapists play an integral role in starting a successful rehabilitation process in the hospital, including: facilitating early mobilization, restoring function, preventing further functional decline, coordinating care, and discharge planning. Occupational therapists can recommend home safety modifications and durable medical equipment as part of an effective discharge plan.



Occupational Therapy After Shoulder Replacement

Your doctor may place a consult for occupational therapy and the occupational therapist will see you prior to discharge. The OT will teach you how to take on/off your sling, dress yourself, and perform your exercises. The OT will also address needs such as managing in the kitchen, and household chores. During treatment, your OT will identify if you would benefit from additional equipment such as a commode, shower chair, or raised toilet seat. Insurance often does not cover this equipment. You can obtain most of the medical equipment at drug stores or online, or it can be borrowed from friends and family. Physical therapy will work with you AS NEEDED during your stay.

Self Care

Sling: The sling on your operated arm should allow your elbow to be bent at 90 degrees, your forearm to be parallel to the floor, and your hand and wrist to be supported.

You will wear your sling all the time until your follow up appointment. You may remove it only to wash

yourself, dress yourself, and do your exercises as prescribed by your surgeon.

Dressing: Following surgery we encourage you to wear loose fitting clothing, with elastic rather than buttons or zippers. Remember to always dress your operated arm first.

Depending on your progress during your first OT session the therapist may return a second time.

Driving after Joint Replacement Surgery

Safely getting into and out of a car will be discussed during your occupational therapy. You will be unable to drive for a period of time following your shoulder replacement. Your surgeon will determine when you will be able to safely drive again. You cannot drive while wearing a sling or taking narcotic pain medication. This will take typically about 5-6 weeks.

Discharge Prescriptions: Brown University Health Pharmacy

We recommend use of the Brown University Health Pharmacy. Brown University Health Pharmacy can fill and deliver your discharge medications to your bedside at no extra cost to you. If you prefer, you or a support person may also pick up your medications at the pharmacy, which is located on the first floor of the hospital near the main entrance.

Your standard prescription copay applies. Medications prescribed for you after a joint replacement do not have refills. You will receive one prescription from the Brown University Health Pharmacy prior to leaving the hospital and can plan to pick up your second prescription from your home pharmacy.

Using the Brown University Health Pharmacy saves you the inconvenience of stopping at the pharmacy on the way home.

Goals for Discharge Home

- Take sling on and off.
- Get dressed.
- Practice the exercises specified by your surgeon.
- Understand all post operative precautions.
- Get out of bed to chair.
- Walk household distances (50 feet).

The Role of the Case Manager

The case manager will:

- review your discharge options and ensure you are prepared.
- monitor your progress and facilitate your safe discharge from The Miriam Hospital.

Determining Your Discharge Plan

- It is your right to choose the providers, services and agencies that help you recover after your surgery. Choice can be limited for many reasons, including your insurance coverage and resource availability.
- The team's goal is to identify the best and safest discharge option for you. Case managers work closely with you and with physical and occupational therapists to develop your discharge plan.
- Discharge plans can change for a variety of reasons. We encourage you to maintain flexibility in planning for discharge, and the team will help guide you through this process.

Brown University Health Pharmacy

The Miriam Hospital - Main Lobby
401-793-5500
LifespanPharmacy.org

Open Monday - Friday 7 a.m. - 7 p.m.
Weekends and holidays: 8 a.m. - 4:30 p.m.

Planning for Your Discharge and Recovery

Outpatient Therapy: Option 1 After Discharge

- Almost all joint replacement patients are able to go directly home after their hospital stay
- Before surgery you can call to set up your first outpatient appointment to occur following surgery
- If you meet all goals for discharge while working with occupational therapists in the hospital and have some support available, you will be discharged home and attend outpatient therapy. **Going home and following up with outpatient therapy is ideal.** Recovering in your home promotes more holistic healing. People tend to sleep better in their own homes.
- During the time before your first outpatient appointment, completing the exercises assigned to you by your surgeon is a priority. This can be done safely in your own home. At home, you remain in control of managing your medication and other needs, and your surgeon remains in control of your care.
- For questions about what type of support you will need, please see the support person's guide in the handout in your folder.
- Plan ahead. Secure a support person who can provide you with a ride home and who may be able to stay with you for at least 1 night after your surgery.

Home Care: Option 2 After Discharge

- Home care is a less common alternative to outpatient therapy. This will be discussed with your care team if indicated.

Skilled Nursing Facility: Option 3 After Discharge

- This option is for patients who do not meet the discharge goals and are unable to return home safely. Few patients qualify for insurance to pay for rehabilitation in a skilled nursing facility after a shoulder replacement. We strongly recommend discussing your upcoming needs with family and friends.
- There may be an out-of-pocket expense for transportation from the hospital to a skilled nursing facility via ambulance or wheelchair van. Please contact your insurance company for details.
- If it is determined that rehabilitation in a skilled nursing facility is necessary, your hospital case manager will review your options and make referrals to the facilities of your choice. They can provide out-of-pocket rates if it is not covered by your insurance company.

Tips for Preparation

- Contact outpatient therapy with specific questions.
- Contact home care agencies if you have specific questions.
- Follow the list of tips provided in the Preparing for Surgery section of your patient education materials so your home is set up for your return.

Frequently Asked Questions About Discharge from the Hospital

How long will I be in discomfort after surgery?

Pain is extremely variable. For some patients, it lasts a few days, and for others, several weeks. Your surgeon will help you to manage your discomfort.

When can I start driving again?

Your surgeon will provide you with a time frame as to when you can start driving. You cannot drive while wearing a sling. You cannot drive while taking narcotic pain medication.

When can I resume playing sports such as golf?

Please consult your surgeon before resuming these activities. Always remember to follow any movement precautions your surgeon and therapist have reviewed with you. Please speak with your surgeon or rehabilitation providers if you have any questions.

When can I resume sexual activity?

You may resume sexual activities when it is comfortable for you, remembering to follow any precautions.

Do I need antibiotics for dental procedures (cleanings, fillings, etc.)?

Yes, all total joint patients will need to take antibiotics before all dental procedures for a period of time specified by your surgeon. Your surgeon will discuss specifics with you at your post-operative visit.

Will I set off the detector at the airport? If so, do I need a medical ID card?

Patients may set off metal detectors. It's advisable to inform the Transportation Security Administration officer about the implant before screening. No medical ID card is necessary after total joint replacement, but if you travel frequently you may wish to get a TSA notification card. Visit www.TSA.gov.

Will I be able to have an MRI now that I have a total joint replacement?

You can have an MRI safely.

How long will I be on a blood thinner?

You will be on your blood-thinning medication for a period of time that will be determined by your surgeon, usually two to four weeks.

Do I need a recliner to sleep in when I go home?

Recliners can be beneficial after surgery. Patients tend to be more comfortable sleeping propped up, and therefore many patients will prefer to sleep in a recliner. This can be purchased prior to surgery if you feel it would make you more comfortable.

When can I shower?

Most surgeons allow a stand-up shower within days of surgery. Specific instructions from your surgeon will be reviewed before you are discharged from the hospital.

The Coach's Guide to Joint Replacement Surgery

Coach Definition: A coach is someone who will help you do your best by removing obstacles, helping you set goals, and motivating you to remain active in your recovery. The coach may be your family member, close friend, or a combination of these people.

Coach Expectations:

A coach should be compassionate and patient, with good observation, organization and listening abilities.

Responsibilities:

- Motivate the patient to be as independent as possible.
- Encourage the patient to do pre- and post-operative exercises daily.
- Drive patient to therapy appointments, as needed.
- Assist with discharge from the hospital (transportation, medication, equipment, etc.).
- Do (or arrange for) the shopping, cleaning, cooking, laundry and other household tasks.
- Encourage adequate pain control both in the hospital and after discharge (medication, ice, elevation, etc.).
- Pick up prescriptions or arrange for delivery of prescriptions.
- Manage finances, including paying regular household bills and handling insurance paperwork.
- Communicate with the healthcare team about any changes or concerns.
- If possible, find an alternate coach if you are unable to attend or assist. (Two are always better than one!)

Outpatient Rehabilitation Services After Total Joint Replacement

I can't wait to get back to _____ again!

Outpatient rehabilitation is recommended to maximize your new joint's performance and to help you get back to the activities you want to enjoy. During your healing process, you will need additional strength training, assistance in regaining your shoulder range of motion and education on how to complete your everyday activities. An outpatient physical therapist or occupational therapist can help you accomplish these goals. Outpatient therapy typically begins within the first week you are discharged from the hospital following surgery, but may vary depending on your surgeon's post-operative protocol. It is important to allow adequate time for tissue healing and not begin activities too soon. Your therapist will guide you in following the rehabilitation protocol established by your surgeon. This will allow you to recover safely from your surgery and maximize function of your arm.

On your first visit to the outpatient rehabilitation clinic, the therapist will

- perform an examination.
- assess your pain.
- take several measurements of the range of motion of your shoulder, elbow and wrist.
- identify your goals for therapy.
- develop a unique plan for you that incorporates your surgery protocol and your unique activity goals.

The frequency and duration of outpatient therapy varies, as each patient will progress differently. Typically, patients are seen two times per week, with a strong emphasis on completing exercises independently at home.

Equipment and techniques that may be utilized during your recovery include (but are not limited to):

- hands-on, manual therapy techniques to improve flexibility, strength, and range of motion.
- cold compression therapy to reduce swelling and promote healing.
- weights, bands, and machines to improve strength (stretching to improve flexibility).
- resistance bands for strength and stability.
- over-the-door pulley to promote range of motion.

The Miriam Hospital offers outpatient rehabilitation as part of its program for joint replacement surgery. We are dedicated to providing expert one-on-one care in a friendly and motivational environment. The goal of therapy is to maximize your independence and ensure maximum benefit from your surgery. We work closely with your surgeon and provide timely communication regarding your progress. The staff is experienced in treating orthopedic conditions and is proud to have maintained a patient satisfaction score of 99 percent. There is free on-site parking and easy highway access. Come visit our clinic for a tour and meet with our staff about your needs.

Notes:

Community Resources - Support for a Successful Recovery

The Office of Healthy Aging

- www.oha.ri.gov
- State's primary agency that monitors community programs and services for seniors.
- Senior companions- volunteers that can come by, provide one-to-one human contact to those in need of a helping hand or companionship, 401-462-0569.

Dial 211

- For elders, adults with disabilities, families, and caregivers for additional programs offered through the Department of Elderly Affairs.

Online grocery shopping and delivery

- Stop & Shop, Shaw's, Amazon.com, Instacart, Whole Foods, Monroe Dairy, and Target all offer grocery delivery service through online ordering.

Transportation assistance

Many cities and towns offer transportation services for non-medical or medical appointments. Call your local senior center or town hall and inquire about what is available in your area.

www.medicare.gov

Website to check insurance coverage for those with Medicare.

Freemasons

- 401-246-0865, rifreemason@rifreemasons.org
Organization offers gently used durable medical equipment for free with the understanding that the equipment will be returned once it is not needed.

Open on Fridays from 9 a.m. to noon, Long Street, Warwick, RI (across from Saints Rose and Clement Church).

Assistance or companionship programs

- Visitor program (Providence, RI)- 421-7833 ext 228.
- Senior companion program: 401-462-0569.

Home health aides and other additional support services

While home health aides are not generally covered by insurance after total joint replacement, they are available for private pay.

- Home Instead: 1-888-336-0349.
Homeinstead.com
- Care.com
- Cathleen Naughton Associates offer handyman services, companionship, rides to appointments. Services provided for private pay fee. Call 401-783-6116 for more information.

Outpatient Rehabilitation Services

(This is not an exhaustive list of facilities.)

Section 1802 of the Social Security Act “seeks to ensure that free choice is guaranteed to all Medicare individuals.” The law states: “Any individual entitled to insurance benefits under this title [i.e., Medicare] may obtain health services from any institution, agency, or person qualified to participate under this title if such institution, agency, or person undertakes to provide him such services.” This statement gives patients freedom to choose whom they want as their provider of post-hospital services.

There are other companies not listed on this form. A patient has the right to find one of his or her own choosing.

The Miriam Hospital Outpatient Rehabilitation

195 Collyer Street, 3rd Floor, Suite 301
Phone: 401-793-4080
Fax: 401-793-4110

The Miriam Hospital Outpatient Rehabilitation Central Falls Location

1000 Broad Street, Suite 103, Central Falls, RI
Phone: 401-606-7492
Fax: 401-606-7493

The Miriam Hospital Outpatient Rehabilitation Lincoln Location

1 Commerce Street, 2nd Floor
Lincoln, RI 02865
401-793-8501

Rhode Island Hospital Outpatient Physical Therapy

765 Allens Avenue, Suite 102, Providence, RI
401-444-5418

Rhode Island Hospital Outpatient Rehabilitation East Greenwich Location

1454 South County Trail, Suite 1300
401-444-2050

Newport Hospital Outpatient Rehabilitation

20 Powel Avenue, Newport, RI
401-485-1845



Total Joint Center
The Miriam Hospital

BROWNHealth
UNIVERSITY

**Total Joint Center at
The Miriam Hospital**

164 Summit Avenue, Providence, RI
401-793-5852 • Brownhealth.org/TJC
TotalJointCenter@brownhealth.org