



Rotator Cuff Repair Journey

A Patient's Guide to Outpatient
Rotator Cuff Repair



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INTRODUCTION

WELCOME TO ROMEO ORTHOPAEDICS

This guide will provide important information on how to prepare for your surgery, what to expect once you arrive, and how to plan for your care after surgery. Dr. Romeo will talk with you about the type and length of surgery you are having, type of anesthesia and expected length of the recovery period.

We ask that you take the time to read and follow these instructions and complete all necessary paperwork and testing before arriving at the surgery center. This information will help minimize delays on the day of your surgery. Our health care team is dedicated to ensuring your experience is a positive one. **Remember, this is just a guide. Dr. Romeo and his team may add to or change any of the recommendations. Feel free to ask questions if you are unsure of any information.**

ABOUT YOUR ROTATOR CUFF

The rotator cuff is made up of four muscles and their tendons that come from the shoulder blade and attach to the upper part of the arm bone. They stabilize the shoulder joint and perform specific movements of the shoulder and arm.

They are:

- » Supraspinatus (helps lift the arm out to the side)
- » Infraspinatus (externally rotates the shoulder)
- » Teres minor (externally rotates the shoulder)
- » Subscapularis (internally rotates the shoulder)

Together, these muscles and their tendons form a "cuff" over the head of the humerus (upper arm bone) and each muscle is attached to the bone via a tendon. Any of these tendons can tear partially or completely from the bone, although the most commonly torn tendon is the supraspinatus.



HOW DOES A ROTATOR CUFF TEAR HAPPEN?

Vigorous physical activity or an injury can cause a tear, but some rotator cuff tears happen without a clear cause. Rotator cuff tears can happen from normal wear and tear or because of athletic overuse or accidental overextension.

For older adults or individuals with weakened tendons, even simple things like lifting an object or a routine movement can cause rotator cuff injuries. Bone spurs (a small area of bony overgrowth) around the tendons can also contribute to a rotator cuff injury. Usually though, tendons are damaged through overuse or by an immense amount of force—like a sports injury or a fall.

Tendon injuries can also happen due to a lack of blood supply to the rotator cuff. Blood supply is essential for repairing routine wear and tear and other types of mild damage.

WHO NEEDS A ROTATOR CUFF REPAIR?

If a rotator cuff tear does not respond to nonsurgical treatments after three to six months, Dr. Romeo may suggest an outpatient surgical procedure that is performed using the latest arthroscopic, minimally-invasive techniques.

Tears that occur suddenly in active people are usually best treated with surgical repair. Surgery is the most reliable method to ensure the torn tendon heals down to the bone, which provides the best opportunity for a pain-free shoulder that performs similarly to its pre-injury level.

ABOUT THE SURGERY

Dr. Romeo performs all of his rotator cuff surgeries arthroscopically. The minimally invasive repair procedure is done using a tiny camera and tools inserted through small cuts in the skin. This allows him to repair the tear without making a large cut, which can injure the surrounding healthy tissues and takes longer to heal.

The details of the surgery will depend on the location and size of the rotator cuff tear. The most common rotator cuff surgery involves reattaching the torn supraspinatus tendon to the top of the upper arm (humerus) bone.



IF YOUR TEAR OCCURRED AT WORK

Before Surgery

If you believe your injury occurred on the job, your insurance company will require **clear documentation about how and when it happened**. This information will be used by your employer's insurance to determine whether your case qualifies for workers' compensation coverage.

This documentation will include:

- » The **exact date** of the injury
- » A **detailed description of how it occurred**
- » The **work environment or task** you were performing

Before we can schedule surgery, we must receive written confirmation from the workers' compensation carrier that:

1. Your injury is recognized as work-related
2. They have approved payment for the procedure

Without this formal approval, we cannot proceed with surgery under workers' compensation coverage.

Before surgery, Dr. Romeo will review the surgical plan and explain what he expects to find during the procedure.

Based on your pre-operative findings, Dr. Romeo will provide an estimate of the time that it will take you to return back to restricted work responsibilities, the expected time for you to return to full duties without restrictions, or the likelihood of permanent partial impairment which will prohibit your ability to return back to your previous work.

Additionally, Dr. Romeo will define the typical timeframe for someone with your injury to achieve **maximum medical improvement (MMI)**, which is the point at which medical care is considered complete.

After surgery

After surgery, Dr. Romeo will monitor your progress closely. Pain medication is expected to be **discontinued within two to four weeks**. You'll return to the clinic every **4 to 6 weeks** during your rehab for assessment of your progress and updates regarding your recovery program.

At each visit, Dr. Romeo will:

- » Evaluate your healing
- » Adjust your rehab plan, if needed
- » Provide an updated report of your work capabilities, including any restrictions, as required by workers' compensation

Dr. Romeo is **legally required to provide workers' compensation** with an updated assessment of your work abilities after each appointment. This helps guide your safe return to work and ensures all parties remain informed throughout your recovery.

Once you've reached **maximum medical improvement (MMI)**, Dr. Romeo will determine whether any **permanent impairment** remains. This decision is based on surgical findings, your rehab progress, and your functional abilities over time.



PRE-OPERATIVE INSTRUCTIONS CHECKLIST

☐ 2-4 Weeks Before Surgery

- » Attend PCP appointment to obtain medical clearance needed for surgery.
- » Choose Your Coach/Support person.

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- » If recommended by your surgeon, see your specialists for clearance.
 - » Stop all herbal and dietary supplements, vitamins, and appetite suppressants 14 days before surgery.

☐ 1 Week Before Surgery

- » Stop nonsteroidal anti-inflammatory medications (NSAIDs) such as Motrin, ibuprofen, Advil, Aleve, Naproxen, Aspirin, and others 7 days before surgery (Tylenol is okay).
- » Prepare your home.
- » Confirm your ride home from the surgery center.

☐ 2 Days Prior to Surgery

The benzoyl peroxide (BPO) cream (5%) is to be applied to the front, back, and axilla (armpit) area of the shoulder you are having replaced ONCE a day starting today and includes the morning of surgery for a total of 3 applications. Prior to the first application apply a small amount to your skin and leave for 15 minutes to evaluate for any reaction. If you do not experience a reaction, apply the cream around your shoulder area. Once applied, wait at least 15 minutes then wash it off. If you leave it on longer it may dry out your skin. Those with sensitive skin may have a local irritation or rash if left on for an extended period. Please refer to

instructions on the medicine container for additional information. Do NOT shave the surgical site.

Please note - if you experience any itching or burning sensations or develop a rash, please wash the area with water. Do not repeat use. Notify your care team.

☐ Day Before Surgery

- » In the afternoon, expect a phone call from the surgery center with your arrival time.
- » Use your BPO Cream as instructed before surgery. Afterwards, change into clean pajamas and sleep in clean sheets without your pet.
- » Drink 8-12 oz of regular Gatorade prior to going to bed (prior to 10pm).
- » Take prescribed Celebrex 200 mg (or Meloxicam 15 mg if sulfa allergic).
- » Stop eating and drinking 8 hours before your scheduled surgery.
- » Stop drinking alcohol and ingesting marijuana 24 hours before surgery.
- » Set your alarm and wake up 4 hours prior to your scheduled arrival time.

☐ Morning of Surgery

(4 hours prior to arrival time)

- » Drink 12 oz of regular Gatorade - finish in less than 30 minutes. If you oversleep or miss the alarm, do not drink the Gatorade.
- » Take 1000 mg of acetaminophen (two extra-strength Tylenol) with the Gatorade. Do not drink anything after this.



BEFORE YOUR SURGERY

Medical Clearance

Prior to your surgery, a physical examination and medical history review by your Primary Care Physician (PCP) will need to be completed no more than 30 days before the date of your surgery. In most cases, you will need lab work. Additional tests may include an EKG and X-rays. If you see any specialists, such as a cardiologist, you also will need clearance from them prior to surgery. Please bring a complete list of medications and supplements (prescriptions and over-the-counter) to these appointments.

Choose Your Coach

Having a healthy support system can be very beneficial for you during this process. The person you choose to support you should be a source of encouragement during the recovery process. It is a good idea to discuss with them some of the ways he/she can assist you. These include:

- » Motivating and encouraging you to follow your post-surgical instructions.
- » Helping you make sure your home is safe for your return after surgery.
- » Being available to help when you return home.
- » Becoming familiar with your discharge instructions and helping you understand them.
- » Supporting you in staying on track with your recovery.
- » Driving you home from the surgery center.

Preparing Your Home

Preparing your home for your return after surgery is a key part of your readiness for surgery.

Here are some suggestions of ways to prepare your home before surgery:

- » Make sure you have sturdy hand railings next to any stairs in and around your home to provide you with the additional support you will need during recovery.

- » In order to move around your house easily, it is a good idea to clear space in your hallways and rooms.

- » Inspect your floors for any potential tripping hazards. Remove throw rugs, or any other obstacles that could get in the way when you walk around your home. Consider taping down any electrical cords to prevent them from becoming a tripping hazard.

- » Plan to use chairs with arms and seats that are firm and high to provide you with extra support.

- » Take extra care in your bathroom. There can be potential slipping hazards such as wet floors, towels, and rugs. You may want to consider placing some non-slip strips or a rubber mat in the bath or shower.

- » Arrange things in the shower so they are easier to reach, since your range of motion may be limited after surgery. Using a shower chair or a handheld shower-head could be helpful.

- » Consider rearranging your kitchen to avoid reaching overhead or low to the floor. Move frequently used items to waist height.

In addition to preparing your home, you will want to be sure that you are prepared for surgery. Here is a list of suggestions that may help you prepare and reduce any anxiety:

- » Select clothes that are comfortable and easy to get on and off. Clothes such as loose-fitting sweatpants or shorts, zip-up or button-down shirts are recommended.
- » Remember to be careful around your pets after surgery. They can increase your chance of falling after surgery. They can also increase your chance at developing an infection, so please do not sleep with them after surgery until your wound is healed.
- » If you have a dog, it's also a good idea to find someone to walk your dog for a while after surgery. Your surgical site could be damaged if your dog suddenly pulls away while you are holding the leash.



- » Think about stocking your freezer with prepared meals or even buying frozen meals. You may want to consider foods that are high in fiber to help combat the potential for constipation after surgery.

Medications & Alcohol

If you are on any anticoagulation prescription medications (such as Coumadin, Plavix, Xarelto, and Eliquis), please notify your surgeon and contact your prescribing physician to find out when to stop these medications prior to surgery. Also, stop taking all herbals and dietary supplements, vitamins, and appetite suppressants 14 days before surgery. Stop taking nonsteroidal anti-inflammatory medications (NSAIDs) such as Motrin, ibuprofen, Advil, Aleve, Naproxen, Aspirin, and others 7 days before surgery. And stop drinking alcohol and ingesting marijuana 24 hours before surgery.

Schedule Post-operative Visit

Your post-operative appointment with your surgeon will be scheduled through your surgery scheduler/coordinator and will take place 7-14 days following your surgery.

Preparing Yourself Before Surgery

Please follow your pre-operative instructions carefully. It is extremely important to understand and follow these directions. They are for your safety. If these instructions are not followed, it could result in the cancellation of your surgery.

- » Tell us if you have any allergies or sensitivities to food or medication.
- » If you take daily medications, your primary care provider will instruct you on which medication you may take the day of surgery and at what time.

- » Bring any inhalers you use with you on the day of surgery.
- » Stop smoking 4 weeks before surgery.
- » Stop drinking alcohol and ingesting marijuana 24 hours before surgery.
- » Remove all artificial nail enhancements (e.g., polish, wraps, gel, or acrylic nails) from all fingers and toes prior to coming to the surgery center.
- » Do not apply any makeup, cream, powders, lotions, or aftershave the day of surgery.
- » Do not apply deodorant to the arm undergoing surgery.

Nutritional Optimization

Nutrition is an important part of surgery that you can control and will enhance your outcome. Optimizing nutrition can help improve the recovery process by preventing muscle loss, improving wound healing, and contribute to an accelerated recovery. It is recommended that you take high protein nutritional supplements (such as drinks or powders) 2 weeks before surgery and 2 weeks after. Discuss with your care team options that would be beneficial to you.

If you do not have your own personal nutrition plan, Dr. Romeo can offer recommendations, including a comprehensive program that can be purchased online.

If Illness Develops

If you develop a cold, virus, sore throat, fever, or other illness during the week before your scheduled surgery, please contact your primary care provider immediately. If there is concern that may affect your ability to have surgery, please let your surgical care team know.



DAY OF SURGERY

What To Bring

- » Please bring a picture ID with you to the surgery center on the day of surgery.
- » Clothing: We recommend that you wear casual, comfortable, loose-fitting clothes that button or zip down the front and are easy to take off and put back on after surgery. Shoes should be supportive, flat, and without laces. Avoid bringing flip flops or Crocs.
- » Special Equipment: if you have been given a sling or brace, remember to bring it with you. Please make sure you have been properly instructed on the use of any equipment you will be using post-operatively.
- » Valuables: leave all valuables and jewelry, including wedding rings, at home since the surgery center cannot assume liability for loss of personal property. Please remove all metal body piercings.
- » Personal belongings: dentures, glasses, and hearing aids will have to be removed prior to surgery. Please do not wear contact lenses on the day of surgery. Since these personal items can easily be misplaced, keep them in appropriate cases or containers or give them to the person escorting you.
- » You may bring your phone with headphones to listen to music to help you relax.

Checking In

Please arrive on time for your procedure to help avoid delays. Check in at the main desk of the surgery center, where you will be asked to sign surgical consent forms. If your insurance carrier requires surgical co-pays, you will be asked to make payment at this time. After signing in, you will be given a patient identification bracelet and escorted to the pre-operative holding area and given a hospital gown to wear.

After you have changed, a registered nurse will assist you with all your needs. At this time, women aged 50 or younger will be asked for a urine sample to rule out the possibility of pregnancy. You will also be seen by an anesthesiologist who will discuss the anesthesia you will be receiving for surgery. The surgical site will be marked by your surgeon verifying the correct site. In preparation for the procedure, an intravenous (IV) line will be started in your hand or arm. The IV will be used to deliver medications and fluids during surgery. In many cases, the anesthesiologist will perform a regional nerve block to numb the area of the surgical procedure. Your operating room nurse will then escort you to the operating room.

Transportation

Please plan to have a friend or family member provide you with transportation upon release from the surgery center. Please note that you may have to follow special precautions after surgery so choosing the right car for transportation home is important. Try to avoid low vehicles because it will be difficult to get in and out of the car.

Anesthesia

GENERAL ANESTHESIA - You are given medication through your IV to put you to sleep. A breathing tube is placed to protect your airway and assist your breathing during surgery.

INTERSCALENE NERVE BLOCK - Local anesthetics are used to numb the site of the surgical procedure during and following surgery. The length of effect varies from person to person, but the block usually provides 8-24 hours of pain relief.



RECOVERING AT HOME

General Activity

Listed below are some general guidelines for activity following your surgery:

- » Do your post-operative exercises as instructed.
- » Try and walk around for at least 5 minutes every one to two hours. This helps keep your blood flowing and your lungs working well.
- » Use ice therapy as directed throughout the day to help reduce pain and swelling.
- » As you begin to feel better and stronger, increase your activity as tolerated.
- » Most patients find it more comfortable to sleep in an elevated position for the first week. You may use either a recliner or multiple pillows in bed. Either way, use a pillow behind your elbow to keep your arm in a forward position.

Wound Care & Bathing

BANDAGE

- » You will have a waterproof bandage on the incision. This will be removed at your first post-operative clinic visit.

BATHING

- » You can shower the day after surgery. Do not submerge the incision in a bath, pool, or hot tub, and do not directly spray it with the showerhead.
- » To wash under your arm, bend forward and allow your arm to hang straight to the ground. You should not attempt to lift your arm overhead to wash under your arm.

SUTURE REMOVAL

- » If you have sutures, they will be removed at your post-operative appointment.
- » We prefer that you return to our office to have your sutures removed. If you live a great distance away and are unable to do so, you may have a local physician remove your sutures. If you choose to do this: **You must first contact that physician to confirm that they are willing and able to do so.**

When to Call Your Doctor

- » Problems/questions about your postoperative medications.
- » Severe pain not being relieved by pain medications.
- » If you have signs of infection such as redness, warmth, drainage of your incision, or if your temperature is above 101 degrees. These signs do not always mean infection, because while your body tissue is healing, the skin around your joint may look slightly red and feel warm. Your surgeon will determine if you need to come to the office for evaluation.
- » If you have increased pain or swelling in your leg or calf. Although rare, blood clots can form in the calf or leg after surgery.

When to Call Emergency Medical Services (911)

- » Difficulty breathing or shortness of breath.
- » Chest pain.
- » Localized chest pain when coughing or taking a deep breath.
- » Stroke-like symptoms (Remember FAST).
 - Face – numbness or drooping.
 - Arm – weakness.
 - Speech – slurred.
 - Time – is of the essence – Call 911.

Post-Operative Pain Management

INTERSCALENE NERVE BLOCK

The length of effect varies from person to person, but the block usually provides 8-24 hours of pain relief.

ORAL PAIN MEDICATIONS

You will be prescribed a few different pain medications. The combination of these medications is intended to give you the best pain relief possible, as each medication works through a different mechanism of action. Please only take these medications as directed and call our office with any questions or concerns you may have.

PLEASE NOTE: All these medications may not be prescribed for you.



- » Tylenol 500 mg
 - Start by taking one tablet every four to six hours when you arrive home after surgery, so you have some medication on board when the block wears off. You should take this on a regular schedule for the first few days after surgery.
- » Meloxicam 15mg
 - This is an anti-inflammatory medication.
 - Take 1 tablet twice per day to help with pain and inflammation. You will take this for 2 weeks.
 - You should take this medication with food.
- » Tramadol 50 mg
 - This is a non-narcotic pain medication.
 - You may take this medication every 4-6 hours as needed for moderate level pain (pain scale 4-6).
- » Oxycodone 5 mg
 - This is a narcotic medication.
 - If Tylenol and Tramadol are not controlling your pain, you may take one to two tablets every 4-6 hours as needed for severe pain (pain level 7-10). Typically, patients do not require narcotic medication after the first week.

Side effects of these medications include drowsiness and constipation.

You should not drive or drink alcohol while taking these pain medications.

ANTI-NAUSEA MEDICATIONS

(May or may not be prescribed)

- » Zofran 4mg
 - This is a nausea medication that is only taken if you feel nauseous.

STOOL SOFTENERS

Post-operative constipation can result due to a combination of inactivity, anesthesia, and pain medication. To help prevent this, you should increase your water and fiber intake. Physical activity such as walking will also help stimulate the bowel.

- » Colace 100 mg (Docusate Sodium)
 - Take 1 tablet twice daily while on narcotic pain medications or until bowel movements are normal -- OR --
- » Senokot-S 8.6 mg tablet (sennosides)
 - Take once a day while on narcotic pain medications or until bowel movements are normal

Add other mild laxatives such as Milk of Magnesia or MiraLAX, if necessary. Do not let constipation continue. If the stool softener or laxative does not relieve your discomfort, contact the office.

OTHER

- » Aspirin 81 mg
 - Take 1 tablet twice daily for 4 weeks following your surgery.
 - This medication is not used as a pain reliever, but for its anti-platelet effects to help prevent blood clots.
 - Do not take this medication if you are on another blood thinner.

ABOUT NARCOTICS

What are narcotic pain medicines?

Narcotics, or opioid medications, are often prescribed after rotator cuff repair surgery to help control moderate to severe pain during the early recovery period. They bind to specific receptors in your brain and nervous system, reducing pain perception and making it more manageable. This can help you rest, sleep, and participate in physical therapy, which is crucial for healing.

However, they're typically used short-term because they can cause side effects like drowsiness, nausea, or constipation, and there's a risk of dependency if taken longer than needed.

Are narcotics safe for everyone?

Narcotics are safe for most people who need them for severe pain. If you take these medicines, take ONLY the amount prescribed and only as often as prescribed. Do not chew, cut, or crush pills or capsules that are labeled as slow or extended release. If you have been taking narcotic medication before surgery, you must notify Dr. Romeo's team so they can adjust your treatment regimen.

What happens if I take more than the recommended dose?

Taking more than the recommended dose of a narcotic or combining narcotics with other medicines without your doctor's advice can cause serious problems.

Anybody who takes too much of any medicine at once should call a doctor or the Poison Control Hotline (1-800-222-1222). If the person is not breathing or is not conscious, call 9-1-1.



Should I worry about addiction?

Taking narcotics to manage pain or other symptoms does not lead to addiction in most people. It can be an issue, however, for people who have or have had a drug or alcohol problem. To reduce the chances of addiction, you should:

- » Never take narcotics that were not prescribed to you.
- » Take narcotics only for as long as your doctor prescribes and only take the dose they recommend.
- » If the problem for which the narcotics were prescribed gets better, properly discard any leftover narcotics. Do not keep old narcotics around the house.

Relaxation Techniques

If you are having pain, you may become anxious which in turn can make the pain worse. Studies have shown that using relaxation techniques can help reduce post-op pain. Try to rest quietly and breathe slowly.

Blood Clot Prevention

A blood clot can occur during the first several weeks of recovery. Dr. Romeo will prescribe low-dose aspirin 81mg twice daily for the first 30 days. You can also help prevent blood clots by promoting circulation to your legs and arms.

Movement and exercise: Even small, frequent movements help. Ankle pumps (flexing and pointing your feet) or leg lifts stimulate blood flow. If you're sitting for an extended period, try standing or walking briefly every 60 minutes.

Compression stockings or devices: Graduated compression stockings squeeze your legs gently to push blood back toward your heart, reducing the risk of clots. These can also be helpful when traveling.

Positioning: Elevate your legs slightly when sitting. Avoid crossing your legs, which can restrict blood flow and increase clot risk.

Hydration: Staying well-hydrated keeps blood from thickening, which can happen with dehydration. Drink water regularly unless your doctor advises otherwise.

Avoid prolonged immobility: If you're on a long car ride or flight soon after surgery, plan stops to move around or flex your legs. Immobility is a significant clot trigger, especially after surgery.

Returning To Work

When you can return to work depends on your job responsibilities and the need to use the arm that had surgery. If you have a job where the surgical arm is not used, you can return as soon as you feel comfortable. If your job requires more strain, particularly overhead actions, you may require up to 3 months before you can return to full duty. Please discuss your job requirements with your surgeon so that you understand what you can and cannot complete.

Sex

Patients can typically resume sex after rotator cuff surgery once they feel comfortable, their pain is well-managed, and they can protect the site of surgery. This timeline varies based on individual healing, as well as the nature and position of the activity.

The shoulder must be protected during intimacy for the first four weeks. Safe positions must avoid pressure at the surgical site and arm strain. Communication with your partner is essential.

Driving

- » No driving on the day of surgery. Please make arrangements for transportation home.
- » Do not drive until you can use both your hands for steering.
- » DO NOT DRIVE if you are still taking narcotic pain medications.

Travel Restrictions (for the first three months):

- » Do not sit in one position for extended periods of time.
- » On car trips, stop every 1–2 hours to stretch your legs.
- » On plane rides, get up and stretch your legs every hour.

You may set off metal detectors at the airport and therefore require a secondary evaluation such as a pat down, wand evaluation, or body scan. The TSA has issued a policy that can be found on <https://www.tsa.gov/travel/frequently-asked-questions/what-are-procedures-if-i-have-internal-or-external-medical-device>.



ACTIVITY INSTRUCTIONS

SLING: 4 WEEKS

- » Wear your sling/immobilizer at all times, including when you sleep at night. You may remove it to shower, get dressed, and do your home exercises/physical therapy. When the sling is off you may let your arm hang straight down at the side.
- » You can adjust the straps on the sling as needed for comfort. Be sure that your arm is well-supported, and your elbow is toward the front of your body.
- » We recommend that you DO NOT drive during the time the sling is required per your surgeon's instructions.

SLEEPING:

Many patients find it more comfortable to sleep in a recliner. Otherwise, you should sleep with multiple pillows or a wedge pillow to support your shoulder. Gradually, after the first six weeks, you can resume a more flat

slipping position as long as it does not cause pain. It is helpful to keep a pillow behind the elbow to keep it supported.

ICE PACKS or an ICE MACHINE:

Ice Packs: Ice packs over the surgical site can reduce swelling and bleeding. They are also used to reduce sensation at the surgical site. Be sure to use your ice pack frequently and replace the pack when it melts or becomes warm. Always have a covering between the skin and ice pack. Use the ice for 20 minutes each hour and watch closely for skin changes. If ice is used too much, you can develop a frost bite of the skin.

Ice Machine: Recommend using 1 hour on, 1 hour off for the first 2 days after surgery while awake. Do not place pad directly on skin – make sure there is a barrier such as a t-shirt or towel. After the first 2 days you may use the ice machine 3-4 times a day or as needed for comfort.

Physical Therapy

Formal outpatient physical therapy (PT) will not begin until 2-4 weeks post-operatively. You will be given an order for PT and further instructions at your post-operative appointment.

You may begin the home exercises listed below the second day after surgery. You can remove your sling to perform these exercises.

ELBOW MOTION

(10-15 repetitions per set; 2 sets - 3 times daily):

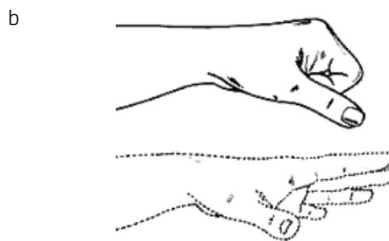
- » Remove sling and allow arm to rest at your side (you may perform this sitting or standing). Allow your arm to straighten at the side, then gently bend elbow up. Position forearm with thumb facing up.



HAND AND WRIST EXERCISES

(10-15 repetitions per set; 2 sets - 3 times daily):

- » With your arm comfortably supported, gently bend wrist back and forth. (a)
- » Curl the fingers into the palm to make a loose fist and then straighten them out. (b)
- » With a bent elbow, place your hand palm side up. Gently rotate your wrist so that your palm is facing down. Repeat 6 to 10 times slowly.



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.