

Thank you for choosing

Dr. Badman and his team for your shoulder surgery

Our team will work with you and your family and friends to create a smooth process for your shoulder surgery and recovery program with your needs in mind.

Please don't hesitate to contact a member of our care team with any questions you may have along the way. Remember, no question is too small as we are here to help you through the process.

What to Expect after:

Rotator cuff repair (also include technique video)

Bicep Tenodesis for SLAP Tear (Also include technique video)

Labral/Instability Surgery

Below I would like it to ask "Do you have a cardiac history?" (Yes/No) When clicked yes It would then trigger an alert to my staff about needing cardiac clearance and also to the patient. I suppose you may include in below paragraph after speaking about cardiac issues.

Pre-operative testing

2-4 weeks prior to surgery

After your surgery has been scheduled, you may require additional preoperative testing based on your medical history. This appointment will take place with a physician at Central Indiana Orthopedics or potentially with your primary care provider. If you have any cardiac history (heart attack, stroke, etc.) a clearance from your cardiologist will also be necessary prior to scheduling surgery. Please make sure to ask about medications you currently take, and whether they need to be stopped or continued around the surgery date at this visit.

Pre-operative testing may include:



Physical examination



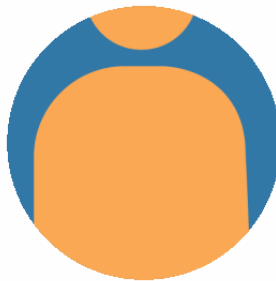
Anesthesia interview



Blood and urine tests



Electrocardiogram (EKG)



Chest X-ray



Stress Test



Review Medications/Supplements



MRI of Shoulder

(I Understand)

- **Form Name:** Dr. Badman 3 Weeks Before Shoulder Repair Surgery
- **Friendly Name:** 3 Weeks Before Surgery
 - **Form ID:** 8791
 - **Comments:**

Do you use Tobacco Products?

(Yes) (No)

If Yes:

Tobacco Use

Risks of Tobacco Use

If you smoke, chew, or use other nicotine products, you should stop. The tar, nicotine, and carbon monoxide found in tobacco products have serious adverse effects on blood vessels and impair the healing of wounds and bone grafts. If you quit smoking before surgery, you will increase your ability to heal after surgery. By continuing to use nicotine products, statistics show that there can be an increased risk of failure and poor surgical outcome. If

you need help with quitting, contact your PCP or a smoking cessation program for assistance



Tobacco Use

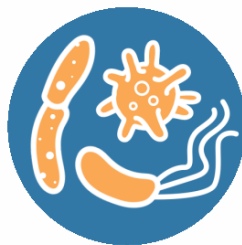
Tobacco use before and after your surgery can increase the risk of:



Forming blood clots which can be fatal



Breathing problems



Infection



Impairing bone, skin, and wound healing process



Drug reactions



It is highly recommended that you stop all nicotine use
now

(I Understand)

Do you see another physician or receive narcotic pain medication from another physician on a regular basis?

(Yes) (No)

If Yes:

Contacting

Your other Physician

Please contact that physician to let them know that you will be having surgery and to discuss your postoperative pain management.

(Confirmation you received this message.)

If No:

Pain Medication

It is important that you follow Dr. Badman's instructions on your usage of narcotic pain medication. Ideally you will not require narcotics longer than 7 days after surgery. Dr. Badman will contact your pharmacy and provide you a prescription for pain medications prior to the date of surgery so make sure to pick it up beforehand so you have it when you need it.

(Confirmation you received this message.)

- **Form Name:** Dr. Badman 19 Days Before Shoulder Repair Surgery
- **Friendly Name:** 19 Days Before Surgery
 - **Form ID:** 8792
 - **Comments**

Introducing Your Care Team

Before, during, and after your shoulder repair surgery, you will be working with several different people in the office, hospital settings, and surgery center setting. These people make up your Care Team. Read on to find out more about them and their role in your surgery

Surgeon:



Dr. Badman is responsible for performing the surgery and monitoring your recovery. You will see Dr. Badman before surgery and he can answer any final questions that you may have prior to surgery.

[Click here to learn more about your surgeon Dr. Brian Badman](#)

Athletic Trainer and Office

Leader:



Brad Crackel is responsible for helping manage the office and will be your point of contact with any general questions or concerns. He has extensive experience with shoulder patients and has worked with Dr. Badman for over 15 years.

[Click here to learn more about Brad Crackel. \(insert hyperlink to brad bio\)](#)

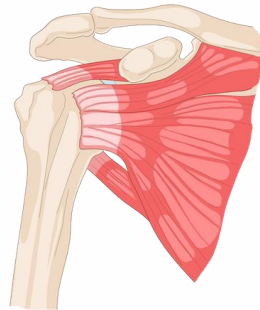
Physician Assistant:



Jenna Nowlin is responsible for assisting Dr. Badman in surgery and in office. She has extensive experience with

shoulder patients and may also see you for one of your postoperative visits.

[Click here to learn more about Jenna Nowlin \(insert hyperlink to Jenna bio\)](#)



Anatomy Overview

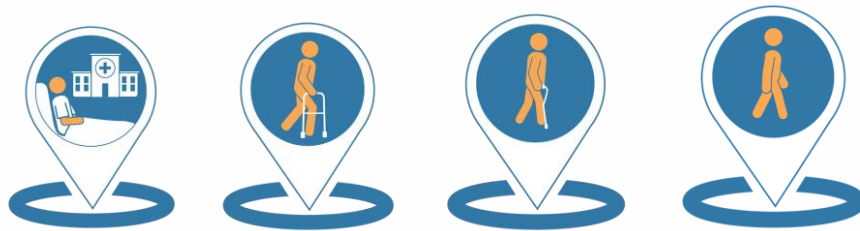
Shoulder Joint

The shoulder joint is a ball and socket joint. Occasionally, the ball and socket can wear down and become painful. Conditions that can affect the bones include arthritis, fracture, or shoulder dislocation.

The shoulder joint is held in place by ligaments and muscles, including the rotator cuff group of muscles which often are associated with shoulder problems. In some situations, both the bone and the rotator cuff muscles can also be damaged.

Maybe include link to the rotator cuff video again and bicep tenodesis video here

Roadmap to Recovery



Things to do Before Your Surgery

In order to minimize stress and optimize your outcome, we recommend that you address the following prior to surgery.

Understanding

Insurance Requirements

It is extremely important that you make sure your health insurance plan is active. Our office will contact your plan to obtain prior authorization for your surgery.

Please make sure you call your insurance company to understand what your co-pay, deductibles, coinsurance, out of pocket maximum, and other costs may be prior to surgery. It may be necessary to complete a course of physical therapy before surgery to allow approval by your insurance. This unfortunately may delay or postpone your surgery.



Tobacco Use

Tobacco use before and after your surgery can increase the risk of:



Forming blood clots which can be fatal



Breathing problems



Infection



Impairing bone, skin, and wound healing process



Drug reactions



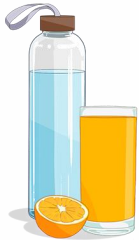
It is highly recommended that you stop all nicotine use
now

Diet & Fluid Intake

Nutrition

After surgery, you may resume a normal diet. Good nutrition is important in the healing process. It is important to eat a well-balanced diet including fruits, vegetables, and lean protein.

It is not recommended that you eat a heavy or spicy meal immediately after surgery to allow your system to adjust.



Fluids

Be sure to drink at least six 8-ounce glasses of fluids each day. This may include water, juice, or non-caffeinated soda.



Nutrition & Surgery

Good nutrition is especially important when your body is healing. Consider stocking nutritious, easy-to-prepare foods in your pantry and freezer in advance of your surgery. You should also rearrange food, pots, pans, and

other cooking utensils to easy-to-reach shelves and counter tops.

[View Nutrition Tips](#)

Precautions After Surgery

A shoulder joint surgery affects bone, ligaments and muscles, which all need time to heal after surgery. To ensure that your shoulder heals correctly, **DO NOT** try to lift your arm on its own **for 4-6 weeks after surgery**.

Allow the operated arm to relax as much as possible; **DO NOT** actively move the operated arm without assistance from your caregiver, therapist or your other arm. **DO NOT** hold anything more than 1 pound in your operated hand (cell phone, remote).



DO NOT lift your arm



DO NOT lift more than 1 pound

Phase I: Activity at Home

Physical Activity

- Most light physical activity is allowed after surgery, including walking or use of a stationary bike with your sling on.
- Avoid activities that involve jerking, running or jumping due to the forces that occur at landing.
- **DO NOT** lift your arm without the support of the opposite hand, or hold anything greater than 1 pound in the operative hand.



Phase II: Regaining Function

Shoulder Function

- During this phase of recovery, you will be provided exercises to do at home that address your range of motion, strength and ability to do everyday tasks.
- You should expect your progress to be gradual, and will improve with time and strengthening.

- Most patients can expect full recovery and return to pre-injury activities 6-12 months after surgery.
- Ask your doctor for specifics when returning to normal or recreational activities.



Thank you for reviewing the material!

Did you understand the material?

(I Understand)

- **Form Name:** Dr. Badman 10 Days Before Shoulder Repair Surgery
- **Friendly Name:** 10 Days Before Surgery
 - **Form ID:** 8793
 - **Comments:**
 - **Need a phone number for scheduling a sling fitting appointment.**

Plans After Surgery

We encourage a family member or friend to come with you to your appointments before surgery, on the day of surgery, and stay with you immediately following your surgery. Assemble a team of relatives and friends who can assist you with daily activities. Have someone check in on you every day.



Sleeping Position

You may find it more comfortable sleeping in an upright position in a recliner for the first couple of weeks after surgery. You may want to make arrangements for access to one after your surgery.

Please note, insurance will not cover the cost of a recliner or rental of one.

Walkways

It is important to prepare your home for when you return after surgery in order to reduce the risk of injury or falls. Remove any excess clutter or area rugs.



Meals

Make sure your home is well stocked with frozen or prepared meals, take care of any pressing financial obligations, and arrange for pet care.

Frequent Use Items

Store frequently used items in easy to reach places.



Household Chores

Complete your grocery shopping, laundry, and other chores before surgery. This will make daily activities easier after surgery.

Ice

Plan ahead for what type of ice packs you will be using (gel packs, frozen vegetables, etc.) and have these ready when you return home after surgery. Ice units are not typically covered under your insurance. You may purchase a unit thru Central Indiana Orthopedics or online at Amazon. Please discuss this with Dr. Badman or Brad Crackel if you would like to purchase one.



Transportation

You will not be able to drive after surgery, so someone will need to provide transportation for you.

Practice Self Care

Practice activities around your home using only your uninjured arm, such as bathroom hygiene and dressing.

You will not be able to push or pull with your operated arm including when getting up from a chair or toilet; consider a raised toilet seat if you have difficulty with this activity.



Out of Work Expectations

Most patients are able to return to work within 6 weeks of their surgery, but this period may be as long as 12 weeks. Patients that work at a desk may potentially be able to return to work as quickly as a couple weeks depending on your comfort level. Patients with more active jobs generally take longer to return to work than people with more sedentary jobs.



Thank you for reviewing the material!

Did you understand the material?

(I Understand)

You will be issued a shoulder sling postoperatively



Insert sling instruction video here (Brad)

Also can use the cartoon version demo of taking sling on and off

(I Understand)

(I Understand)

- **Form Name:** Dr. Badman 5 Days Before Shoulder Repair Surgery
- **Friendly Name:** 5 Days Before Surgery
 - **Form ID:** 8794
 - **Comments:**



Skincare

Take good care of your skin prior to surgery.

Scratches or wounds on your arm or shoulder from things like yard work, pets, etc. may lead to a canceled surgery.

Medications to Stop

Discuss with your physician when to **stop** any medications you are taking **BEFORE** stopping prescription and non-prescription medications.

Blood Thinners, NSAIDs, Ozempic/Manjauro

NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) can increase bleeding during surgery by decreasing one's ability to clot blood.

Stop taking:

- Blood thinners (Aspirin)
- Ibuprofen (Advil & Motrin)
- Naproxen (Aleve)
- Celebrex
- Mobic
- Ozempic/Manjauro Injections (7 days before)

If you are on anticoagulation medication (blood thinners), please contact your prescribing provider for when it is safe to stop this medication. These medications are typically resumed within the first day after surgery.



Supplements & Herbal Medicine

These can increase bleeding during surgery and interact with anesthesia medications.

Stop taking:

- Echinacea
- Fish Oil
- Ginseng

- Glucosamine
- Chondroitin Sulphate
- St. John's wort

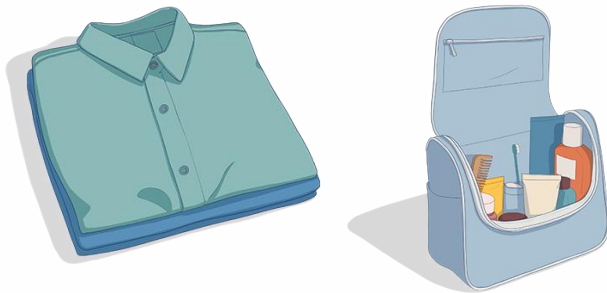
Medications to Start

Start taking Tylenol (acetaminophen) 1000mg every 8 hours starting 5 days before surgery and continuing up to 5 days after surgery. This will help reduce the need for taking narcotic pain medication during your recovery

What to Bring to Surgery

Please leave any valuables at home.

- Comfortable, loose-fitting clothes.
- Personal devices such as dentures, hearing aids, glasses, and contacts.
- A list of current medications, including doses and times you take them.



What NOT to Bring

DO NOT bring valuables, jewelry, or money!

We do not encourage you to bring valuable equipment, but it is not prohibited. It is suggested that your support person or family members keep these items with them when you are not using them. If you have a wedding ring on your operative arm please try to remove this prior to your surgery.



Soap & Wipes

If you have yet to receive any Hibiclens Soap or Chlorhexidine Wipes, please obtain them online (include amazon link for both here-stryker brand fine for wipes and any brand for soap) or your local pharmacy or convenience store. Please also pick up some large waterproof bandaids which you will apply to the incision sites after your first dressing change and until the wounds heal up (7-10 days).

1 Day Before Surgery

Clean your body twice per day with the provided surgical wipes following the instructions on the packaging.

Clean especially well around your shoulder. If irritation develops, please contact your doctor. Skin dryness is not uncommon.

Complications

Please call the office immediately if you are experiencing any of the following:

- Rash
- Sore
- Fever
- Diarrhea
- Vomiting
- Coughing

- Congestion



When you arrive on the day of your surgery, check in at the front desk of the surgery center upon arrival.

Thank you for reviewing the material!

Did you understand the material?

(I Understand)

- **Form Name:** Dr. Badman 1 Day Before Shoulder Repair Surgery
- **Friendly Name:** 1 Day Before Surgery
 - **Form ID:** 8795
 - **Comments:**
 - **Need information for “When to Arrive at Hospital” section.**
Central Indiana Orthopedics 14300 E 138th Street, Fishers, IN 46037



No Food/Drink

Please remember no food or drink **after midnight** on the **day before your surgery**. If you have been instructed to take medication the day of your surgery, you may do so with a small glass of water in the morning.

If you do not follow these instructions, your surgery may be canceled or rescheduled.

Preop Pain Management Plan

Continue taking Tylenol (acetaminophen) 1000mg every 6 hours beginning 5 days before surgery and continuing up to 5 days after surgery. This will help reduce the need for taking narcotic pain medication during your recovery.

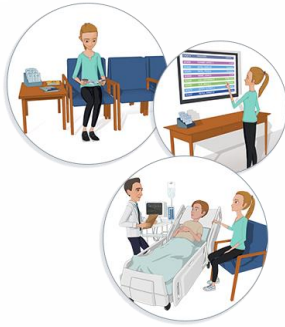


Families: What to Expect

Waiting is typically the hardest part of any experience. The length of time in the operating room and in recovery varies with each procedure and patient.

An estimated time will be given by the surgeon prior to the operation. Once the surgery is completed the surgeon will speak to your family about the procedure and inform them of where to go from there. Dr. Badman will not usually speak to you after surgery as your memory can be

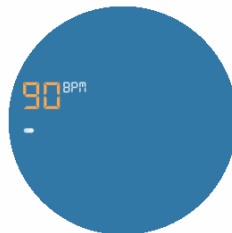
impacted by anesthesia. He will generally contact you later that evening or the following day.



During Surgery

Your family member or friend may wait in our waiting area near the check-in desk during your surgery.

After surgery, your nurse will ensure you resume normal heart rate, blood pressure, breathing, and are able to control your pain. Dr. Badman will typically review your surgery with your family or friend present but will not go into extreme detail with you now as you likely will not remember due to the anesthesia. This will all be reviewed thoroughly at your first follow-up appointment. Finally, you will be discharged home with instructions.



Heart rate



Blood pressure



Breathing



Pain levels

Wearing Your Sling

After surgery a sling must be worn for 24 hours per day including while sleeping. A sling will be provided to you before surgery in order to protect your shoulder and ensure the best position for healing.

Tips:

- The elbow should be snug in the corner of the sling.

- Your forearm should be level with the floor, rather than allowing your hand to hang below your elbow. This prevents fluid from collecting in your hand.
- The forearm should be at approximately a 45-degree angle from the body or by your side, as opposed to the front of your abdomen.
- Relax your shoulders away from your ears (do not shrug), allowing the sling to support you. Shrugging your shoulders for too long can result in increased pain and headaches.
- Try to keep good posture with your head up and shoulders back while wearing your sling. This will help your comfort level long-term.



Be sure the sling is snug around your elbow



Your forearm should be level with the floor



Keep forearm at 45° from your body



Relax your shoulders, let the sling support you



Keep good posture to decrease strain on body

Removing Your Sling

Insert video again here of Brad taking sling on and off

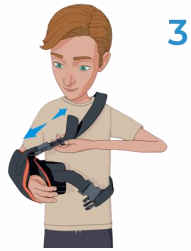
To put the sling back on, reverse these steps.



Undo the velcro across the top of your forearm



Unbuckle the strap around your waist



Unbuckle the remaining strap above your hand



Lower your hand down to straighten your elbow



Slide the sling down off your arm



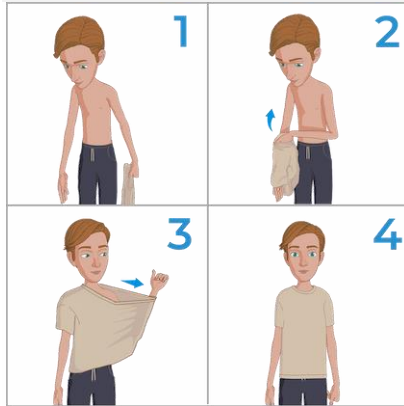
Sleeping After Surgery

Most patients that have shoulder surgery are NOT comfortable lying flat on their back to sleep.

We recommend sleeping in a recliner or propped up in a semi-reclined position in bed. Place pillows or rolled towels behind your head, shoulder and elbow to maximize your comfort. Keep in mind that if you sleep in a recliner you will need help using the lever to sit back up.

Getting Dressed: Putting on a Shirt

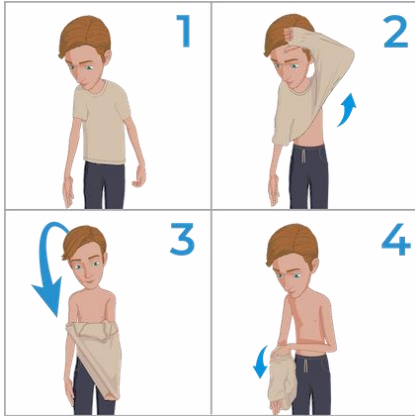
When putting on a shirt after surgery it is important to remember your operated arm **MUST** remain relaxed at all times.



1. Remove the sling and allow the operated arm to hang in front of you.
2. Put your operated arm into the sleeve first.
3. Pull the shirt over your head and unaffected arm.
4. Slowly stand up and adjust your shirt with the unaffected hand. Your caregiver can help you button the shirt if needed.

Getting Dressed: Removing your Shirt

When removing a shirt after surgery it is important to remember your operated arm **MUST** remain relaxed at all times.



1. Slowly lean forward allowing the operated arm to hang in front of you.
2. Use your unaffected arm to bring the shirt up.
3. Pull the shirt over your head with your unaffected arm.
4. Slide your shirt off of the affected arm.

Preventing Constipation After Surgery

There are many causes of constipation after surgery such as general anesthesia, pain medications, physical inactivity, and dietary restrictions.

Exercise

Make sure to exercise when the doctor says it is ok to do so.



Stay Hydrated

Drink plenty of water and juices.



Caffeinated beverages which act as diuretics can worsen constipation.



Fiber

Eat fiber-rich meals and instead of having 3 large meals a day, instead have 5 smaller meals. Your digestive system performs better this way.

In addition to fiber-rich meals, use of Dulcolax is recommended.



Preventing Blood Clots

Get up on the plane to crutch/walk every hour or if driving stop every 1-2 hours to get up and walk. Stay hydrated, and avoid alcohol and caffeine.

Take 81 mg of aspirin (unless allergic or have stomach/kidney problems) the day before travel, the day of travel, and the day after travel. If you are over the age of 60 it is advised to continue with the aspirin for 3 weeks after surgery. The compression stockings placed on you may be removed after a couple days and assuming you are ambulating regularly.



Stay hydrated



Take 81mg Aspirin



Get up every hour to walk and do ankle pumps

What to Expect at Home

Your shoulder may feel swollen, painful, and/or stiff. The joint will need time to heal. But recovery times vary depending upon what was done. You may want to make some changes around your home so it's easier for you to take care of yourself.



Wound Care

DO NOT rub the incision, or apply creams or lotions to it.

Keep the dressing (bandage) over your wound clean and dry. Change the dressing as instructed. First dressing change is usually advised 2 days after surgery. Try to leave the steri-strips in place but if some come off with the dressing can reapply new ones or cover with waterproof bandaids.

Showering

You may begin showering 2 days after surgery without your shoulder dressing and with waterproof bandaids in place.

DO NOT soak your wound in the bathtub or a hot tub for at least the first 3 weeks.



DO NOT bathe



DO NOT use hot tubs

Pain Medications

A prescription for medications was called into your pharmacy. Make sure you have picked this up the day prior to surgery so that when you go home you have it when you need it. Take the pain medication when you start having pain; waiting too long to take it allows the pain to get worse than it should.



Don't Drink or Drive

DO NOT drink alcohol or drive if you are taking pain medicine as this will make you too sleepy to drive safely.

Anti-Inflammatory Medicine

Taking Ibuprofen (Advil, Motrin) or other anti-inflammatory medicines with your prescription pain medicine may also help. You may take up to 800mg of Ibuprofen every 6 hours in addition to your pain medication. This can cause stomach upset so take it with food and avoid if allergic or have history of stomach ulcers.

Your doctor may also recommend a baby aspirin to prevent blood clots. This can be stopped once you are walking regularly but is typically recommended for the first 2 weeks after surgery.



Activity and Rest

You will be in a sling for 4-6 weeks after your surgery. Dr. Badman will let you know when you can stop the sling and start PT at your postop office visit.

Keep doing the exercises you were taught for as long as you were told, this helps strengthen the muscles that support your shoulder and ensures the shoulder heals well.



Shoulder Movement

Follow instructions on the safe ways to move and use your shoulder. You may not be able to drive for at least 4 - 6 weeks. Your doctor or physical therapist will tell you when it is okay to start driving.

Preventing Infections

If you experience any signs of infection, call the office immediately.

One of the most serious complications facing patients who undergo any surgery is infection. Although infection occurs in only a small percentage of patients, it can

prolong or limit full recovery. Please check your incision daily for signs of infection.

Signs of Infection



Yellow or green discharge



Change in odor of the discharge



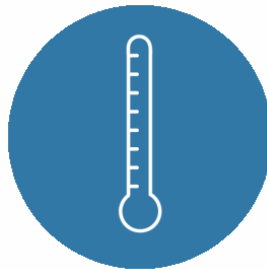
Change in Size of Incision



Redness or hardening of area around incision



Your incision becomes hot to the touch



Fever

When to Call the Doctor

Call the surgeon or nurse if you have any of the following:



- Bleeding that soaks through your dressing and does not stop when you place pressure over the areas
- Pain that does not go away when you take your pain medicine.

- Residual numbness, tingling, weakness in your fingers or hand after nerve block wore off beyond 48 hours.
- Your hand or fingers are darker in color or feel cool to the touch
- Redness, pain, swelling, or yellowish discharge from the wound
- Temperature is higher than 101 F (38.3 C)

When to Arrive at Hospital or ASC

Your time should be provided prior to your surgical date. Sometimes this can change based on cancellations and you will be notified of this. Please be flexible on the day of your surgery. You will typically arrive 1-2 hours before to allow time to get you ready for surgery. We do our best to stay on time but sometimes unforeseen things occur during surgeries which can potentially delay your anticipated start time.

Central Indiana Orthopedics

14300 E 138th Street

Fishers, IN 46037

1-800-622-6575

Thank you for reviewing the material!

Did you understand the material?

(I Understand)

Insert

Form Name: Dr. Badman Day of Surgery

Friendly Name: Day of Surgery

Insert paragraph:

Happy Surgery Day! Dr. Badman will see you shortly. Feel free to ask him any last minute questions that you may have. A link to your postoperative instructions is provided below.

Insert postop instruction link; pdf or something they can review again

- **Form Name:** Dr. Badman 1 Day After Shoulder Repair Surgery
- **Friendly Name:** 1 Day After Surgery
 - **Form ID:** 8796
 - **Comments:**

Preventing Blood Clots

Begin taking your pain medication as needed for pain and 81mg of Aspirin once daily (unless allergic or have stomach/kidney problems). You will take the aspirin once daily for **3 weeks** after surgery to reduce your risk of a blood clot.

Get up to walk every hour. If driving, stop every 1-2 hours to get up and walk.

Stay hydrated and avoid alcohol and caffeine.

If you are prescribed oral anticoagulation medication (blood thinners), resume this medication now and do not take it with Asprin.



Stay hydrated



Take 81mg Aspirin



Get up every hour to walk and do ankle pumps

Pain Medication

Continue to take Tylenol 1000mg 3-4 times per day for 5 days.

You can add over the counter NSAID's such as Advil, Aleve or Motrin and use doses recommended on bottle without exceeding the max daily limit.

You were also prescribed Oxycodone 5mg (or equivalent based on allergies) for severe pain. You can use 1 tablet every 6 hours for severe breakthrough pain. Try to taper off using this medication over the course of the week.

If your pain is still not controlled with this regimen, please call our office.



Removing Your Sling

Insert video again here

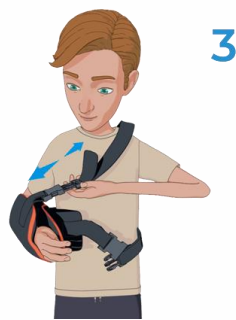
To put the sling back on, reverse these steps.



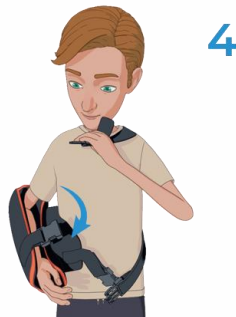
Undo the velcro across the top of your forearm



Unbuckle the strap around your waist



Unbuckle the remaining strap above your hand



Lower your hand down to straighten your elbow



Slide the sling down off your arm

Thank you for reviewing the material!

Did you understand the material?
(I Understand)

- **Form Name:** Dr. Badman 2 Days After Shoulder Repair Surgery
- **Friendly Name:** 2 Days After Surgery
 - **Form ID:** 8797
 - **Comments:**



Meals

Be sure to either have prepared meals ready for you after surgery or have someone help you with food preparation. When you return home, you will be eating a regular diet. Your doctor may recommend eating a lot of fruits and vegetables to assist with constipation that can sometimes occur from taking the narcotic pain medication.

Stay Hydrated

Drink plenty of non-caffeinated beverages to avoid dehydration.



Caffeinated beverages which act as diuretics can worsen constipation.



If you have continued nausea and vomiting try to eat small, bland foods such as applesauce, toast, rice or bananas.

If you continue to have problems with nausea, vomiting or constipation, please contact our office directly.

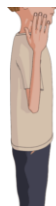
Arm Exercises

You will not start formal physical therapy for your shoulder until after your first post-operative appointment. Dr. Badman will determine when you will start therapy and give you a prescription to start therapy at that appointment.

For now, you may do some gentle range of motion exercises of your neck, elbow, wrist, and hand. You may remove the sling to allow elbow range of motion but should place the sling on after and remain in it other than for bathing until instructed that it may be removed completely.

Range of Motion exercises

Perform these exercises 3-4 times daily, spending about 5 minutes each time



1. Allow your arm to straighten at the side, then gently bend elbow up.
2. Position forearm with thumb facing up.



1. With your arm comfortably supported, gently bend wrist back and forth.
2. Curl the fingers into the palm to make a loose fist and then straighten them out.



Using a hand towel or ball, squeeze it in your hand. Hold for a few seconds, and then relax. Repeat this for 10 to 15 repetitions.



Retraction

While lying faceup or sitting down, bring head straight back, keeping your eyes on the horizon. Then return to neutral. Repeat 10 times.



Neck Head Drop

Starting in a seated position, retract neck (as above).

Slowly move head up and backward as far as you can comfortably go. Return to neutral. Repeat 10 times. Do this exercise again at the end of each session (so you do it twice each session).



Side Bend

Sit down, bring head into neck-retraction position, then gently guide right ear towards right shoulder with your hand on your unaffected arm. Stop when you feel a stretch on left side of neck. Return to neutral. Repeat 5 times on each side.



Rotation

While sitting, bring head into neck-retraction position, then gently turn head diagonally to the right so your nose is over your shoulder. Return to neutral. Repeat 5 times in each direction (left and right).



Flexion

Sitting down, bring head into neck-retraction position. place your hand from your unaffected side on your head and gently guide head down, bringing chin toward chest. Stop when you feel a stretch in the back of your neck. Return to neutral. Repeat 5 times.



Shoulder Blade Pull

While sitting, bend raised arms at 90-degree angles. Relax shoulders and neck. Keeping arms and neck still, squeeze the muscles between shoulder blades, drawing shoulder blades closer together. Return to neutral. Repeat 5 times.

Removing Your Sling

To put the sling back on, reverse these steps.



Undo the velcro across the top of your forearm



Unbuckle the strap around your waist



Unbuckle the remaining strap above your hand



Lower your hand down to straighten your elbow



Slide the sling down off your arm

Pain

You can expect the greatest amount of pain in the first week following surgery. However, the following measures should help to reduce this.



Relaxation

You can expect the greatest amount of pain in the first week following surgery. However, the following measures should help to reduce this.

Taking Medications

If these techniques are not enough to adequately control your pain, contact your physician.

Take your pain medication as prescribed by your physician. The nerve block you received prior to surgery should wear off within 12-24 hours after surgery. Be sure to begin taking your pain medication before this occurs in order to stay ahead of your pain.

You will know your nerve block is wearing off when you begin to regain feeling and movement in your hand and elbow.

Continue to take Tylenol 1000mg 3-4 times per day for 5 days.

You can add over the counter NSAID's such as Advil, Aleve or Motrin and use doses recommended on the bottle without exceeding the max daily limit.

You were also prescribed Oxycodone 5mg for severe pain. You can use 1 tablet every 6 hours for severe breakthrough pain. Try to taper off using this medication over the course of the week.

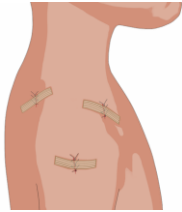
If your pain is still not controlled with this regimen, please call our office.



Ice

You may use ice constantly for the first 24-48 hours after surgery. Gel packs, frozen vegetables, or an ice machine are recommended. After 48 hours you may use ice for 15-20 minutes every hour as often as needed.

We recommend using ice until your pain and swelling resolve. If these techniques are not enough to adequately control your pain, contact your physician.



Incision Care

You may now remove all tape, gauze and dressing around the incision. Try to leave the steri-strips in place. These will be removed at your office visit. Cover your incisions with the large waterproof bandaids as you may now shower.



DO NOT use any ointments



DO NOT rub or soap the incision

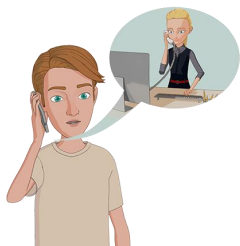


DO NOT submerge your incision

Complications

Please call the office immediately if you are experiencing any of the following:

- Fevers of more than 101.5F
- Excessive redness of incision
- Shortness of breath
- Drainage from the incision
- Nausea
- Cold arm or hand with discoloration
- Numbness/tingling in affected arm after nerve block has worn off



Preventing Blood Clots

Get up and walk as much as tolerated but at least three times per day. This will decrease your risk of a blood clot



What is DVT or PE?

Deep vein thrombosis (DVT) happens when blood clots form in your vein, and blood flow slows or stops in that vein. Blood clots can break free, travel in your bloodstream, then block blood from flowing into your lungs. This is known as a Pulmonary Embolism Signs and Symptoms of DVT or Pulmonary Embolism (PE).

A PE is a blood clot that forms in the leg, pelvis, or arm veins and travels through the heart and lodges in the lungs.

If you have chest pain, difficulty breathing, or are coughing/spitting up blood go to the closest emergency room **NOW**.

[View DVT & PE](#)

Expectations for Day 2 After Surgery

Your pain level should be starting to decrease gradually over the next few days and you will require less narcotic

pain medication. Continue to ice your shoulder regularly to minimize any inflammation and bruising. You should also be taking a 81mg aspirin once a day to decrease your risk of blood clots.



Thank you for reviewing the material!

Did you understand the material?
(I Understand)

- **Form Name:** Dr. Badman 4 Days After Shoulder Repair Surgery
- **Friendly Name:** 4 Days After Surgery
 - **Form ID:** 8798
 - **Comments:**
 - **Need after hours phone number if signs of infection.**

Complications

Please call the office immediately if you are experiencing any of the following:

- Fevers of more than 101F
- Increased redness, drainage, or heat around the incision
- Chest pain or difficulty breathing
- Cold arm or hand with discoloration
- Numbness/tingling in affected arm
- Any other unexplained symptoms



If it is after hours you can reach the on call physician by contacting 1-800-622-6575. Please note, you may not obtain medication refills through the on-call physician. If it is a life-threatening emergency, NOT RELATED TO YOUR shoulder, call 911. If you think the emergency is related to your shoulder, call our office directly.

Pain Medications

As a general goal, we would like to see patients get off their narcotic medications within 5-7 days. If you are concerned that your pain level continues to require high doses of narcotic pain medication, please give us a call at the office to discuss your pain management.



Pain

You can expect the greatest amount of pain in the first week following surgery. In fact, the worst pain occurs the day after surgery and gradually improves each day after. The following measures may help with your pain even further:



Relaxation

Be sure to keep your neck and shoulders relaxed to help reduce your pain.

Ice

You may use ice constantly for the first 24-48 hours after surgery. Gel packs, frozen vegetables, or an ice

machine are recommended. After 48 hours you may use ice for 15-20 minutes every hour as often as needed.

We recommend using ice until your pain and swelling resolve. If these techniques are not enough to adequately control your pain, contact your physician.

Taking Medications

Take your pain medication as prescribed by your physician. The nerve block you received prior to surgery should have worn off at this point. If not, please call our office at 1-800-622-6575

You will know your nerve block is wearing off when you begin to regain feeling and movement in your hand and elbow.

Continue to take Tylenol 1000mg 3-4 times per day for 5 days.

You can add over the counter NSAID's such as Advil, Aleve or Motrin and use doses recommended on the bottle without exceeding the max daily limit.

You were also prescribed Oxycodone 5mg for severe pain. You can use 1 tablet every 6 hours for severe breakthrough pain. Try to taper off using this medication over the course of the week.



If these techniques are not enough to adequately control your pain, contact your physician.

Frequently Asked Questions

Here are a few questions you may have about mobility following your surgery.

[See FAQ](#)

If you have other questions beyond those addressed here, please contact a member of your Care Team.

Thank you for reviewing the material!

Did you understand the material?

(I Understand)

- **Form Name:** Dr. Badman 7 Days After Shoulder Repair Surgery
- **Friendly Name:** 7 Days After Surgery
 - **Form ID:** 8799
 - **Comments:**

Pain

You can expect the greatest amount of pain in the first week following surgery but by today you should see a big improvement. However, the following measures should help to reduce this further.



Ice

Swelling and bruising can last for several weeks after surgery. In order to minimize these effects, ice your shoulder for 20 minutes every hour.

Some swelling and bruising of your arm at this time is normal. The swelling in the inner aspect of your arm above the elbow is related to the pillow on your sling and the compression in this area. It will resolve with icing and range of motion exercises.

Taking Medications

Take your pain medication as prescribed by your physician.

You may now transition to a lower dose of Tylenol such as 500 mg 3-4 times per day. You can gradually taper off this medication throughout the week.

You can add or continue the over the counter NSAID's such as Advil, Aleve or Motrin and use doses recommended on the bottle without exceeding the max daily limit.

You were also prescribed Oxycodone 5mg for severe pain. You can use 1 tablet every 6 hours for severe breakthrough pain. The goal by now is to manage your pain with over the counter medications and stop the narcotics.

If these techniques are not enough to adequately control your pain, contact your physician.



Shoulder Exercises

You should continue to use the sling and not use your surgical arm for any activity. It is encouraged that you continue to do gentle range of motion with your elbow, wrist, and hand but do not move the shoulder.

Starting on day 7 after surgery: You may start some gentle pendulum exercises with your arm as shown in the Instructions below.

[See Exercises](#)



Complications

Please call the office immediately if you are experiencing any of the following:

- Fevers of more than 101F
- Increase in heat, redness, or drainage from the incision
- Shortness of breath

- Cold arm or hand with discoloration
- Numbness/tingling in affected arm
- Any other unexplained symptoms



What is DVT or PE?

Deep vein thrombosis (DVT) happens when blood clots form in your vein, and blood flow slows or stops in that vein. Blood clots can break free, travel in your bloodstream, then block blood from flowing into your lungs. This is known as a Pulmonary Embolism Signs and Symptoms of DVT or Pulmonary Embolism (PE).

A PE is a blood clot that forms in the leg, pelvis, or arm veins and travels through the heart and lodges in the lungs.

If you have chest pain, difficulty breathing, or are coughing/spitting up blood go to the closest emergency room **NOW**.

[View DVT & PE](#)

Thank you for reviewing the material!

Did you understand the material?

(I Understand)

- **Form Name:** Dr. Badman 3 Weeks After Shoulder Repair Surgery
- **Friendly Name:** 3 Weeks After Surgery
 - **Form ID:** 8800
 - **Comments:**

Managing Pain and Recovery

Pain

Pain is normal after surgery, but it's important that you manage it with icing and elevation and taking your medication as prescribed.

Ice your joint 20 to 30 minutes at a time, a few times per day. Try to keep your pain level no higher than 4-5 out of 10.



Progress Goals

3-4 Weeks After Surgery:

- Continue to wear your sling
- Start passive range of motion exercises as instructed by therapist at start date provided

Recovery: 4 Weeks Post-Op

DO NOT lift your arm without the support of the opposite hand, or hold anything greater than 1 pound in the operative hand.

Avoid activities that involve jerking, running or jumping due to the forces that occur at landing.

Perform Light Activities

Most light physical activity is allowed after surgery, including walking or use of a stationary bike with your sling on.



Complications

Please call the office immediately if you are experiencing any of the following:

- Fevers of more than 101F
- Excessive redness of incision
- Shortness of breath
- Drainage from incision
- Nausea
- Cold arm or hand with discoloration
- Numbness/tingling in affected arm



What is DVT or PE?

Deep vein thrombosis (DVT) happens when blood clots form in your vein, and blood flow slows or stops in that vein. Blood clots can break free, travel in your bloodstream, then block blood from flowing into your lungs. This is known as a Pulmonary Embolism Signs and Symptoms of DVT or Pulmonary Embolism (PE).

A PE is a blood clot that forms in the leg, pelvis, or arm veins and travels through the heart and lodges in the lungs.

If you have chest pain, difficulty breathing, or are coughing/spitting up blood go to the closest emergency room **NOW**.

[View DVT & PE](#)

Reducing Pain Medications

If you have not already stopped taking your prescribed pain medications, we strongly urge you to stop your use of narcotics that were necessary post-surgery within the

important in making sure our goals of quality service are met.

[\(Link to Healthgrades\)](#)

- **Form Name:** Dr. Badman 10 Weeks After Shoulder Repair Surgery
- **Friendly Name:** 10 Weeks After Surgery
 - **Form ID:** 8801
 - **Changes made, ready for review**

Managing Pain and Recovery

[View your care team](#)



Progress Goals

10-12 Weeks After Surgery:

- Regain full range of motion
- Gradually restore the shoulder strength
- Protect the shoulder repair

Activities

No heavy lifting (Nothing heavier than 5-7 lbs). Weight should NEVER go behind the head - you should always be able to see them. Therabands are preferred over weights. No sudden twisting -or jerking motion.

Continue with the active and passive range of motion exercises, and be sure to ice your joint as needed.



Resuming a Regular Diet

Resuming your diet as tolerated which includes vegetables, fruits, and protein (such as meats, fish, chicken, nuts, and eggs) to promote healing.

Also, remember to have plenty of fluid intakes (at least 8 glasses a day). If you have been told to follow a specific diet, follow as directed.

Building a Healthy Diet

Thank you for reviewing the material!

Did you understand the material?

(I Understand)