

SENTARA SHOULDER SURGERY

PATIENT AND FAMILY GUIDEBOOK



[SentaraOrthopedics.com](https://www.SentaraOrthopedics.com)



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 **TIPS** *for* **SUCCESS**

Look for Tips for
Success throughout
the Guidebook.

GENERAL INFORMATION

Welcome

Thank you for choosing Sentara. Clinically proven protocols, individualized care, experienced surgeons and the guidance of an Orthopedic Patient Navigator are ready to help you return to your favorite activities.

Use this book as your guide to a better shoulder surgery experience. Take it with you to all of your appointments during your surgical journey:

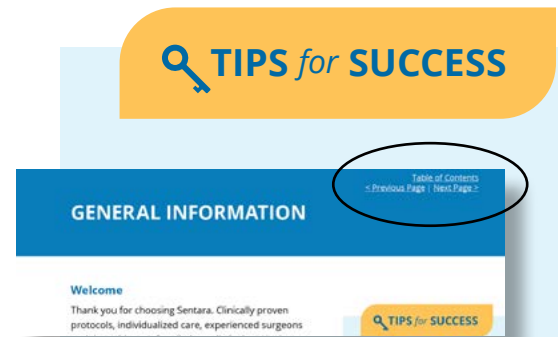
- Doctor visits
- Preadmission screenings
- Hospital for surgery

Using the Guidebook

Knowing what happens before and after surgery prepares patients to participate in their care and decreases anxiety. The Sentara Shoulder Surgery Guidebook includes:

- What to expect before and after surgery
- How to prepare for surgery
- Tips for Success

This guidebook is a tool for you to get a basic understanding of shoulder surgery. Your surgical team may add or revise any of the guidebook recommendations based on your unique needs.



If you are reviewing this guidebook electronically, use the prompts at the top right-hand side of the page to move easily between pages or jump to a new section.



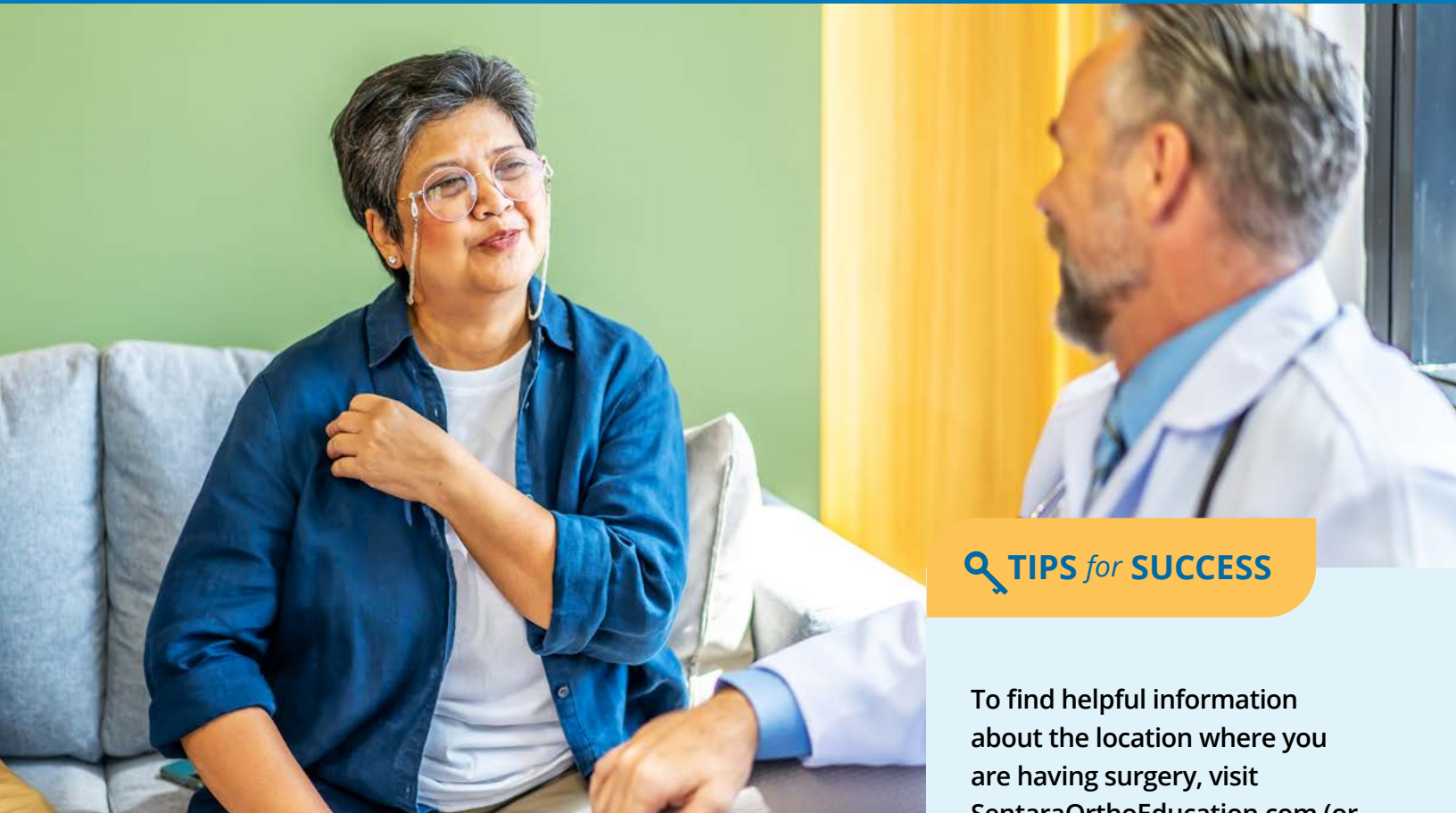
Sentara OrthoJoint Center®

We know from experience that patients who participate in their care have better outcomes. At Sentara we aim to include you in each step of your journey toward a higher quality of living.

Each year thousands of people make the choice to have shoulder surgery. The surgery aims to relieve pain and improve function. Our goal is to ensure you have an exceptional experience and achieve the best outcomes from your surgery. We look forward to helping you return to a healthier and more active lifestyle. Let's get started!

Our objective is to keep you safe and provide the most successful surgical journey as possible. Please let us know how we can improve on any aspect of your care.

YOUR CARE TEAM



 **TIPS** for **SUCCESS**

To find helpful information about the location where you are having surgery, visit [SentaraOrthoEducation.com](https://www.SentaraOrthoEducation.com) (or use the QR code). Click on the location where you will be having surgery for additional details.



Your care team may include:

- Orthopedic Surgeon
- Physician Assistants
- Orthopedic Patient Navigator
- Nurse Practitioners
- Nurses (RN, LPN)
- Certified Nursing Assistant/Nurse Care Partners
- Hospitalists
- Other Medical Specialists (as ordered)

PREPARING FOR SURGERY AND DISCHARGE

Medical Clearance for Surgery

When your surgery was scheduled, your surgeon discussed medical clearance with you. Certain blood tests (and other testing) will be required before your surgery.

Be sure to review your medication list with members of your health care team (this includes anything that you put on yourself or consume, including ear drops, eye drops, supplements, vitamins, creams, ointments, patches and suppositories).

Put Health Care Decisions in Writing

Sentara keeps patients' wishes and preferences at the forefront of their care. Upon arrival for your surgery, you will be asked if you have an advance directive. If you do, please bring a copy to the hospital with you so the document can become a part of your medical record. Advance directives are not a requirement for admission.

Smoking Cessation

It is recommended that you stop smoking. Smoking slows down the healing process. It shrinks blood vessels and decreases the amount of oxygen in your blood. Smoking can also increase blood pressure, heart rate and clotting, which can cause heart problems. If you need help to quit smoking, visit smokefree.gov.

Other Considerations

Talk to your doctor if you regularly consume alcohol and/or recreational drugs. If you see a pain management physician, please discuss this with your surgeon.

Planning for Discharge

Knowing your discharge plan is a key part of your recovery process. You will be returning home after surgery. Prior to surgery, it is important to make arrangements for your return home.

Please arrange for someone to pick you up. You will get written discharge instructions concerning medications, activity, etc. Be sure to take this guidebook with you to use as a reference.

Discharge Checklist

- Pain medication do's and don'ts
- Blood thinner medication dosing, side effects and instructions, if indicated
- Review incision care in your discharge teaching
- Signs and symptoms of infection
- Signs and symptoms of a DVT and pulmonary embolism
- How to use an incentive spirometer and how often
- Movement restrictions
- Diet restrictions, recommendations and constipation prevention
- How to use your arm sling properly
- How to reach your surgeon in case of an emergency

TIPS for SUCCESS



Going Home

It is important to have a plan for when you go home. Consider enlisting the support of a caregiver. Consider the people you interact with in your daily life, friends and family. It is helpful to involve a caregiver, such as a family member or friend, to assist throughout your surgical process.

If you have any questions or concerns, please ask a member of your care team before discharge.

PREPARE YOUR HOME AND SAFETY TIPS

This checklist offers some ideas that patients have found helpful:

Place any frequently used items such as remote control, phone charger, etc., on an easy to reach shelf or surface.

Check railings to make sure they are not loose.

Do laundry before leaving for surgery and put it away.

Put clean linens on the bed.

Prepare meals and freeze them in single-serving containers.

Tend to the garden, and finish any other yard work.

Store throw rugs and tack down loose carpeting.

Remove electrical cords and other obstacles from walkways.

Put nightlights in bathrooms, bedrooms and hallways.

Consider putting grab bars in the shower/bathtub. Put adhesive slip strips in the bottom of the tub.

If your pet stays in your home, be aware of your pet's location so that you do not trip or lose your balance.

Do NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.

Sit in chairs with armrests. It makes it easier to get up.

Rise slowly from either a sitting or lying position to avoid getting light-headed.

GENERAL DIET CONSIDERATIONS

Making Healthy Food Choices

Protein is necessary for healing after surgery, and it can be obtained from foods such as meats, cheese, eggs, whole grains and legumes. It is also important to get plenty of vitamins. Make an effort to include calcium and vitamin D-rich foods in your diet. If you're missing out on these foods, you may want to talk to your doctor about supplements. Supplements can sometimes interact with other medications, though, so be sure to choose supplements with the help of a health care provider. Maintaining a healthy weight helps with mobility after surgery. It is important to be mindful of body weight when preparing for and recovering from surgery.

Blood Sugar Control

High blood sugar levels can result in a number of undesirable side effects.

These may include:

- Risk of infection
- Risk of fractures
- Excess weight gain

If you have diabetes or pre-diabetes, it is especially important that you comply with your balanced meal plan (including portion size) and medication regimens during the period of time surrounding surgery.

The better you control your blood sugar, the less impact diabetes will have on your overall health and the better outcome you will have following surgery.

If you would like to get more information about diabetes or pre-diabetes or need additional resources to help with weight loss, please contact your surgeon's office or visit sentara.com/diabetes for more information.

What you eat plays an important role in helping you recover from surgery as well as lifelong health.

UNDERSTANDING YOUR SURGERY AND ANESTHESIA

What Will Happen Before My Surgery?

You will meet your anesthesiologist the day of your surgery. Your anesthesiologist will go over all information needed to assess your general health. This will include your medical history, laboratory test results, allergies and current medications. The anesthesiologist will use this information to decide the type of anesthesia best suited for you. Your anesthesiologist will also answer any other questions you may have. You will also meet your surgical nurses. Intravenous (IV) fluids will be started and preoperative medications may be given. Once in the operating room, monitoring devices will be attached, such as a blood pressure cuff, EKG, pulse oximeter, etc. At this point, you will be ready for anesthesia.

What Does My Anesthesiologist Do During Surgery?

Your anesthesiologist is responsible for your comfort and well-being before, during, and immediately after your surgical procedure. In the operating room, the anesthesiologist will monitor vital functions, including heart rate and rhythm, blood pressure, body temperature and breathing. The anesthesiologist is also responsible for fluid replacement when needed.

What Can I Expect After the Surgery?

You will be taken to the Post Anesthesia Care Unit (PACU) after surgery. During this period, you may be given extra oxygen and specially trained nurses will closely monitor your vital signs.

What Type of Anesthesia Is Available?

- **General Anesthesia** causes loss of consciousness.
- **Regional Anesthesia** involves the injection of a local anesthetic to provide numbness, loss of pain, or loss of feeling to a large area of the body. Regional anesthetic techniques include nerve blocks. For example, an interscalene block.

Will I Have Any Side Effects?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. While improved anesthetic agents and techniques have reduced side effects, they can still occur for some patients. You will be given medication if nausea should develop.

PREPARING FOR YOUR SURGERY DAY



Restarting Medications

Reminder: After surgery, make sure to check with your surgeon before restarting any NSAIDs such as ibuprofen, naproxen, Advil, Aleve, Motrin and Meloxicam.

Check with Your Surgeon for Specific Instructions

Preoperative Visit

You may have a preoperative appointment at your surgeon's office. This is a good time to ask any last-minute questions.

Stop Medications and Supplements that Increase Bleeding

Stop taking all anti-inflammatory medicine such as aspirin, ibuprofen and naproxen sodium. Other medications can affect bleeding times, such as vitamin E, turmeric, fish oil, etc. These medications and supplements may cause more bleeding. If you are taking a blood thinner, you will need special instructions from your doctor for stopping this medication.

Stop Taking Herbal Supplements

Some herbal medicines may interfere with other medications. If you are taking herbal medicines, ask your doctor if you should stop taking these medicines before surgery.

Night and Morning Before Surgery

Skin Preparation

You will be given specific instructions about skin preparation before surgery. Please follow the instructions carefully, and understand that the final steps of skin preparation will take place at the hospital.

Food and Liquid Consumption

You will be given specific instructions about eating and drinking before surgery. Please review these instructions and follow them carefully.

What to Bring to the Hospital

You are encouraged to bring comfortable clothes and personal hygiene items. We recommend clothes with elastic waistbands; shirts with buttons in the front are recommended, but not required.

For safety reasons, please do not bring electrical items such as fans or electric blankets. You may bring battery-operated items. Cell phones, laptops and tablets are permitted for use in your room.

Remember to bring any chargers for those items. Feel free to bring items with you that might ease your anxiety or pass the time, such as headphones, reading material, etc.

Please bring the following to the hospital:

- This Sentara Shoulder Surgery Guidebook
- A copy of your advance directives (living will) if you have one
- Insurance card, driver's license or photo I.D.
- If your insurance requires a copay and you have not already paid it before the day of surgery, it may be collected when you arrive
- Comfortable loose-fitting clothes to wear after surgery
- Any assistive equipment you are currently using to safely walk
- CPAP if you use one. Know your settings and bring all of the parts. We will provide the water.
- Medication list

Please **do not** bring jewelry and valuables to the hospital.

Reminder! Please remove fingernail polish, including acrylic nails, prior to surgery.



YOUR MEDICATION LIST

You will get specific instructions about medications and dosages, including when to stop some of them. Please follow the instructions carefully.

Prepare and review a medication list before surgery. Take time to make sure you include prescription medications, over-the-counter (OTC) medications, supplements, and natural herbs (including patches, creams, drops, etc.) on the list below or if you have already made your own. Check your Sentara MyChart and make sure all your medications are current.

It is very helpful to the admission process and your care at the hospital. Do not forget to bring it in with you on the day of surgery.

This list is for the medications you are currently taking (prior to surgery). There is a spot for you to write down your postoperative medication instructions on [page 16](#).

Drug Name	How much do you take?	When do you take it?	Why do you take it? (e.g., high blood pressure)	Instructions I was given about use before and after surgery.

Drug Name	How much do you take?	When do you take it?	Why do you take it? (e.g., high blood pressure)	Instructions I was given about use before and after surgery.

Make a quick note of any specific medication questions you want to ask your doctor.

Allergies:

Remember to include ALL of the medications and supplements you take.

DAY OF SURGERY



1. After you are cleared by the PACU team, you will be taken to your room or discharged home.
2. It is important to do ankle pump exercises.
3. You should also start breathing exercises using an incentive spirometer as directed.

Day of Surgery/Preoperative Preparation

Arrive at the hospital as instructed by your pre-op phone call. A prompt arrival gives staff enough time to prepare you for surgery. Preparation for surgery includes these activities:

- A nurse and an anesthesiologist will speak with you.
- A nurse will start your IV.
- Medications will be given as ordered.
- Your surgical site will be prepared.
- Your surgeon will mark your surgical site and answer any questions you may have.
- There may be other preparation activities as ordered.

Your safety is our greatest concern. Pain medications, equipment and surgery increase your risk for falling. **Never attempt to get up without calling for assistance and having a hospital care team member present.**

Understanding Pain and Your Role

You play a major role in controlling your postoperative pain!

It is easier to prevent pain from getting out of control rather than to manage it once it becomes intense. Remember to take your pain medication with food to decrease the risk of nausea.

Let your nurse know when you feel pain or discomfort. Make sure to tell your nurse and caregivers if your pain is not being controlled with the medication you have been given.

When your regional anesthesia — i.e., your interscalene block — wears off, you are likely to experience a sudden increase in pain. You will want to take your prescribed pain medication.

Enhanced Recovery After Surgery

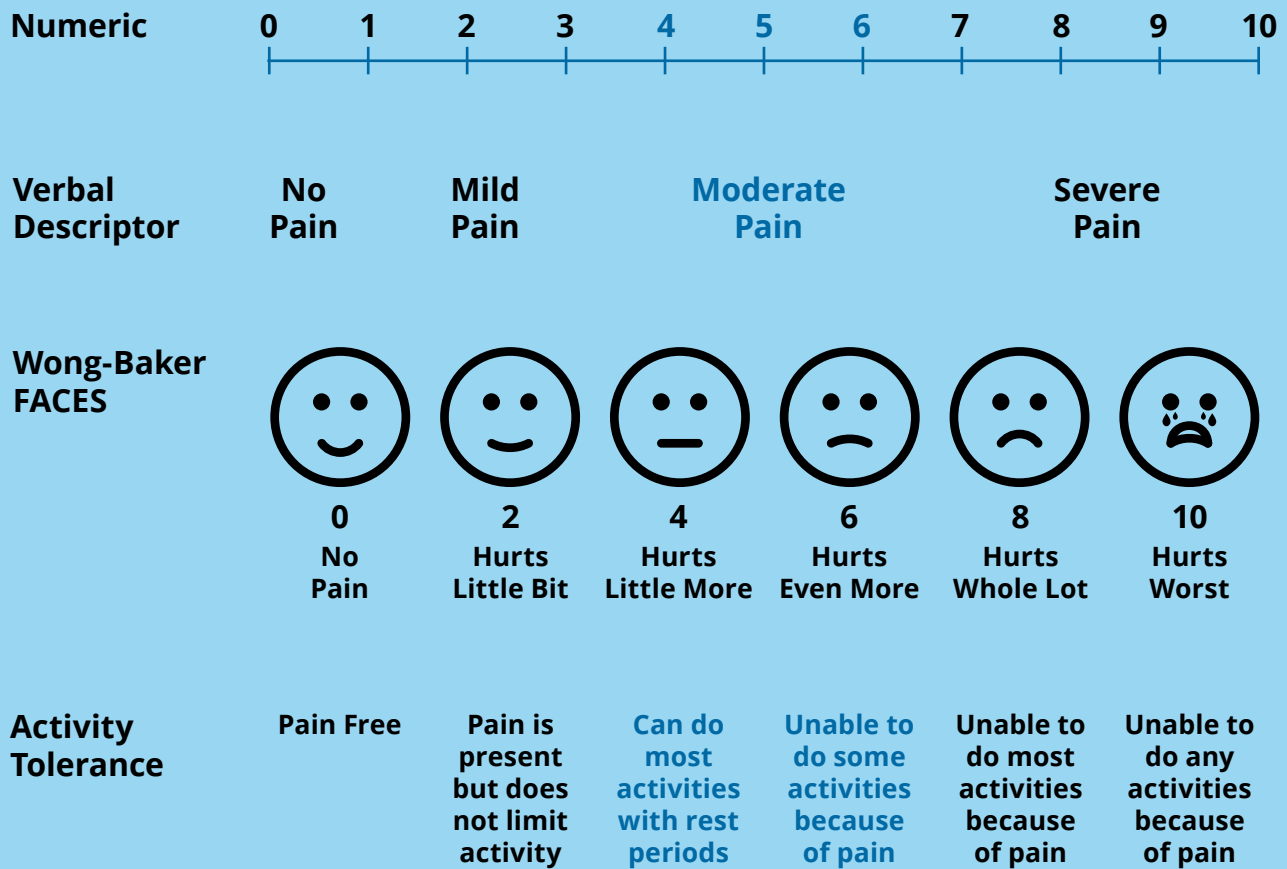
Controlling pain is a key to enhanced recovery after surgery. Your care team will use a combination of non-narcotic pain medication, along with other techniques, to control your pain. This is called a multi-modal approach.

Write down the name and instructions you were given for postoperative medications:

Drug Name	How much will I take?	When do I take it?	Why was I given it? (e.g., relieve pain)	Instructions I was given about the medication.

Pain Scale

A pain scale will be used to keep you involved in managing your pain. Assigning a number to the level of pain you are having will help clinicians understand the severity and decide how to best manage your pain. A score of “0” means you have no pain and “10” means you are in the worst possible pain.



You will have discomfort or pain postoperatively.
The team will work to manage it.

Breathing Exercises

Techniques like deep breathing, coughing and use of an incentive spirometer can lower the risk of pneumonia, a potential complication after surgery. These techniques are described below. While in the hospital, you will be using an incentive spirometer as instructed by your care team.

Deep Breathing

- To deep breathe, you must use the muscles of your abdomen and chest. Breathe in through your nose as deeply as you can.
- Hold your breath for 2 to 3 seconds.
- Let your breath out slowly through your mouth. As you breathe out, do it slowly and completely. Breathe out as if you were blowing out a candle (this is called “pursed-lip breathing”). When you do this correctly, you should notice your stomach going in. Breathe out for 10 to 20 seconds.
- Take a break and then repeat the exercise 10 times.

Coughing

- Take a slow deep breath. Breathe in through your nose and concentrate on filling your lungs completely. Breathe out through your mouth and concentrate on emptying your chest completely.
- Repeat with another breath in the same way.
- Take another breath and hold it for the count of three, then cough hard. When you cough, focus on emptying your lungs.
- Repeat all steps twice.

Incentive Spirometer

You will get an incentive spirometer to help keep your lungs clear. It is recommended that you do 10 repetitions every hour while you are awake. You should continue to use your incentive spirometer as directed when you leave the hospital.

TIPS for SUCCESS



Deep breathing, coughing and using an incentive spirometer can reduce the risk of pneumonia.



After Surgery

When it is safe for you to return home, your team will finalize plans and ensure you understand the next steps.

Prescriptions

You will get written discharge instructions concerning medications, activity, etc. The Sentara To Home pharmacy (located in most Sentara hospitals) can conveniently fill your prescriptions for you, if your insurance considers Sentara To Home as an in-network pharmacy. Sentara To Home pharmacy is available Monday to Friday; hours vary by location. Visit [Sentara.com/SentaraToHome](https://www.sentara.com/SentaraToHome) to find the hours and location where you are having surgery. If you want to have your prescriptions filled by an outside pharmacy, notify your care team.

CARING FOR YOURSELF AT HOME

When you go home, there are many things you need to know for your safety, recovery and comfort.

General Tips

- Gradually wean yourself from prescription medication to a non-prescription pain reliever as directed by your doctor.
- Change your position every 45 minutes.
- Use ice/cold packs for pain control as directed. Applying ice/cold packs will lower discomfort. You can use ice/cold packs before and after your exercise program.
 - A bag of frozen peas can be used as an ice pack or you can make your own ice pack by combining one cup of rubbing alcohol and three cups of water in a 1-gallon zip-top bag (double bag). Place this in the freezer until it turns into slush.
- Fresh pineapple has natural anti-inflammatory properties from bromelain and may reduce inflammation, swelling and bruising after surgery. Be sure to check with your surgeon before adding to your diet!
- Drink lots of fluids to keep from getting dehydrated.
- A high-protein diet will promote wound healing.
- While you are recovering, try not to nap or sleep too much during the day so that you will sleep better at night.
- Pain medication that contains narcotics can cause constipation. Use stool softeners or laxatives, if necessary. A high-fiber diet can also help ease constipation. If you do not have a bowel movement in three days, call your surgeon's office.

Pain medication that contains narcotics can cause constipation. If you do not have a bowel movement in three days, call your surgeon's office.

Recognizing and Preventing Potential Infection and Complications

Signs of Infection that Need Immediate Attention

- Increased swelling and redness at the incision site.
- Change in color, amount and odor of drainage.
- More pain that is not relieved by pain medication.
- Fever greater than 101.0 degrees.

Prevention of Infection

- Care for your incision as ordered by your surgeon.
- Talk with your surgeon and ask if you will need to take antibiotics for future procedures.
- Wash your hands before and after using the bathroom. Ensure all guests do the same. Keep hand sanitizer in convenient locations and use often.

Incision Care

- Follow the instructions given to you when you were discharged.
- Your surgeon will tell you when you may shower.
- If there is increased drainage, redness, pain, odor or heat around the incision, call your surgeon.
- Take your temperature if you feel warm or sick. Call your surgeon if your temperature exceeds 101.0 degrees.

Signs of a Blood Clot in the Legs/Deep Vein Thrombosis (DVT)

Please notify your surgeon if you experience:

- Swelling in thigh, calf or ankle that does not go down with elevation.
- Pain, heat, redness and/or tenderness in the calf or groin area.

Pulmonary Embolism

- If you have a DVT, a portion of it could break away, and travel to the lungs. This is pulmonary embolism.
- This may cause chest pain and/or shortness of breath. A pulmonary embolism is an emergency. You should call 911.

WHEN YOU ARE AT HOME AFTER YOUR SURGERY



Red Zone — You are in the Red Zone; take action now.

- Chest pain
- Shortness of breath
- Fall (with pain/injury/loss of consciousness)
- **Call 911 right away!**



Yellow Zone — You are in the Yellow Zone; call right away.

ACTION: Call for the following symptoms as directed by your surgeon.

- Temp greater than 101°F with chills, sweating, shaking
- Changes in your incision — significant swelling or redness around the incision
- Increased drainage (foul odor or cloudy color)
- Uncontrolled pain
- No bowel movement in 3 days
- Fall without injury or loss of consciousness



Green Zone — You are in the Green Zone, right where you need to be.

- Bruising and some swelling of the surgical incision
 - Pain okay with medication
 - Normal bowel pattern
 - Staying mobile, avoid long periods of sitting or lying in bed
- ACTION:**
- Support the shoulder with a small pillow when lying down
 - Do ankle pumps to prevent blood clots
 - Ice can help with swelling and pain, and potentially decrease the need for narcotics following surgery. Use often as directed.

Any time you have surgery, there is an increased risk for blood clots. Signs include:

- Swelling in thigh, calf or ankle that does not go down with elevation
- Pain, heat, redness and/or tenderness in the calf or groin area
- Sudden chest pain
- Shortness of breath
- Difficult and/or rapid breathing

LIFE AFTER SURGERY



General Recommendations

- Discuss with your surgeon if you should take antibiotics prior to any procedure.
- Although the risks are very low for postoperative infections, it is important to realize that the risk remains.
- If you've had a shoulder replacement, any implanted device could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of more than 101.0 degrees or sustain an injury such as a deep cut, please report that to your surgeon's office.

FREQUENTLY ASKED QUESTIONS

We are glad you have chosen Sentara for your surgery or procedure. If there are any other questions, please ask.

What is osteoarthritis and why does my joint hurt?

Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear-and-tear condition that destroys joint cartilage. Sometimes, as the result of trauma, repetitive movement, or for no clear reason, the cartilage wears down, exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect only one joint or many joints.

What medical equipment will I need?

A sling will be provided by the surgeon or the hospital.

- It will be placed on your arm while in the operating room.
- You will receive instructions in the surgeon's office or in the hospital how to remove it and place it back on.
- The surgeon will provide instructions when you are able to take off the sling (i.e., when sitting in a chair, when eating, etc.). When the sling is off, you should not push, pull, lift or reach.



Will I need help at home?

Yes, a responsible adult should stay with you for the first 24-48 hours. After you return home from the hospital you may need assistance with your medication schedule and meals.

A little time spent getting your home ready before your surgery can make a big difference in your recovery.

What are the major risks?

Infection and blood clots are two potential complications of surgery. To avoid them, your surgeon may use antibiotics and blood thinners.

Use the information provided in this book to decrease the potential of these risks.

Will the surgery be painful?

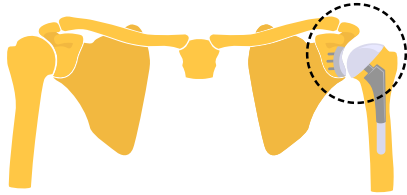
You will have discomfort after surgery, but we will try to keep you as comfortable as possible with the appropriate medication.

TIPS for SUCCESS



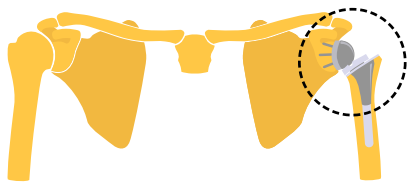
A little time spent getting your home ready before your surgery can make a big difference in your recovery. Refer to [page 8](#) for a helpful checklist.

ANATOMY OF THE SHOULDER AND TYPES OF SURGERY



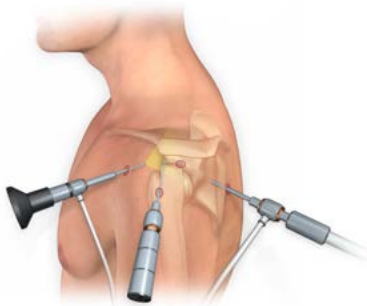
Total Shoulder Replacement:

Removal of damaged bone and cartilage from the shoulder with insertion of an artificial joint (prosthesis) which resembles the natural shape of the bones.



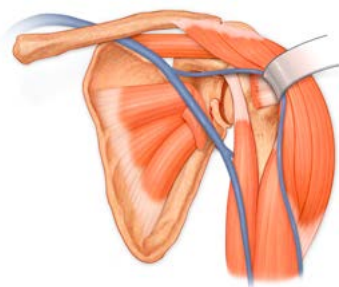
Reverse Total Shoulder Replacement:

Removal of damaged bone and cartilage from the shoulder with insertion of an artificial joint (prosthesis) where the implants are reversed. The ball is attached to the shoulder blade and the socket is attached to the upper arm bone. This allows the patient to use the deltoid muscle instead of the rotator cuff to lift the arm.



Shoulder Arthroscopy:

Insertion of a small camera (arthroscope) into the damaged joint. The camera displays pictures on a video monitor. Your surgeon will use these images to guide miniature surgical instruments to repair the tissues inside or around the shoulder.



Rotator Cuff Repair:

The reattachment of the tendon(s) in the shoulder to the bone. This may be done via an open incision or arthroscopically or a combination of both.

COMMON SHOULDER SLINGS

When you awake from surgery, your arm will be in a sling. Wear your sling as directed by your surgeon. Their preferences may vary. If you shrug your shoulder constantly in order to guard and protect it, then you may develop neck pain. Try to relax your shoulder and neck and let the sling do the work to support your arm.

From the moment you wake from your surgery, your recovery begins. Your care team will be with you each step of the way.



Putting on Your Sling

1. Draw hand through sling resting on lap
2. Bring strap across back and fasten
3. Adjust so pressure is not against neck



*arm elevator/sling
with ice pockets*



narrow pouch arm sling

GLOSSARY FOR SHOULDER SURGERY

Biceps tendons

Your biceps tendons attach the biceps muscle to bones in the shoulder and elbow. Even though tendons are tough, if you overuse them, they can become sore and painful.

Clavicle

Also called the collarbone, a bone of the shoulder girdle which serves to link the scapula and sternum (breastbone). It is held in place by multiple ligaments.

Glenoid sphere

During a reverse total shoulder replacement, the glenoid is replaced with the implant resembling a ball or “sphere,” known as the glenoid sphere.

See image on [page 26](#).

Humeral cap

During a reverse total shoulder replacement, the head of the humerus is replaced with an implant resembling a socket, known as the humeral cap.

See image on [page 26](#).

Humeral stem

Damaged bone and cartilage are removed from the humerus head during shoulder replacement. The humerus is then prepared for the insertion of the implant, known as the humeral stem. See image on [page 26](#).

Humerus

A part of the shoulder girdle, this is the long bone of the upper arm that extends from the shoulder to the elbow. It is divided into four areas: head, anatomic neck, surgical neck and shaft. Just below the anatomic neck are where the muscles of the rotator cuff attach. The surgical neck of the humerus is the most common area for fractures (breaks) — also called the upper arm.

Interscalene block

An interscalene block is a type of regional anesthesia that aims to block sensations in the shoulder and upper arm during and after surgery for a period of time.

Ligaments

Ligaments connect bones to other bones to form a joint.

Osteoarthritis

A chronic, degenerative disorder that is defined as the gradual deterioration of the cartilage in a joint. This disorder may be inherited, related to advanced age, follow a trauma, or even be a complication of malformations at birth. Symptoms can include stiffness, swelling, pain and loss of range of motion.

Rotator Cuff

The rotator cuff consists of muscles and tendons that originate on the scapula and attach to the humerus. Wrapped around the top of the humerus head, the main function of the rotator cuff is to keep it centered as the shoulder moves. It also helps to rotate the shoulder in many directions. Overuse and traumatic injuries to the rotator cuff are two of the more common problems of the shoulder.

Scapula

The principal bone of the shoulder girdle, which connects the humerus and clavicle. Large and triangular in shape, the scapula is held in place behind the rib cage between the levels of the second and eighth rib. Also called the shoulder blade.

Shoulder girdle

The bones of the shoulder girdle include the scapula, the humerus and the clavicle.

Shoulder joint

The shoulder joint consists of a shoulder blade (scapula) and an arm bone socket (glenoid fossa of the scapula) joint. In a healthy shoulder, the surfaces of the ball and socket are covered in cartilage, which acts as a protective barrier to the bones that touch each other allowing for smooth pain-free motion.

Tendons

Tendons attach muscles to bones.

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Pain Management/Pain Scale - 16-17

Smoking Cessation - 6

What to Bring to the Hospital - 12

NOTES



[SentaraOrthopedics.com](https://www.SentaraOrthopedics.com)

Atención: si habla español, tiene a su disposición servicios lingüísticos gratuitos. Llame al 844-809-6648.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 844-809-6648 번으로 전화해 주십시오.

注意: 如果您讲中文普通话, 则将为您提供免费的语言辅助服务。请致电 844-809-6648。

ATTENTION: Language assistance services are available to you free of charge. Call 844-809-6648.

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