

Rebalance^{MD}

Shoulder Replacement Surgery



January 2021

Being Put on the Surgical Waitlist? Some Things to Consider...

Can I take the necessary time off work?

Do I have help post-operatively?

Do I have someone to drive me post-operatively while I am unable (could be for an extended amount of time)?

Do I have vacations coming up or will I be away for extended periods of time that will make me unable to take a surgical date or attend my post-operative appointments?

Do I have other health issues I am currently dealing with that could put-off my surgery?

Am I able to come to Victoria for multiple appointments and tests required for surgery?

Do I have any other life circumstances that may cause me to be unable to take a surgical date?

As surgical wait times are always changing, please ensure you are “Ready, Willing and Able” to take any surgical date once you have been put on the waitlist.

If any of the above considerations would cause you to not be able to take a surgical date, at whatever time that may come, please inform your Surgeon or your Navigator.

Welcome to the Rebalance^{MD} New Joint Program

Now that you are on the waitlist for a total joint replacement, please review this booklet that has IMPORTANT and REQUIRED information. Please DO NOT lose this booklet as it will be needed throughout your journey to joint replacement. Please bring this booklet with you to any future appointments you have at Rebalance^{MD}.

Please watch our Education video. You will be asked to watch it at different times throughout your surgical journey. It is important that you watch this video before your New Joint Program Intake Assessment so you are prepared with informative questions.

You can find this video at <http://rebalancemd.com/resources/#shoulder>. Please note any “forms” mentioned in the Education video will be provided once you have a booked surgery date.

What you will find in this booklet:

1. Introduction and Patient Journey (page 4)
2. Shoulder Anatomy and How the Joint is Replaced (page 5)
3. Before Your Surgery (page 9)
4. Once Your Surgery Day is Booked (page 19)
5. Hospital Stay (page 33)
6. Physiotherapy/Rehabilitation (page 37)
7. At Home (page 41)
8. Resources (page 51)



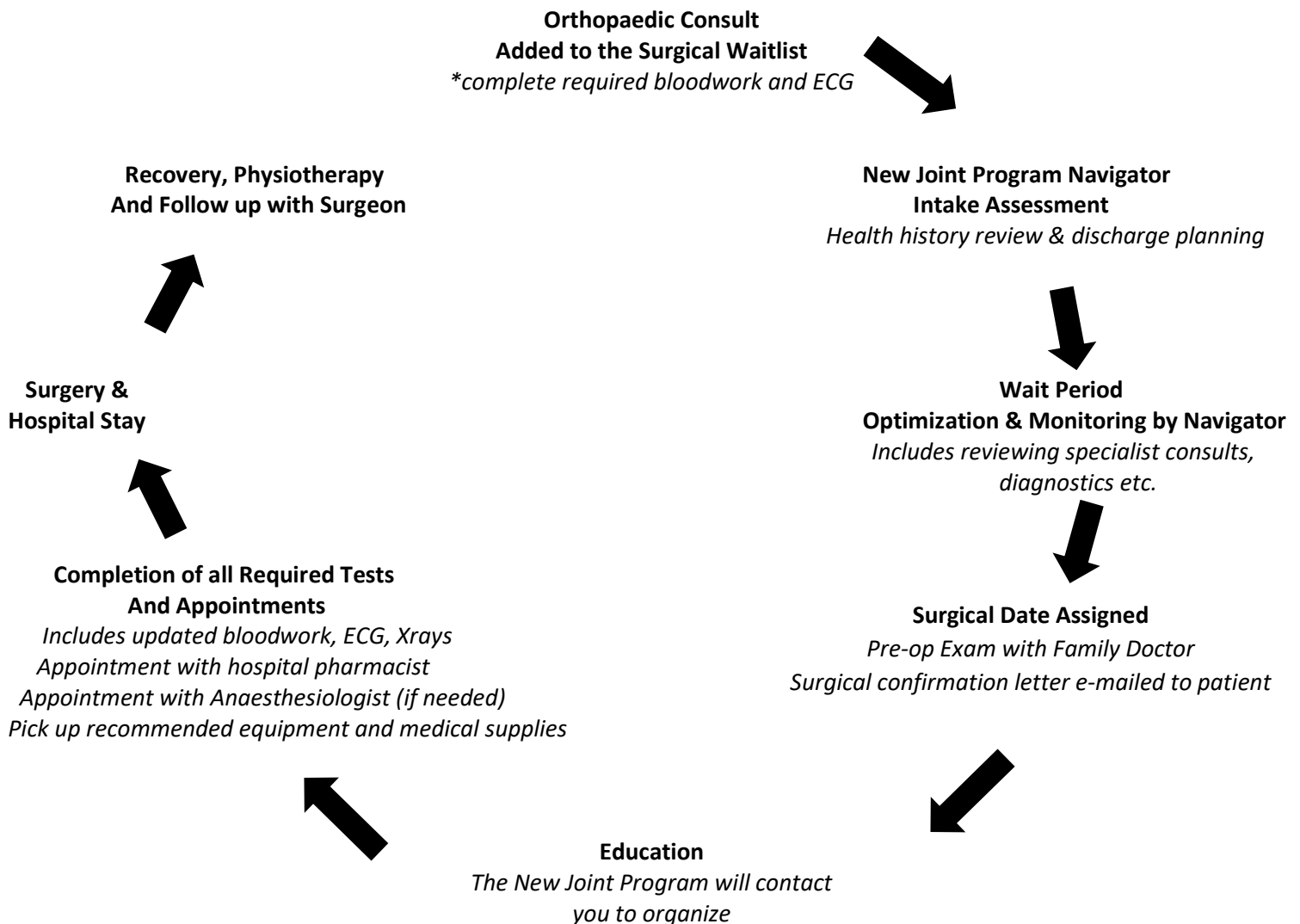
Thank you from the Rebalance^{MD} team for reviewing this package and taking an active role in your surgical journey. If you have any further questions or comments please contact the office. 250-940-4444

New Joint Surgical Journey

The next step in your journey is a New Joint Program Intake Assessment. You will be contacted by our office within the next 2-4 months to book an appointment with your Navigator. Your Navigator will walk you through all the steps for surgery and is available to answer any questions you may have. They will review your medical history, go over a discharge plan and ensure your health is optimal for surgery. **Having reviewed all the information in this booklet will help you and your Navigator have a successful and informative appointment.**

After your Intake Assessment with your Navigator you may not hear from us often during this “waiting phase.” You will be contacted by the surgical booker approximately 6-8 weeks before a potential surgical date. Once you have a surgical date, they will let you know of any further actions that need to be taken, arrange an appointment with your surgeon if necessary and send you a confirmation letter.

You will then be contacted by the New Joint Program to organize pre-operative tests, watch an Education video, and complete and return required forms.

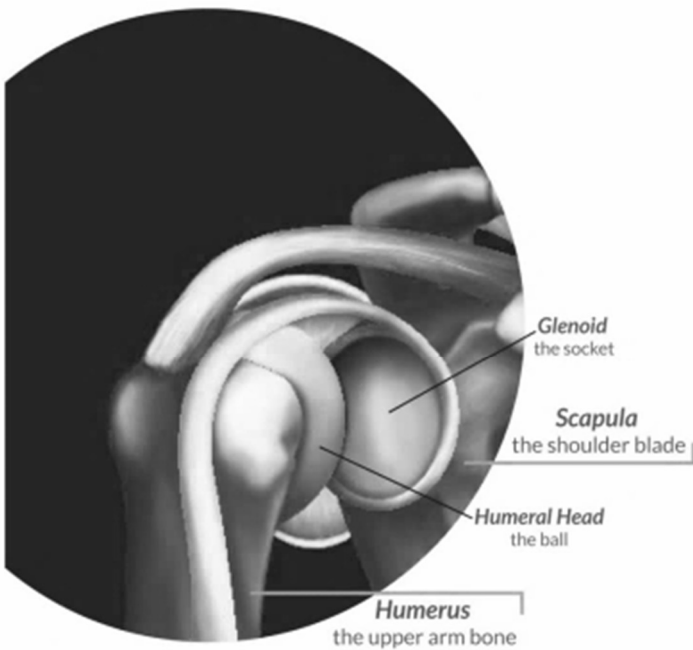


Shoulder Replacement

This section contains information about:

- **Shoulder Anatomy**
- **Shoulder Disease**
- **Shoulder Replacement Surgery**

Shoulder Anatomy



The shoulder joint is a ball and socket joint with the head of the humerus (arm bone) being the ball and the socket being formed from the glenoid (the end of the shoulder blade or scapula). The rotator cuff tendons attach to the top or head of the humerus and help the shoulder move, along with other muscles like the deltoid on the outside of the shoulder.

Shoulder Disease

Osteoarthritis: also called degenerative joint disease- is the most common reason for shoulder replacement. This is caused by “wear and tear” thinning of the cartilage, which causes the bones to rub against each other.

Rheumatoid Arthritis: an autoimmune, inflammatory arthritis that affects multiple joints, often including the shoulders and can causing thinning of the cartilage and tendons.

Post-Traumatic Arthritis: thinning of the cartilage can happen after a severe trauma or break in the shoulder.

Rotator Cuff Arthropathy: some patients develop arthritis after having had a long standing, chronic tear of the rotator cuff tendons. Patients with this kind of arthritis have a very weak arm.



Shoulder osteoarthritis

Severe Fractures: a bad break of the top of the humerus is often best treated with a shoulder replacement, especially in an older patient.

Avascular Necrosis: a lack of blood supply to the top of the humerus bone can cause the bone to die off and leads to a painful shoulder

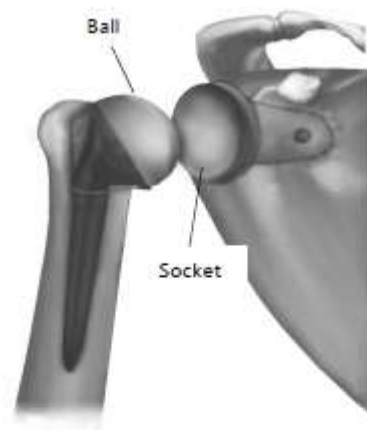
Shoulder Replacement Surgery

There are different kinds of shoulder replacement prostheses (artificial body parts). Your surgeon will work with you to decide what the best prosthesis for you and your shoulder is. A shoulder replacement can be expected to last around 10-15 years on average.

Types of Shoulder Replacements

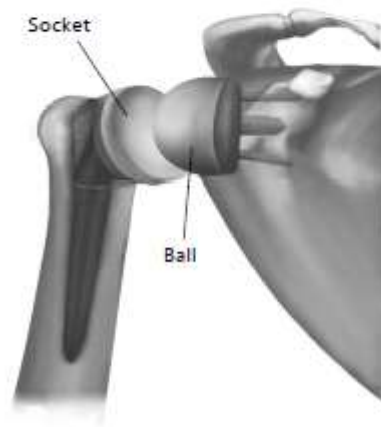
Total Shoulder Replacement: Both the head of the humerus and the socket are replaced. This is the most common type of replacement for patients with Osteoarthritis.

Total Shoulder Replacement



Shoulder Hemi-arthroplasty: Only half the joint, the head of the humerus is replaced. This type of prosthesis is often used in fractures. This type of replacement is less common.

Reverse
Total Shoulder Replacement



Reverse Total Shoulder Replacement: This replaces both the ball and the socket but switches the pieces so that the ball is attached to the socket and the socket is attached to the top of the humerus. This type of prosthesis is used in patients who have severe arm weakness, rotator cuff arthropathy or sometimes if another replacement has failed.

Before Surgery

This section contains information about:

- **Health Optimization**
- **Nutrition**
- **Stress Management**
- **Exercises**
- **Smoking**
- **Dental Work**
- **“Out-of-Towners”**
- **Having a Plan Worksheet**

Health Optimization

You and your surgeon have agreed to proceed with a shoulder replacement. Surgery and anaesthesia can affect many systems in your body. *Therefore, it is important to be in your optimal health before proceeding with surgery.* If you have multiple medical issues, your surgeon may refer you to a specialist such as an internist, cardiologist, endocrinologist etc. If you currently see a specialist, it is important that we are aware of who your specialist is and any upcoming appointments. Specialists will assess you to make sure you are safe to proceed with surgery. Extra diagnostic tests may be needed before you are “cleared” to proceed.

Other ways to optimize your health include nutrition, stress management, exercise, smoking cessation and dental work.

Nutrition

Good nutrition will help you recover from surgery. Having surgery in optimal nutritional health can help prevent anemia and replace blood loss, help the healing of the incision, nerves, muscle and bones, boost your immune system to protect against infection and increase your energy level.

Protein- Promotes healing after surgery. Try to eat at least 3 servings of meat, milk or alternate protein sources every day.

Multivitamin- Promotes healing and is best taken in moderate doses. If you have a history of low iron, talk to your doctor, pharmacist or dietitian about supplements.

Calcium and Vitamin D- Are important for strong bones. Adults should have 2-3 servings of milk or calcium-fortified products per day. A minimum of 600 IU Vitamin D supplement is recommended for all people over 50 years old.

Fibre and Water- It is important to have a regular bowel habit prior to surgery, as constipation can be a complication. Spread fibre intake throughout the day and drink at least 8 glasses of water per day.

There are many resources available to help guide you to optimal nutritional health. Nutritional consultations can be helpful but may come with a cost. Online resources or cell phone applications (“apps”) may also be helpful.

Stress Management

Stress affects your entire body causing symptoms such as headaches, heartburn, depression, insomnia, risk of heart attack, increased blood sugar, increased blood pressure and heart rate, weakened immune system, stomach aches, low sex-drive and muscle aches.

Having surgery is stressful: anticipation prior to surgery, managing your pain and recovery after surgery. This is in addition to your own personal stressors that you currently deal with. Managing stress prior to surgery and having some tools to combat stress can be very beneficial to your mind and body. Deep breathing/relaxation techniques, meditation and mindfulness, exercise/yoga, aromatherapy, journaling etc. can be very helpful. There are many online resources and cell phone applications (“apps”) to choose from to find what works best for you. Alternatively, a discussion with your family doctor or alternative health care provider can be helpful.

Sleep is also paramount to stress management and healing. After surgery, it may be difficult to get a solid night sleep for several weeks due to discomfort. Naps throughout the day are recommended.

These resources can help you during your surgical journey. They can help calm your anxiety before surgery, help to manage pain post-operatively and lead to a positive recovery. Please see “Resources” at the end of this booklet.

Exercise

Physical activity and exercise preoperatively can help shorten hospitalization and reduce recovery time.

Staying active during your waiting period for surgery can benefit you in many ways: decreases the risk of developing several diseases, strengthens muscles and increases flexibility, eases anxiety and improves your quality of life.

Guidance from a physiotherapist is very beneficial. They can show you exercises that are geared toward your own capability and make sure you are doing them correctly.

If you are not financially able to see a physiotherapist, any cardiovascular exercise (walking, cycling or stationary bike, pool exercises etc.) will be valuable. In addition to this, you can try the exercises on the following pages. These exercises help strengthen muscles that support the shoulder. They should not be continued if they cause pain or make your pain worse.

Pre-operative Exercises

These exercises are to be done

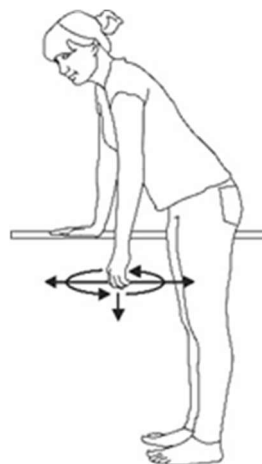
BEFORE SURGERY ONLY.

They are NOT meant to be done after surgery until your surgeon or physiotherapist tells you to.

If any of these exercises cause you pain or discomfort, please do not continue them.

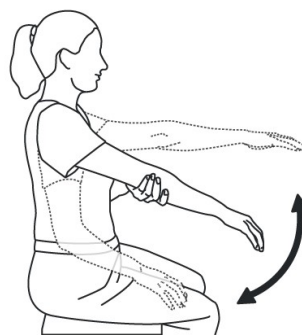
Shoulder Pendular Swing:

- Rest your good arm on the edge of the table.
- Bend over from your waist.
- Allow your injured arm to hang down – it should hang limp and loose.
- Using your body, start moving in a manner that causes your arm to swing in a smooth pendular motion. Then allow the arm to circle gently in a clockwise direction with circles that grow gradually larger. Repeat 30 times then switch direction.
- You can use your non-injured hand to guide it.
- Attempt to do 3 times per day.



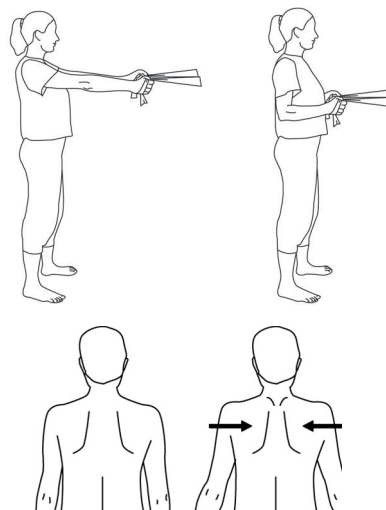
Active Assisted Shoulder Flexion

- While sitting or standing, hold your injured arm with your good hand. Slowly lift your injured arm, using your good hand to support as needed, up to where you can tolerate. Slowly return to start. Your good arm should be doing most of the work.
- Attempt 10 repetitions 3 times per day.



Scapula Retraction

- While standing with an exercise band or bungee cord secured on something directly in front of you, grab the two ends in your hands, arms straight in front of you.
- Gently squeeze your shoulder blades down and together, making sure that your shoulders do not come up. Then pull the band in a row-like motion, pulling toward you until your arms are by your side, NOT further back than this.
- Slowly return your arms to starting position and repeat 10 times, 3 times per day.
- **Alternatively, you can do this exercise without a band.**



Pre-operative Exercises

These exercises are to be done

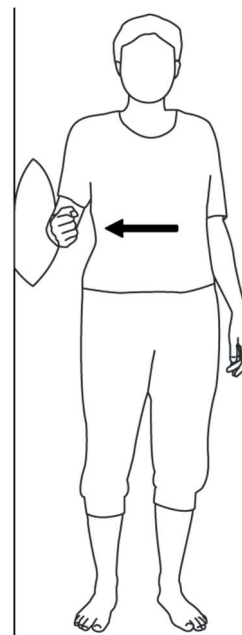
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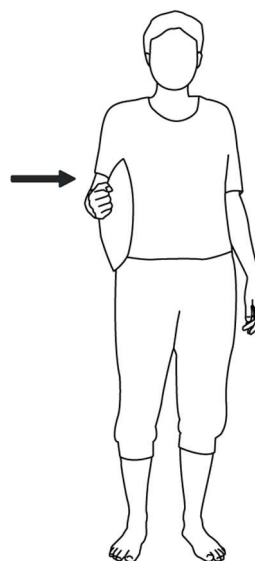
Isometric Shoulder ABDUCTION

- Start with your non-injured arm so you can assess how the exercise would normally feel.
- Stand with your side to the wall with your elbow bent to 90 degrees.
- Position a pillow between the arm and the wall.
- Push your elbow against the wall, maintaining the contraction for 5 seconds then release. Repeat 10 times then switch arms.
- Attempt to do 3 times per day.



Isometric Shoulder ADDUCTION

- Start with your non-injured arm so you can assess how the exercise would normally feel.
- Place a pillow or rolled-up towel between arm and body. Bend elbow to 90 degrees.
- Pull arm against side of body, maintaining the contraction for 5 seconds then release. Repeat 10 times then switch arms.
- Attempt to do 3 times per day.



Pre-operative Exercises

These exercises are to be done

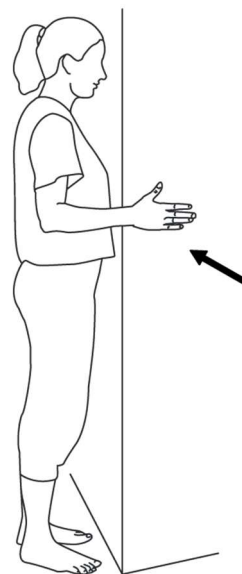
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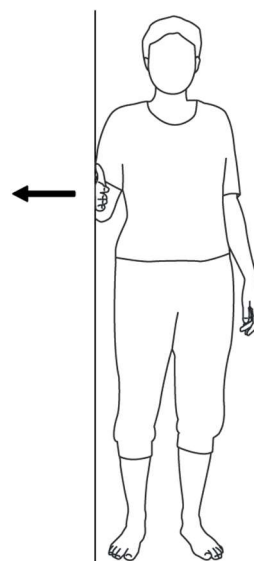
Isometric Shoulder INTERNAL Rotation

- Start with your non-injured arm so you can assess how the exercise would normally feel.
- Standing at a corner of a wall or in a door frame, place your arm against the wall around the corner. Your palm should be pressed against the wall and elbow bent to 90 degrees.
- Push the palm of your hand into the wall, holding for 5 seconds. Release then repeat for a total of 10 per session. Switch arms.
- Attempt to do 3 times per day.



Isometric Shoulder EXTERNAL Rotation

- Start with your non-injured arm so you can assess how the exercise would normally feel.
- Stand with the side of your body against a wall, bending your elbow to 90 degrees, with the back of your hand against the wall.
- Push the back of your hand slowly into the wall. Hold for 5 seconds. Release then repeat for a total of 10 per session. Switch arms.
- Attempt to do 3 times per day.



PRE-SURGICAL CONDITIONING & PREPARATION PROGRAM

Set yourself up for success!

A Pre-Surgical Conditioning Program can optimize your Post-Surgical Recovery.

- **Stay ahead** – Gain strength and fitness to prepare for your surgery
- **Be informed** – We will familiarize you with the post-surgical rehabilitation process
- **Build connections** - Meet the team that will guide you through your surgical recovery



Your First Visit:

- Physical assessments will be done by a physiotherapist to evaluate your starting point.
- A kinesiologist will develop your personalized exercise plan and guide you through your surgical preparation exercises and provide you with the knowledge to complete these exercises at home.

Following Visits:

- A kinesiologist will assess your progress and give recommendations to improve your exercise form. Based on your progress, your exercise plan will be modified to give you the best results.
- Appointment options include in person clinic visits or over the phone with emailed exercises and videos.
- Every 2-4 weeks you may choose to see a physiotherapist for further evaluations.



Our Pre-Surgical Conditioning & Preparation Program may be covered by your extended medical benefits or MSP.

For more information on the RebalanceMD Pre-Surgical Conditioning & Preparation Program please contact the RebalanceMD Physiotherapy Department:

p: (250) 598-7410 physiobilling@rebalancemd.com

Smoking

Smoking increases the risk of postoperative complications, such as poor incision healing and infection.

Not smoking for 2 months before surgery and for 3-6 months after surgery will reduce the chance of a problem with healing.

If you are a smoker and would like help quitting, please speak to your Navigator to discuss resources. RebalanceMD can connect you with **Quit Now**, a free smoking cessation program that motivates, informs and coaches you to staying smoke-free. www.quitnow.ca

Dental Work

While you are on the waitlist, a routine check-up can help identify any issues that may delay your joint replacement surgery.

Once you are booked for surgery it is important that you avoid dental work, including a dental cleaning, to minimize the risk of infection due to bacteria that resides in your mouth. Please note, any major dental work must be completed 3 months prior to surgery.

A Special Note for “Out-of-Towners”

For patients who do not live within greater Victoria, there are a few things that you need to be aware of in your planning:

- There may be necessary appointments that you need to attend in Victoria before and after surgery. Organizing transportation to accommodate these appointments will be your responsibility.
- Appointments may not be able to be organized around ferry times.
- Your arrival time for surgery could be as early as 6:00am. You may need to make arrangements to stay in town the night before.
- *Discharge from the hospital:*
 - Discharge times are not organized around ferry times.
 - Discharge times can vary depending on your individual circumstance. The hospital will try to give you as much notice but occasionally something will occur that prevents you from being discharged on schedule.
 - There is a “Discharge Lounge” within the Royal Jubilee Hospital where you may wait if your ride home is unable to come when the hospital needs to discharge you. A trained orthopaedic nurse is stationed there Monday-Friday.

Having a Plan Worksheet

Please review this form prior to your Intake Appointment with your Navigator

Making sure that you are prepared for surgery is important to help you have a successful recovery. Here are a few things you need to consider so that you can start creating a plan for after surgery.

1. **Stairs**: How many stairs are there outside the home? Inside the home? Is there a railing?
2. **Help**: Who will help after surgery with **chores** such as cooking, cleaning, laundry, grocery shopping etc. Who can help you after surgery?

PLEASE NOTE: For elective surgeries (all pre-booked surgeries such as the one that you are having), the hospital does NOT arrange post-operative help, such as home care. You will need to make your own arrangements prior to having the surgery. Notify your Navigator if you would like a Victoria Community Resource booklet that lists private, fee-based home care and respite options.

Please be aware that you will still be discharged from hospital when you are medically stable and able to mobilize. You will still be discharged if you do not have a plan.

3. **Transportation**: Who will pick you up at the hospital? Who will drive you to follow up appointments with you surgeon and physiotherapy?
4. **Physiotherapy**: Physiotherapy AFTER surgery is free at RebalanceMD, the Saanich Peninsula Hospital and most Island Health hospitals outside of Victoria. You are welcome to attend a private physiotherapy clinic but you will be responsible for covering the fee.
5. **Medical Equipment**: Please review the Equipment section on page 18 to review the items you already own and what you will need to acquire. You will discuss this with your Navigator during your intake appointment.
6. **House Set-Up**: Do I have a walk-in shower or do I need to step over a tub?
How tall is my toilet? Do I have supports to push up on beside my toilet?
How is the height of my bed?

Once Your Surgery Day is Booked

This section contains information about:

- Surgical Confirmation Letter
- Education
- Pre-Admission Clinic
- Alcohol
- Pre-Op Showers
- Eating and Drinking Before Surgery
- What to Bring to the Hospital
- Arranging Help & Transportation
- Equipment
- Wearing a Sling
- Preparing Your Home
- General Rules for Dressing with One Arm
- Daily Activities with One Arm
- Medications

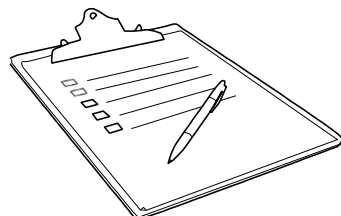
Surgical Confirmation Letter

You will receive your surgical confirmation letter in the mail or via e-mail **once your surgery date is booked**. This letter will confirm your surgery date as well as other information to help you prepare.

You will receive your hospital arrival time via email or telephone call **1 week before your surgery date**.

Cancellation:

Your surgery may be cancelled if you have an active infection, open wound, weeping rash, sore on the surgical limb, a cold, or the flu. Having any dental procedures within **3 months prior** to your surgery (including cleanings) may also cancel your surgery. If you are unwell in any way before your surgery, please call Rebalance^{MD}.



Education

After you have accepted a surgery date, you will be contacted by the New Joint Program to arrange your Education. **This is a necessary step in preparation for surgery.** You will be asked to watch a detailed video on our website, complete paperwork and go to the hospital for updated pre-operative tests.

Pre-Admission Clinic

The Pre-Admission Clinic will call you from the hospital to schedule an appointment. At this appointment you will speak with a **pharmacist** who will review your medications.

You may also be called to see an anaesthesiologist prior to your surgical date. This may occur at either the hospital or at Rebalance^{MD}. You should bring any questions you may have about your anaesthesia or pain issues to this appointment.

It is important that you bring **ALL** your medications/supplements to this appointment. It is advised that you complete all your pre-op tests before this appointment. Requisitions for these tests will be provided as part of the Education as mentioned above.

Continued use of alcohol may prolong your recovery. Please stop drinking alcohol **7 days** prior to surgery. Do not restart consuming alcohol until you are no longer taking any narcotic medication.

Pre-Op Showers

You will need to take 2 pre-op showers before your surgery. The first shower will take place **the night before** your surgery and the second one **the morning of** your surgery. You will need to purchase 2 Antibacterial Chlorhexidine 4% sponges for this. These are available at most pharmacies or Rebalance^{MD}. Instructions on how to scrub will be provided in your surgical confirmation letter.

Eating and Drinking Before Surgery

Please follow the fasting guidelines as explained in your Surgical Confirmation Letter. You are not to eat or drink (ingest anything by mouth) as of **midnight the night before surgery**.

What to Bring to the Hospital

- Label all essential personal items with your name and phone number (denture cup, glasses case, hearing aid case, cellphone, etc.).
- Bring your own toiletry items (toothbrush, hairbrush, etc.).
- Bring loose fitting clothes as well as comfortable closed-toe shoes that are easy to get on/off (slip on or elastic shoelaces).

Do not bring:

- Your own bedding, pillows, blankets. Do not bring flowers, balloons or cards. Non-essential items will be turned away
- Valuables: jewellery, cash, tablets.
- Scented products: perfumes, deodorants, make-up, powders or nail polish.
- Equipment: These will be provided at the hospital.

Arranging Help & Transportation

It may be difficult for you to manage independently after surgery as you will only be able to function with one arm. **Please review HAVING A PLAN WORKSHEET on page 17.** You may want to arrange for someone to bring you meals or help you with bathing, laundry and cleaning. *Please note that arranging help after surgery is **your responsibility**. The hospital will not organize this for you. Your Navigator can offer a list of resources, but it will be up to you to organize.*

Discharge home: It is recommended that you arrange for someone to pick you up from hospital and drive you home. You will likely need to stop at a pharmacy to pick up any medications that the surgeon has prescribed. *You are responsible for organizing your transportation.* There are many private services that offer fee-based supported transportation. If you need assistance, speak with your Navigator.

It is very helpful to practice getting in and out of a car without the use of your operated arm BEFORE surgery.

Equipment

Depending on your limitations after surgery and/or any pre-existing limitations you already have, the following equipment can aid in your recovery.

Your Navigator will discuss with you where you can obtain the equipment. When possible, arrange for the following equipment 1-2 weeks prior to surgery to ensure that it fits in your home and is in good working order before your surgery:

You will need the following equipment:

- Height adjustable bath bench or shower stool
- Removable tub clamp or installed grab bars
- Raised toilet seat
- Toilet safety frame or installed grab bars
- Non-slip bath mat
- Long-handled sponge
- Bed rail assist
- Flexible gel ice packs, or a cryotherapy machine

To help you get dressed:

- 26" long-handled reacher
- 24" long-handled shoehorn
- Elastic shoelaces for lace up shoes

When using these items DO NOT push or pull with your operated arm until your surgeon or physiotherapist tells you that you can.

Places to RENT or PURCHASE equipment in Victoria

- Please contact the store to confirm that they have the items you require and to inquire about **pricing**.
- If you need to purchase an item and have Extended Health Benefits, there are **prescriptions** in your education package that you can use for your claim.

Store	Phone number	Address	RENT
One Bracing @ RebalanceMD	250-598-7420	104-3551 Blanshard St *cushions included ONLINE ORDERING & SHIPPING AVAILABLE, please visit www.onebracing.com/shop	NO
Home Health Care Supply	250-474-6966	875 Cecil Blogg Drive	Need to inquire
Motion Specialties - Victoria	250-384-8000	1856 Quadra Street *cushions included	YES
Motion Specialties- Sidney	250-656-6228	7-9764 Fifth Street Sidney *cushions included	YES
Rexall Home Health Care	250-384-7196	3098 Nanaimo Street	YES
Island Mediquip - Victoria	250-391-0388	750 Enterprise Crescent (top of Glanford by Bird of Paradise Pub)	YES
Shoppers Home Health	250-370-2984	1561 Hillside Avenue	YES
Vancouver Island Medical Supply	250-384-4060	1A 3534 Quadra Street	YES
HME Mobility and accessibility	250-386-0075	101-265 Wilfert Rd	YES
Island Orthotics	250-389-1974	1812 Cook St.	

Please contact your Navigator if you are having difficulty getting your equipment. 250-940-4444

Wearing a Sling

- The purpose of a sling is for your comfort and to remind you not to move your operated arm more than you have been told. The hospital will provide a basic shoulder sling. It will be put on in either the operating room or when you get to the unit you will be recovering on.
- For the first **6 weeks**, always wear your arm sling except while exercising or bathing. Your surgeon will tell you how long you need to continue to wear your sling.
- **Alternative Shoulder Sling:** If you find the sling supplied by the hospital quite irritating or uncomfortable, you may wish to buy a more padded sling which some patients find more comfortable (see previous page for vendors).
- *Your surgeon may prescribe you a special sling prior to your surgery. He will give you a prescription for it. If so, please bring your sling to your surgery.*



If you purchase a sling, make sure that you have it fitted BEFORE your surgery so that it is properly adjusted. This should be done where you purchase your sling.

Wearing a Sling

How to put a basic sling on

1. Relax your operated arm near your stomach. Lay the sling on your lap with the opening toward you and the closed, curved elbow end toward your operated side. Make sure the straps are attached.
2. Using your unoperated arm, bring the sling over your hand and forearm until your elbow fits snugly into the closed end. Gently adjust the sling upward.
3. Place the strap around your upper back and over the opposite shoulder. Secure the end of the strap into the top ring of the sling. Adjust the strap until your forearm is horizontal. **Your operated arm should not be hanging down.**
4. **If instructed by your surgeon,** place the waist strap around your waist and secure it to the lower ring on the sling. This should be comfortable, not tight.



Preparing Your Home

It is helpful to set up your home BEFORE surgery. This will allow you to easily move around your home after surgery, reduce the risk of falls, and makes it easier to do things with one hand. *Your operated arm will be supported in a sling for several weeks.*

- Make sure hallways and rooms are free of clutter and tripping hazards (e.g. scatter rugs, footstools, etc.).
- Add non-slip surfaces to outside stairs and walkways.
- Install stair railings or make sure the existing ones are secure.
- Ensure good lighting in hallways and other well used areas.
- Arrange for help with driving and household chores (e.g. groceries, meal preparation, vacuuming, laundry etc.). These services are not covered by the Medical Services Plan and will need to be organized by you.
- Move often used items to counter height (e.g. pots and pans). Consider moving items in the lower parts of the fridge/ freezer to a higher shelf.
- Stock your freezer/pantry with healthy foods and snacks. If needed, private food/meal delivery services are available in many areas.
- Keep ice packs in your freezer to use on your shoulder to help reduce swelling after surgery or purchase a cryotherapy machine and familiarize yourself with how to use it.
- Have a thermometer at home to check your temperature after surgery.
- Use a non-slip bathmat both inside and outside the bathtub or shower.
- Do NOT use towel racks or toilet paper holders to assist you to stand or sit. Arrange to have proper hand rails or frames installed.
- Wear Velcro closure shoes or slip-on shoes with enclosed heels. You will not be able to tie shoe laces with your operated arm.
- Wear pull-on elastic waist pants. Button up shirts or cardigans are easiest to put on.
- Extra pillows to help you get comfortable for sleep.

General Rules for Dressing with One Arm

We suggest that you practice the following activities before surgery.

Putting on a Button-Up Shirt

Begin with the operated arm when putting clothes on. When removing clothes, start with the non-operated arm.

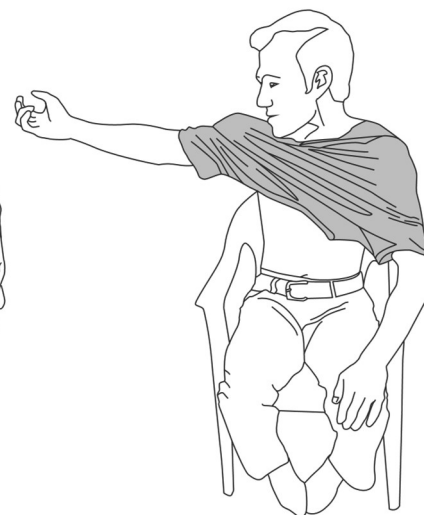
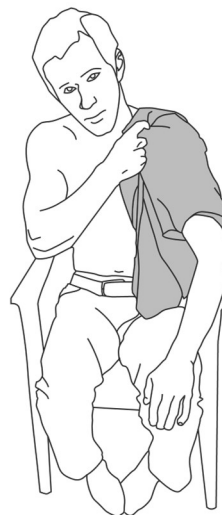
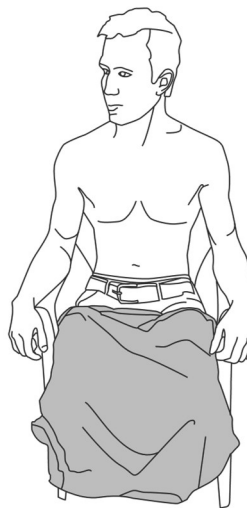
1. Place your shirt on your lap with the inside of the shirt facing you and the label up. The collar should lie close to your stomach and the tail or bottom of the shirt at your knees.
2. Place your operated arm into the sleeve that is directly in front of it.
3. Make sure that the sleeve is pulled up past your elbow. Hold the collar of the shirt on your non-operated side. Lean forward and bring your non-operated arm over and behind your head.
4. Now you can pull the shirt over to your non-operated side. Put your non-operated arm into the sleeve opening.
5. To straighten out the shirt, lean forward, bring the shirt past your shoulders, reach back and pull the tail or bottom down. Button as usual. Make sure to not move your operated arm away from your body.



General Rules for Dressing with One Arm

Putting on a T-shirt or Knit Shirt

1. Place the shirt on your lap with the front of the shirt face down with the collar or tag at your knees.
2. Roll the bottom edge of the shirt back to expose the sleeve for the operated arm. Move the sleeve opening for the operated arm between your knees and open as large as possible.
3. Use your non-operated hand to grab your operated arm and place the operated hand into the sleeve opening. Make sure your fingers do not get caught in the sleeve. It may help to lean forward to let your operated arm drop down into the sleeve.
4. Put your non-operated arm into the other sleeve opening and pull the shirt on the operated side up to the shoulder as much as you can.
5. Gather the back of the shirt up in your non-operated hand. Lean slightly forward, lower your chin and pull the shirt over your head.
6. Use your non-operated hand and push the bulk of the shirt material over your operated shoulder towards your back. Pull the shirt down over your stomach on both sides. Pull to adjust as needed.



General Rules for Dressing with One Arm

Taking off the Shirt

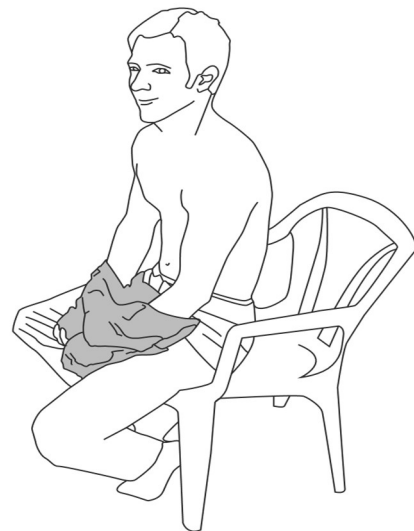
1. Reach back with your non-operated hand behind your neck and start to gather the shirt up in your hand.



2. Lean slightly forward, lower your chin and pull the shirt over your head.



3. Pull your non-operated arm out of the sleeve. Use your non-operated hand to pull the other sleeve off the operated arm.



Daily Activities with One Arm

We suggest that you practice the following activities before surgery.

In the kitchen:

- To open jars use a piece of waffle-weave shelf liner to help grip the jar on the counter or between knees.
- Use rocker knives to help with one-handed cutting or use pre-cut food.
- Deep-sided dishes or containers can help keep food on the plate.
- Put the bread or bun inside a container or against the side of a deep pan to keep it still while you put spread on it.
- Keep heavier items on the counter so that you can slide them from place to place.
- Only put lightweight items above eye level in cabinets.
- Store items in easy-to-open containers.
- Store liquids in small containers instead of half gallon or gallon containers.
- Try to buy cans with pop-top lids or use a one-handed can opener.

Personal care:

- Use a shampoo bottle with a pump.
- Use liquid soap with a pump instead of bar soap.
- Use a long-handled sponge with a bendable handle to reach your back and opposite side. Use a reacher to grab the towel and dry your back and opposite side.
- Use pop-top toothpaste instead of screw-on cap. Rest your toothbrush on the counter to put on the toothpaste.
- Put on deodorant by leaning forward and let your operated arm dangle or swing away from your body. Spray deodorant may be easier.
- Use clips to hold hair back instead of hair ties

Daily Activities with One Arm

Putting on shoes:

- Use shoes that slip on or use Velcro closures. Avoid shoes that are too loose or flip flops that may cause you to slip or trip.
- Replace standard shoelaces with elastic laces.
- A long-handled shoehorn may be helpful but not necessary if you can manage without.

Putting on socks:

1. Put your non-operated hand inside the sock, just over the fingers, not up to the palm.
2. Cross your leg resting your ankle on the opposite knee or prop your foot up on a stool if you are able to lean forward.
3. Slide your toes into the sock, opening the sock by spreading your fingers.
4. Pull the sock up to your ankle.

Toileting:

- Use a raised toilet seat or grab-bar on the non-operated side to help you sit and stand.
- To help with wiping, try long-handled tongs to reach. You may purchase a commercial bathroom aid.

Other:

- When reading, use 1 or 2 pillows on your lap to keep the book near eye level.
- Use rubber bands around each half of the book to keep pages open. As you read, slide the next page under the rubber band.
- Use a clipboard to keep paper still while writing.
- Wear a fanny pack at your waist for person items instead of a purse.

Medications

Most medications can be taken up to and including the day of surgery. Some medications must be **stopped** before surgery to decrease the chances of complications.

Below is a guide to medication use in the lead-up to surgery. Any allowed medications may be taken with 30 mL of water per pill up to one hour before your hospital arrival time.

You may be given further direction from the anaesthesiologist. If so, follow those instructions.

Generic Medication Name	Trade Name	When to Stop
Acetaminophen	Tylenol	May take for pain as needed up to and including day of surgery
Angiotensin converting enzyme (ACE) inhibitors	Captopril, Cilazapril, Enalapril, Rosinopril, Ramipril, Trandolapril	Hold day of surgery to reduce risk of excessive drop in blood pressure during anaesthesia
Anticoagulants and Antiplatelets	Coumadin, Warfarin, Heparin, Plavix, Ticlid, ASA, Aspirin, Xarelto	If you are on ANY of these medications, contact your cardiologist/ internist and/or orthopaedic surgeon
Cox-2 NSAIDS	Celebrex, Meloxicam (Mobicox)	Hold day of surgery
Diuretics	Hydrochlorothiazide, Furosemide (Lasix), Spironolactone	Hold day of surgery
Non-steroidal anti-inflammatory drugs (NSAIDS) with a short life	Ibuprofen, Advil, Motrin, Diclofenac, Voltaren, Ketoprofen, Indomethacin,	Stop the day before surgery
NSAIDS with an intermediate life	Naproxen, Sulindac, Ketorolac (Toradol)	Stop 3 days before surgery
NSAIDS with a long life	Piroxicam	Stop 10 days before surgery
Oral contraceptives or hormone replacement therapy		Stop 1 month before surgery and restart on the direction of your surgeon. (You may need to use alternative forms of birth control during this period.)
Oral Hypoglycemic agents	Chlorpropamide, Glyburide, Metformin	Hold day of surgery to decrease risk of hypoglycemia when fasting
Vitamin E and all other oral natural health products and herbal remedies	Garlic, Gingko, Kava, St John's Wart, Ginseng, Dong Quai, Glucosamine, Papaya	Stop 7 days before surgery
Regular vitamins and iron pills		Hold day of surgery

Hospital Stay

This section contains information about:

- **Length of Stay**
- **Day of Surgery**
- **Pain Control After Surgery**
- **Discharge From Hospital**

Length of Stay

Your length of stay in the hospital may be as short as **24 hours**. It is important that you have made arrangements with someone to pick you up from the hospital upon discharge. Make sure these arrangements are flexible, to account for an early discharge time.

Day of Surgery

Before Surgery:

- Bring a small suitcase of your belongings (see “What to Bring to the Hospital” page 21).
- Do not bring your medications (unless the hospital pharmacist directs otherwise).
- If you use a CPAP machine, please bring it to the hospital with you.
- Check in at “**Patient Admitting**”. They will guide you from there.
- You will confirm your anaesthesia plan with your anaesthesiologist.
- You will see your surgeon at this time as well.

Shoulder Replacement surgery is performed in the operating room under general anesthesia “going to sleep” but sometimes also with a block anaesthesia “freezing the arm”. The surgery typically takes between 1-2 hours.

After Surgery:

- You will wake up in the recovery room and will stay here until your pain is under control and you are no longer drowsy.
- You will have an intravenous (IV) line to keep you hydrated and to give you medication.
- You may have oxygen administered by nasal tubing.
- Your stay in the recovery room may last from 1-3 hours.
- A sling will be put on in the operating room or on the hospital ward.

The Hospital Ward:

- You will be transferred to the orthopaedic ward once you are medically stable.
- A nurse will assist you out of bed the night of the surgery.
- Sometimes your bladder function is impaired shortly after surgery. This is usually due to the anaesthetic. If you are unable to empty your bladder, the nurse will perform a portable ultrasound of your bladder while you are lying on your bed. If the ultrasound shows a large amount of urine, the nurse may insert a catheter to drain your bladder. This will be removed once the bladder has been drained.
- It is important to do **deep breathing** and **ankle pumping** exercises after your surgery, especially while lying in bed.

Deep Breathing

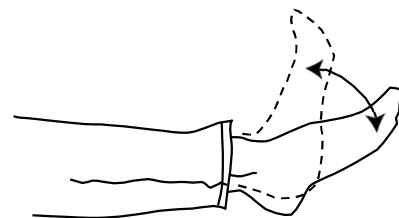
This exercise is important because it helps clear your lungs. This exercise can reduce the risk of lung problems like pneumonia.

- While sitting up, take a few normal breaths. Then take one deep breath. Try to hold your breath for 2-5 seconds.
- While making an “O” with your lips, slowly breathe out like you are blowing out a candle.
- If you feel the need, cough to help clear your lungs.
- Do this a total of 10 times, remembering to take normal breaths in between.
- Do this exercise every hour that you are awake.
- You may be given an inspirimeter which is a blue breathing tool that helps you visualize your deep breathing.

Ankle Pumping

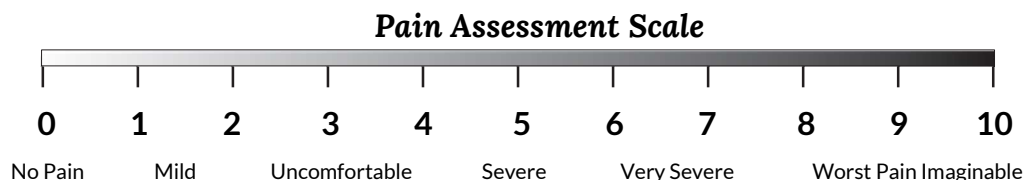
This exercise is important because it can improve circulation and reduce the risk of getting a blood clot.

- While lying down or sitting, start by pointing your toes up towards the ceiling. Then, point your toes down, similar to pressing on the gas pedal while driving.
- Do this exercise 10 times every hour that you are awake (this could be done in conjunction with your deep breathing exercises).



Pain Control After Surgery

A common way to reference your pain after surgery is by using a pain scale from 0 to 10 (where 0 means you have no pain and 10 means the worst pain imaginable).



Staying Ahead of the Pain:

The best time to take your pain medication is when your pain level is around 3 or 4 (uncomfortable but bearable). This way, you will require a smaller dose of pain medication to bring your pain level back to a comfortable range (such as 1 or 2). If you wait until your pain level reaches 7, 8, or 9 you will need a higher dose of pain medication. This can lead to nausea, drowsiness and dizziness and should be avoided.

Types of Pain Medications:

There are a variety of pain medications that your doctor may order for you. These include:

1. Hydromorphone or oxycodone: These narcotics are “heavy duty” painkillers. Your nurse will only give you the amount that your surgeon feels is safe.
2. Tramadol/Tramacet or Tylenol with codeine: These are effective painkillers, but might not be strong enough shortly after surgery.
3. Tylenol (extra strength): You will likely be on a regular dose of Tylenol to help keep your pain level down.
4. Gabapentin or Pregabalin: These are medications to help with nerve pain but are not recommended for everyone.
5. Celebrex: This medication will reduce inflammation but is also not recommended for everyone.

You will likely be prescribed a combination of these medicines to control your pain after surgery.

Remember to also use ice to help alleviate pain.

Discharge From Hospital

At discharge, you will be given a “Discharge Sheet” with information on it. You will also be given prescriptions for your pain medication.

Physiotherapy/ Rehabilitation

This section contains information about:

- **Shoulder Precautions**
- **Physiotherapy**
- **Rehabilitation Exercises**
- **Your Home Exercise Program**

Shoulder Precautions

There will be movement restrictions for your surgical arm. Your surgeon will give you instructions before you are discharged by the hospital. Your surgeon will let you know when you can stop these precautions at your follow up appointment.

- Do not lift any objects with the operated arm
- Do not support your body weight with the operated arm for bed mobility or transfers
- Avoid shoulder hyperextension (moving the arm behind your body)
- No **active** Range of Motion or strengthening. This means do not use your shoulder muscles when doing your exercises

Physiotherapy

Post-operative physiotherapy is offered free of charge at Rebalance^{MD}, Saanich Peninsula Hospital, and other Island Health Hospitals and Health Centres on Vancouver Island. Your Navigator will record your choice around the time of your Navigator Intake and every effort will be made to have you attend at your preferred facility, but due to capacity limitations this may not always be possible. Most patients will be seen at RebalanceMD in our integrated group session format. Our group classes are supervised by our Physiotherapist and carried out by our Kinesiologists/Exercise Therapists in our rehabilitation department.

Your first physiotherapy appointment will be scheduled anywhere from 4-6 weeks after surgery once you get approval from your surgeon at your follow-up appointment. **If you will be coming to Rebalance^{MD} for your physiotherapy, please contact our office to make the appointment once you have approval from your surgeon.**

Your home exercise program is the most important part of your rehabilitation. During your physiotherapy visits, your home exercise program will be reviewed and increased in difficulty as you recover.

Rehabilitation Exercises

Physiotherapy Exercises for Shoulder Replacement Patients: You may begin these exercises immediately after surgery unless told otherwise by your surgeon.

Do the exercises 2-3 times per day for around 10 repetitions each. These exercises will help limit swelling in your hand and forearm and will keep your circulation pumping well.

Your surgeon will give you a prescription to see a physiotherapist and tell you when to see a physiotherapist at one of your follow-up appointments.

Remember to move up to, but NOT INTO PAIN.

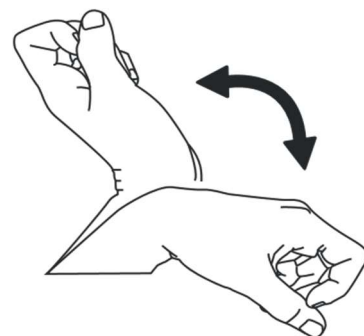
1. *Elbow Flexion-Extension:*

Sitting up or lying down, take your sling off and keep your arm by your side. **Using your non-operated hand to guide,** straighten your elbow as far as possible and bring back up to a bent position



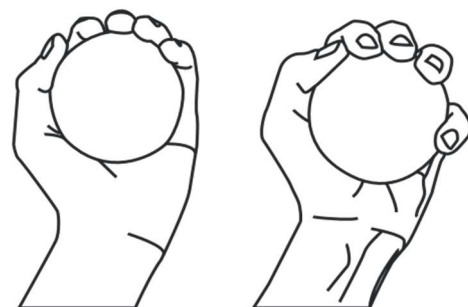
2. *Wrist Flexion-Extension:*

Keeping your arm at your side, bend your wrist forwards and backwards as far as possible. You may need to help with your non-operative hand.



3. *Grip:*

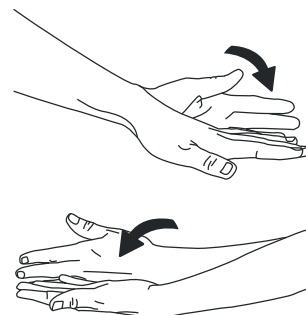
Make a fist or squeeze a rolled-up cloth or tennis ball.



Rehabilitation Exercises

4. *Palm Up/Palm Down:*

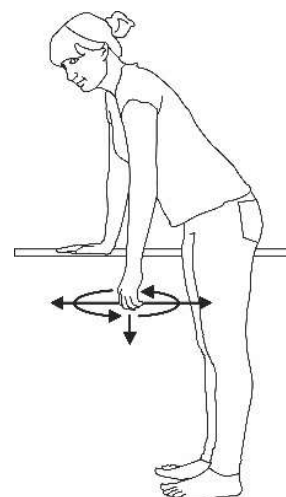
Keeping your arm at your side, start in a hand shake position. Slowly rotate your palm down as fully as possible and up as fully as possible until you feel a stretch in your forearm. If you have had a biceps repair, do not do this exercise until approved by your surgeon.



5. *Shoulder Pendular Swing Exercises:*

Spend about 5-10 minutes, 3 times a day exercising your shoulder.

- Rest your good arm on the edge of the table.
- Bend over from your waist.
- Allow your operated arm to hang down – it should hang limp and loose.
- Using your body, start moving in a manner that causes your arm to swing in a smooth pendular motion. Then allow the arm to circle gently in a clockwise direction with circles that grow gradually larger. Repeat 30 times then switch direction.
- You can use your non-operative hand to guide it.



At Home

This section contains information about:

- **Pain Control at Home**
- **Swelling & Icing**
- **Care of Your Dressing & Bathing**
- **Bowel Movements**
- **Resuming Home Medications**
- **Complications After Surgery**
- **Follow-Up Appointments**
- **Recovery**
- **Activity**
- **Driving**
- **Returning to Work**
- **Dental Work and Medical Procedures**
- **Outcomes After Shoulder Replacement**

Pain Control at Home

Most people experience a reduction in pain over the 6-12 weeks following surgery.

Please see “Pain Control After Surgery” (page 36) to review effective pain management. It is important in the transition from hospital to home to maintain consistent dosing.

Acetaminophen:

It can be helpful to take acetaminophen 1000 mg (2 extra strength tablets) every 4-6 hours, ensuring you do not exceed 4000 mg in a 24-hour time frame. Here is a general schedule for taking acetaminophen:

6:00 am 11:00 am 4:00 pm 9:00 pm

Please note: TYLENOL is the same medication as ACETAMINOPHEN.

Some pain medication contains acetaminophen, such as Tramacet or Emtec so **it is important to read your prescription bottle carefully** to ensure you do not exceed the maximum daily dose.

****If you have a history of liver disease or significant alcohol consumption, you may need to reduce or avoid acetaminophen use. Discuss this with your pharmacist or family doctor. ****

Narcotics (Hydromorphone, oxycodone, etc):

These are intended for short use following surgery as they pose a risk for addiction or dependence. Signs of drowsiness, confusion, hallucinations, slow and/or shallow breathing are all signs that you might be taking too much pain medication. If any of these symptoms are severe, please contact your Navigator, surgeon's office, or a nurse through HealthLink BC (see “Resources” page 51).

If your surgeon gave you prescriptions for two pain medication:

Usually this involves a stronger narcotic and another moderate pain medication such as Tramadol/Tramacet or Tylenol #3. It is important to only use **one medication at a time**. Start with the narcotic medication first following surgery. Once your pain starts to improve, try substituting one narcotic dose with the other pain medication. If this provides adequate pain control, continue replacing some but not all the narcotic doses with the other pain medication. Over the next few days, continue substituting the other pain medication, slowly decreasing the amount of your narcotic use until you are no longer using the narcotic. *It is advisable that you do not stop the narcotic suddenly or you may experience withdrawal symptoms such as nausea, irritability, jitteriness etc.*

As your pain continues to improve, start decreasing how often you take your pain medication. If you have not done so already, you can start substituting extra-strength Tylenol in place of the other pain medication until you no longer need any pain medication.

Swelling & Icing

Swelling: Expect swelling for a few weeks following the surgery. This is due to your body's inflammatory response and fluid that was introduced in the joint during surgery. Some swelling or bruising may go into the front of the chest muscles or down the arm to the hand.

While sitting with the sling on, you may support the arm with a pillow underneath your forearm, making sure that your arm does not move away from your body.

Icing: Icing your joint regularly throughout the day is an effective way to reduce pain and swelling. It is useful to ice after your exercises or routinely every 4-6 hours for 20 minutes. You can use ice packs/gel packs or a cryotherapy unit.

A cryotherapy unit is composed of a container that you fill with ice and water, similar in size to a mini-cooler. It is connected to a tube that pumps the cold water to a thin pad that is secured to your joint.

To avoid injury, never apply ice directly to your skin. Always have a barrier such as a thin towel or your shirt. Also, keep the ice off for at least an hour before you reapply it.

Care of Your Dressing & Bathing

Your incision will either have staples or dissolvable sutures. You will receive a Dressing Change Guide specific to your surgeon in your Education package. This guide will also give you instructions on when you can shower.

DO NOT apply any ointments or creams to the incision.

DO NOT submerge the incision in water (pool, hot tub, taking a bath, lakes or oceans) until your incision develops scar tissue and is completely healed (usually 6-8 weeks).

Bowel Movements

Changes in medication, activity and diet can cause constipation (hard, dry bowel movements). To avoid constipation, drink lots of fluids, eat high fibre foods such as prunes, fruits, bran, whole grains and vegetables. You may need to take a stool softener or laxative. You can discuss your options with your pharmacist.

Resuming Home Medications

Once you return home following surgery you can resume most of your usual medications, unless otherwise directed by your surgeon.

Complications After Surgery

Your surgeon will discuss the risks of shoulder replacement surgery as many of the risks are specific to your situation.

It is a large operation and there are some common risks that include risk of deep infection, damage to blood vessels or nerves, fractures, and dislocation of the prosthesis. Sometimes a prosthesis can become loose before that or develop another problem that may require a second or revision replacement.

As shoulder replacement surgery is a major operation, general medical complications such as blood clot, stroke, pneumonia or heart difficulties can occur. The risk of these complications is higher in older patients or those who already have medical conditions.

CONTACT YOUR NAVIGATOR IF YOU HAVE:

- Bleeding- enough to fill your dressing
- Drainage from your incision that changes in appearance or color, especially yellow or green
- Significant change in color/redness around the surgery site
- Pain that is not relieved by your medications
- Fever (38.5/101.3 and over for 2 days or more)
- Persistent nausea and vomiting
- Signs of circulation problems in operated arm (coolness, change in skin color, numbness)

CONTACT YOUR FAMILY DOCTOR IF YOU HAVE:

- Difficult or abnormal urination
- Constipation that you cannot manage
- Dizziness/light headedness

CALL 911 or GO TO EMERGENCY ROOM IF YOU HAVE:

- Shortness of breath
- Chest pain
- Sharp, throbbing pain in your calf
- Confusion/Delirium

Follow-Up Appointments

Within 72 hours of coming home, confirm or make your follow-up appointment with your surgeon.

Recovery

For the first 4-8 weeks after surgery, your surgeon will ask you to wear a sling to protect the repaired tendons and soft tissues around the shoulder. He will give you further instructions at your follow-up appointment.

The next phase of recovery, from 6-12 weeks after the surgery, is focused on getting the shoulder to move more normally, while still not doing any lifting that could pull apart the repaired tissues.

Around 3 months after surgery, you will start strengthening exercises. Most of the recovery is complete around 6-9 months after surgery, but there can be improvement for 1-2 years after surgery.

Sleep

Due to pain and discomfort, it is common that you may not get solid hours of sleep through the night. Positioning will be important; many patients recovering from shoulder surgery feel more comfortable upright in a recliner.

Plan on taking naps through the day to catch up on sleep as sleep is important to recovery. You can speak with your family doctor or pharmacist to suggest a sleep aid if you are having difficulty.

Wear your sling whenever you are up for the first 4-8 weeks after surgery as instructed by your surgeon. Remove the sling to do physiotherapy exercises 2-3 times per day. See the rehabilitation exercises (pages 37-40).

Take the time to heal. It is normal to feel weak and tired for the first couple of weeks after surgery. Rest often, eat well and generally take good care of yourself. This will help your recovery. Gradually resume normal activities like walking.

Make sure to follow any movement precautions for your shoulder or arm told to you by your doctor or physiotherapy.

Avoid lifting anything greater than 1-2 lbs with your operated arm until your doctor tells you it is ok (usually 6-8 weeks).

Use a cane in your non-operative hand if required for balance. Do NOT use a cane in your operated arm. You should NOT use a walker or crutches.

You may return to sexual activity when you feel ready and comfortable.

Driving

Driving: Do not drive while taking pain medications or if your arm is in a sling.

Discuss with your surgeon when it is safe to drive. You can expect that you will not be able to drive for at least 6-8 weeks after the surgery. If your ability to safely drive (swerve sharply, perform an emergency stop, etc) is impaired, your insurance may not be valid in the case of an accident.

Returning to Work

When you can return to work depends on:

- the kind of job you have and its physical demands
- how much pain & swelling you have after surgery
- how your physiotherapy is progressing
- if you can modify your job or work from home

Your surgeon will help you decide when to return to work

Expect to take off at least 2-4 weeks for a desk job that you are able to do with your arm in a sling. Expect to take off 3-4 months for work where you need to use both arms. Expect to take off around 6 months for more physically demanding work.

Dental Work and Medical Procedures

If you will be having any dental work or medical procedures such as procedures involving the bladder, prostate, lung, or colon- it is important that you let your health care professional know that you have had joint replacement surgery.

To avoid the risk of infection, it is important that you **avoid dental work, including dental cleaning, for 3 months after surgery.**

If you have a health issue that compromises your immune system, you may need antibiotics with every dental procedure for the rest of your life. Please discuss this further with your surgeon and dentist.

Outcomes After Shoulder Replacement

Most patients can expect that shoulder replacement surgery will significantly reduce the pain in their shoulder. Every patient is different; the outcome depends a lot on the condition of the shoulder before surgery.

Most patients have enough motion in the shoulder for day to day activities like dressing, washing their hair and pulling up their pants, without too much difficulty. Some ongoing pain is common and can be frustrating. Most people can return to many of the activities they were doing before their shoulder became painful. However, expect to have difficulty with overhead activities or activities that require a lot of use of the arms. This is usually quite tolerable.

Some patients can have a lot of shoulder stiffness or a 'frozen shoulder' after surgery. This stiffness can be very painful and frustrating but usually gets better with time, usually 6-12 months. If there was a lot of weakness in the arm before surgery, this may not improve much after surgery. Strengthening exercises can help this.

NOTES

Resources

This section contains resources for:

- **Arthritis and Surgery Information**
- **Health Professionals**
- **Physical Activity**
- **Stress Management**
- **Transportation**
- **Resource Guides**

Resources

Rebalance^{MD}

www.RebalanceMD.com

250-940-4444

Walk In Clinic Locator and Wait Times

www.medimap.ca

Arthritis & Surgery Information

The Arthritis Society

www.arthritis.ca

Email: info@arthritis.ca

Arthritis Society Information
line: 1-800-321-1433

Eating Well for Arthritis

<http://www.arthritis.ca/living-well/optimized-self/eating-well/your-good-food-guide>

Canadian Orthopedic
Foundation

www.whenithurtstomove.org

Ortho Connect

www.orthoconnect.org

American Academy of
Orthopaedic Surgeons

www.orthoinfo.aaos.org

Health Professionals

Nurse Hotline/HealthLink BC

Phone: 8-1-1

www.healthlinkbc.ca

Non-emergency health
information provided by a nurse,
pharmacist or dietitian.

Physical Activity Services at
HealthLink BC

www.healthlinkbc.ca/physical-activity

Phone: 8-1-1

Dietitians of Canada

www.dietitians.ca

Physiotherapy Association of
British Columbia (PABC)

– to find a physiotherapist in your
area

www.bcphysio.org

Quit Now

www.quitnow.ca

BC Smoking Cessation Programs

<http://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/what-we-cover/drug-coverage/bc-smoking-cessation-program>

Transportation

HandyDART

www.bctransit.com/victoria/riderinfo/handydart

Phone: 250-727-7811

SPARC–

Disabled parking pass
Victoria Disability

Resource Centre
www.drcvictoria.com/parking-permits/

Phone: 250-595-0044

Fax: 250-595-1512

Email: parking@drcvictoria.com

TAP – Travel Assistance
Program- travel and
accommodation

<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/tap-bc>

Phone: 1-800-663-7100

Resource Guides

Seniors Serving Seniors
Directory

www.seniorsservingseniors.bc.ca

Greater Victoria Rec Centre
Guide

www.fitinfitness.ca

**Please note that information on this page is provided as a reference only and is subject to change. You may need to use directory assistance or an internet search.*

Visit Our Website

www.rebalancemd.com

For Educational Videos & Anaesthetic Information Regarding Your Shoulder Replacement Please Visit:

<http://rebalancemd.com/resources/>

Do not worry about the “forms” in this video. You will be provided these forms once you have accepted a surgical date and you have been contacted regarding pre-operative Education.

Cover art by a previous participant of our Annual RebalanceMD Young Artists Competition, which highlights the talent of local high school students.

You can see more art from the competitions held over the years showcased on the walls throughout our clinic.