

Day 1-3:

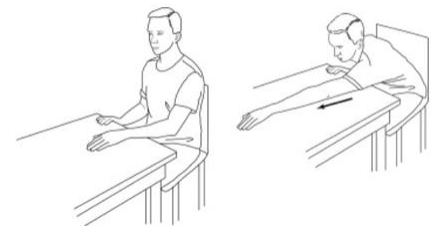
- Prior to leaving the operating room, a shoulder immobilizer sling will be applied to your shoulder.
- Control swelling. Following discharge from the primary surgery, you should go home and rest, elevate your extremity and use ice to bring down swelling for 20 minutes, once per hour.
- Control pain. You will be sent home with a prescription for pain medications. You should take this for baseline pain and add Motrin or Tylenol for severe pain.

We can increase the pain medication if you're uncomfortable. Feel free to call the office at **650-723-5256**, or call the surgery scheduler. If it is after hours, there is always someone available at Clinical Advice Services at **650-723-4000**.

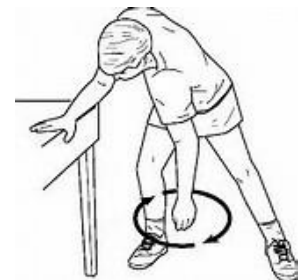
Weeks 0-6:

- The sling should be worn 90% of the time. You can come out of sling to eat or type on a computer. You must wear sling to sleep at night
- No active arm motion or active use of the arm is allowed.
- No shoulder, forearm muscle flexing, pulleys or wands yet.
- Start motion assisting with the other arm to move up and down, and **table slides** (see diagram) 2-3 times daily for 2-3 minutes.
- Passive and active assisted range of motion only, with restriction:
 - external rotation to 30°
 - forward elevation of 130 degrees
- **Pendulum exercises** (see diagram) 2-3 times daily for 2-3 minutes.
- Usual range of motion of elbow, wrist and hand okay 2-3 times daily.

Table Slides



Pendulum



Weeks 6-12

- Discontinue sling
- No strengthening yet.
- Start active range of motion of the shoulder against gravity with muscle use.
- You may use the arm for activities such as dressing, grooming, and eating.

Weeks 12+:

- You can continue all activities as tolerated.
- Start therapy and strengthening phase.

You have a prosthetic component which is susceptible to mechanical loosening or dislocation. You should not engage in heavy manual labor for the lifetime of your prosthesis, including weight lifting more than 15 pounds overhead.