

TOTAL JOINT PROGRAM

Shoulder Replacement



LOGAN
HEALTH

Welcome to Logan Health

TOTAL JOINT PROGRAM

Thank you for choosing Logan Health's Total Joint Program. Now that you have decided to have your joint replaced, the information in this booklet will guide you on your way.

Total joint reconstruction is major surgery and we expect you to have questions, concerns, hopes, and expectations. Within the pages of this booklet, you will find the education and resources you need to make your total joint experience satisfying and successful. Through the process of preparing for your surgery should you or your family have any questions, please contact our orthopedic nurse navigators.

Please read the information in the booklet carefully as you prepare for surgery. Use the included pages to make a list of questions that you have and bring them to your appointment before surgery so we can answer them for you.

KALISPELL

Rebecca, Nurse Navigator..... (406) 607-8045

Ally, Nurse Navigator..... (406) 858-6898

WHITEFISH

Sue, Nurse Navigator (406) 863-3783

Nurse Navigator office hours: Monday - Friday, 8am - 4:30pm

If after hours , please call (406) 752-6784 to be directed to the on call provider.

The more you know about your surgery, the better you will be able to take part in your recovery and return to an active lifestyle.

Our dedicated orthopedic surgeons and staff have developed a comprehensive total joint program to provide you with the best information possible as you journey towards your joint replacement surgery. We know that the decision to have joint replacement surgery is a personal one that involves many people and affects many aspects of your life.

The orthopedic team at Logan Health is honored you have chosen us to support you in your total joint replacement surgery and recovery. We look forward to providing you with exceptional care as you begin your journey regaining an active lifestyle without joint pain.

The Logan Health Total Joint Replacement Team

PATIENT ROADMAP

Schedule surgery

A surgery scheduler will contact you once a surgical date has been chosen.

Pre-Anesthesia Clinic

A surgery scheduler will contact you once a surgical date has been chosen.

View educational videos

Orthoinfo.org

Arrange for assistance at home

Communicate with family and friends. You will need assistance at home for up to two weeks after surgery.

Preoperative history and physical

Meet with provider for examination, education, and testing.

Surgery

Same day discharge vs overnight stay.

Postoperative physical therapy

Initially, you will do your exercises at home. Outpatient physical therapy will begin after your first checkup. You will attend 2 to 3 times a week for around 4 to 6 weeks.

Postoperative visit 1 (2 weeks)

Postoperative visit 2 with surgeon

Helpful Links

orthoinfo.org
logan.org - Search "Total Joint Program"





The following preparation is the patient's responsibility to have completed before the preoperative exam. Failure to complete the preparation checklist may result in delay or cancellation of surgery.

COUNTDOWN TO SURGERY

3 MONTHS PRIOR:

- ☐ No steroid injections into your surgical joint

2 MONTHS PRIOR:

- ☐ No other surgical procedures

1 MONTH PRIOR:

- ☐ Schedule a dental exam if you have not been to a dentist within 1 year prior to surgery. Dental infection can put you at risk for surgical infections.

- Any dental cleaning should be done no less than 2 weeks prior to surgery.
- Any dental procedure should be done no less than 3 weeks prior to surgery.
- You should be clear of any dental injury or infection before surgery.
- You should NOT have routine dental exams or procedures for 3 months after a total joint replacement.

- ☐ Complete preoperative testing and imaging

Your surgery scheduler will reach out with all appropriate medical clearance appointments and testing needed.

- ☐ Have BMI checked

- Your BMI should be under 40 or you should successfully meet your agreed upon goal weight.

- ☐ Monitor diabetes

- Your A1C should be under 7.5.
- No amputations or foot ulcerations within 12 months.

- ☐ Watch educational videos and note any questions you may have for your provider

2 WEEKS PRIOR:

- ☐ Check for flu-like symptoms

- ☐ Stop use of all tobacco

- ☐ Check skin

- You should be clear of wounds and infections.
- You should be clear of cuts, scrapes, rashes, active psoriasis, active shingles.

- ☐ If you are taking blood thinners, have plan in place from the prescribing provider.

- ☐ Discuss any concerns with your Nurse Navigator

- ☐ Stop any/all medicines prescribed for weight loss, if applicable.

10 DAYS PRIOR:

- ☐ Talk to your surgeon about stopping all aspirin, including products containing aspirin.

- ☐ Stop all herbal, vitamins or other over-the-counter supplements.

COUNTDOWN TO SURGERY (CONTINUED)

5 DAYS PRIOR:

- ❑ Stop taking all anti-inflammatory medications (NSAIDS).

3 DAYS PRIOR:

- ❑ Stop shaving the limb that is scheduled for surgery.
- ❑ Stop any medication containing naloxone.
- ❑ Begin preoperative skin preparation by showering with Hibiclens and Benzoyl Peroxide.

To reduce the risk of surgical site infection, we recommend patients undergoing total joint surgery take several showers before surgery with two different antiseptic solutions. Today, only wash with Benzoyl Peroxide. Do not use Hibiclens

- Wash your neck, shoulder and entire arm with a quarter-sized amount of Benzoyl Peroxide. Wash your armpit after you have washed your neck, shoulder and arm. Rinse thoroughly.
- If your skin shows ANY sensitivity, discontinue use and call our office.
- DO NOT USE AS A SHAMPOO.
- DO NOT GET IN EYES, EARS, MOUTH or GENITALS.
- Remove ALL jewelry before showering.
- Rinse thoroughly.
- Dry skin with a fresh, clean, dry towel.
- Put on a clean shirt.
- Please note: Benzoyl Peroxide can bleach clothing. We recommend wearing a white or light-colored shirt after you wash.

DAY BEFORE SURGERY:

- ❑ Call to obtain arrival time.
For Kalispell: call (406) 751-7567 after 2pm.
For Whitefish: call (406) 863-3500 after 2pm.
- ❑ Hydrate well.
 - Drink 8 oz of an electrolyte beverage (such as Gatorade) before bed. If diabetic, drink a sugar-free beverage.
- ❑ Take a shower with Hibiclens and Benzoyl Peroxide
Use the Hibiclens with warm water from the neck down instead of your usual soap, including under your arms. Rinse thoroughly. Wash with Benzoyl Peroxide as you did the day before.

DAY OF SURGERY:

Please arrive on time.

- ❑ Take a shower with Hibiclens and Benzoyl Peroxide as you did the night before.
- ❑ Do not apply any lotions, moisturizers or make-up after you shower on the morning of surgery.

On average your surgery will last approximately 1 ½ to 2 hours. This does not include the time that is involved in administering your anesthesia, positioning you and making the final preparations for your surgery.

Your care partner needs to be present following your surgery to actively engage in your entire day. They will receive important information and instruction that will allow them to better assist you at home. *If you have remained overnight, your care partner will need to be ready to take you home no later than 11 a.m.*

HOME PREPARATION AND SAFETY

Falling is a major safety concern following total joint replacement surgery. The following home safety checklist is included to help you assess the safety of your home. The occupational therapist will go over this with you and will be available to help you plan any changes you feel are needed.

- ☐ Stock up on frozen or prepared meals and non-perishable items.
- ☐ Go through your home and place any items you may need at waist level or counter height.
- ☐ If you have a pet, be sure to make arrangements so that they do not become a tripping hazard.
- ☐ Secure handrails and banisters by stairs.
- ☐ Establish adequate lighting for all stairs, hallways, bathrooms and bedside. Place nightlights in common pathways and places used at night.
- ☐ Clear hallways and stairways of clutter and loose objects; secure electrical cords.
- ☐ Rearrange your furniture to create wide pathways.
- ☐ Remove or secure all rugs.
- ☐ Keep a list of emergency phone numbers (fire, police, ambulance) near your phone.
- ☐ Avoid sitting in any chair with wheels as these can cause you to fall.
- ☐ Do laundry ahead of time and put clean linens on your bed.
- ☐ If possible arrange for someone to help

with housework, snow removal, and outside chores.

- ☐ Keep your cell phone or home phone near you or in commonly used spaces.
- ☐ Mark all medicines clearly with name of medicine, date purchased, how and when taken.
- ☐ Ensure the surface on the floor of your bathtub or shower is non-skid.
- ☐ Consider having adequate hand-holds for the tub, shower and toilet. You may consider a tub transfer bench or shower chair.
- ☐ Arrange to have a care partner.
 - You should NOT be home by yourself for the first 5-14 days after surgery.
 - You will also need help driving for up to 6 weeks after surgery.
 - Ask for help with heavy household tasks like taking out the trash, laundry, and vacuuming.
- ☐ Create a station for getting dressed. Keep your dressing aids and clothing at your station. Consider using a chair and getting dressed while seated.

At your follow up appointment you will be notified whether you need prophylactic antibiotics for dental procedures going forward. This will depend on your medical history.

Since your safety is our primary concern, we strongly recommend you have an adult with you at home after your surgery for at least five days, until you are able to perform activities of daily living independently and safely.

SAME DAY DISCHARGE

As medical technology advances, total joint replacement surgery in an outpatient setting is becoming more common place and is considered an innovative approach. Our surgeons and staff understand that an increasing number of people prefer to recover at home with the assistance of family or friends, and are highly motivated to recover quickly.

You will be required to attend one Prehab visit prior to your same day surgery. This is a physical therapy education appointment that your navigator will set up prior to surgery.

What to Expect:

Following your surgery, your recovery process will take approximately 6 hours.

You must meet specific criteria in order to be discharged home safely with your care partner.

Your goals for discharge include:

- ☐ You are able to eat and drink.
- ☐ You are able to empty your bladder.
- ☐ Your pain is controlled.
- ☐ Minimal or no nausea.
- ☐ You are able to walk to the bathroom and back to your bed.
- ☐ You are able to demonstrate understanding of your incision care and medication regimen.

OVERNIGHT STAY

If your surgeon determines you need to stay overnight in the hospital due to your medical history, you will work with physical therapy and/or occupational therapy prior to discharging the next day.



THERAPY AFTER TOTAL JOINT REPLACEMENT

While you recover from your surgery there is a team of professionals who will care for you. This team includes your doctor, nurses, occupational therapists, and physical therapists. By actively participating in the therapy programs, you can work toward a successful recovery and a smooth transition to your home.

Occupational / Physical Therapy

- The therapist will teach you to manage the activities of daily living (dressing, toileting, fall prevention, swelling management, etc.) with your new joint.
- The therapist will want to know information about your home, how you did activities before coming to the hospital, the help available to you when you go home, and your daily activities and responsibilities.
- Your therapist is a good resource to assist you with choosing the adaptive equipment and task modifications you will need before returning home.
- The therapist will instruct you in an exercise program and assist you until you can do it on your own.
- When home, do your exercises 2-3 times a day, working up to 20 repetitions or 2 minutes of each exercise. Ice the replaced joint as directed by your therapist to reduce pain and swelling.

If you have any concerns or questions, we encourage you to call the therapy department:

Kalispell (406) 751-6416 Whitefish (406) 863-3664

If you have increased redness, swelling, or uncontrolled pain, please call your nurse navigator.

Therapy Notes

SHOULDER PRECAUTIONS

Avoid external rotation past 15 degrees unless otherwise instructed by your doctor or therapist.

CORRECT



DO NOT DO THIS MOTION.



Do not put weight on your surgical arm or lift items with your surgical arm.

- Do not lift anything heavier than a coffee cup for 4-6 weeks.

Limit active shoulder use to exercises and your surgeon's recommendations.

- Ok to use elbow, wrist, and hand for light daily routine tasks.



EXERCISES

Perform 20 repetitions or 1-2 minutes of each exercise 3-4 times per day (often first thing in the morning and at night before bed). Do these at home for the first 2 weeks after surgery.

Use the exercise log in the back of this book to record your activities

Neck Rolls

Sitting comfortably and completely within level of neck comfort. Slowly tilt head towards one shoulder, drop chin towards chest, roll neck to other shoulder, then bring head back to center. Repeat 10 times.



Shoulder Row

Roll shoulders up, back, down and forward. Repeat 10 times. Then reverse, rolling shoulders up, forward, down and back. Repeat 10 times.



Scapula Depression / Retraction

Squeeze shoulder blades down and back.



Pendulum Exercises

These are the most important exercises. Perform them while standing and bending forward or sitting with your arm resting between your legs. You can place your non-surgical arm on the counter for support in standing. Allow your surgical arm to hang down freely, with your elbow as straight as possible. When doing pendulums try to let gravity assist the mobility of your shoulder limiting active movement of your shoulder muscles.

Front / Back:

Swing arm forward and back along the side of your body by rocking body weight.



Side to Side / Horizontal:

Gently move arm from side to side by rocking body weight.



Circles:

Swing arm in clockwise circles by rocking body weight, then reverse direction to counterclockwise circles. Circles will start out small. Gradually increase the size of your circles.



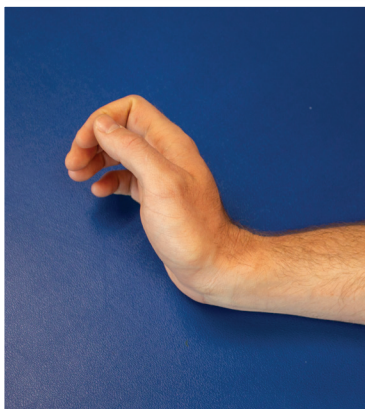
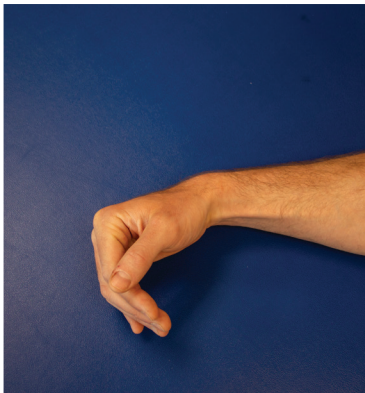
Elbow Flexion / Extension

Bend and straighten your elbow trying to reach your hand toward your shoulder and making sure to try and fully straighten your arm.



Wrist Flexion / Extension

Bend and extend your wrist.



Forearm Pronation / Supination

Turn palm up towards the ceiling and then down towards the floor.



Open and Close Your Hands

Open and close your hand every hour throughout the day and/or squeeze your foam cube every hour.



ADDITIONAL TIPS

- Wear your sling when sleeping. Often it is more comfortable to sleep in a recliner or a slightly more upright position in bed. Use pillows or couch cushions to help find a comfortable position.
- When dressing, put your surgical arm in your shirt first. Next, pull shirt over your head. Then follow with threading your unaffected arm into the shirt.
- When undressing, pull your unaffected arm out of the shirt first. Then pull the shirt over your head. Lastly, take the shirt off your surgical arm.
- When showering, make sure to let your operated arm hang at your side so the warm water hits the tendons of your elbow allowing the muscles to fully relax and obtain a better stretch
- It is often easier to lean forward and let the surgical arm dangle at your side when putting your arm through a shirt sleeve, applying deodorant, and washing your armpit.
- You can use the lower portion of your surgical arm and hand for fine motor tasks such as eating, cutting up food, handwriting, and opening containers.
- When sitting down, keep pillows underneath your arm for support.

Properly wearing your sling:

- Keep arm in front of your body with your fingers up slightly
- Keep your elbow completely seated in the pocket of your sling.



- Your sling should stay on at all times (including when sleeping) for 6 weeks. You may remove it only to bathe, get dressed, or when doing exercises.

GOING HOME

☐ **Continue the exercises you learned in the hospital.**

You may want to take pain medicine before doing your exercises to help with pain control. Some people may have home health services come to their home to help with exercises; others may start outpatient therapy (where you go to an occupational or physical therapy office) after your first post-op visit.

☐ **Constipation**

It is very common for people to have constipation while taking pain medicine. Please take a stool softener (available over the counter at your drug store) as long as you are taking pain medications. It is also helpful to drink plenty of water and eat a balanced diet.

☐ **Bruising**

Bruising on your operative shoulder is normal after surgery and may not show up until 4 or 5 days after surgery. It is also normal to have some swelling in your arm. It is helpful to ice your new joint area for 15-20 minutes several times a day.

☐ **Sleep**

You will likely have difficulty sleeping. It may be more comfortable to sleep in an upright position while you recover. Use over the counter medication as needed.

☐ **Bathing**

You may shower after you get home with the waterproof dressing in place. Do not submerge your incision in a bathtub, hot tub, pool or lake. Call our office if the dressing becomes soiled.

☐ **Do not drink alcohol while taking your pain medication.**

☐ **Please do not use tobacco products for at least 2 weeks after surgery.**

Call your doctor if you have any of the following:

- Excessive redness or swelling around your incision.
- Increased drainage from the incision.
- A fever of 100.5 or greater for more than 4 hours.
- Pain or swelling in the calf of your leg.
- Chest pain, congestion or difficulty breathing.
- Excessive bleeding.
- Any other concerning symptoms

INCISION CARE AND YOUR DRESSING

In the operating room a sterile surgical dressing will be applied over your incision. It will remain in place until you have your initial postoperative appointment with your surgeon.

It is unusual, but if the dressing becomes saturated with blood or other drainage you are to contact your nurse navigator to notify them and receive further instruction.

Key dressing points:

- **Do not remove the dressing** until your postoperative visit unless directed otherwise. If saturated, contact your nurse navigator.
- You may shower with the dressing in place. You do not have to cover it for showering.
- Do not soak or submerge the dressing or your incision. No baths, hot tubs, pools, lakes, etc.

SWELLING

You will experience swelling following your surgery. The extent of your swelling is dependent upon several factors:

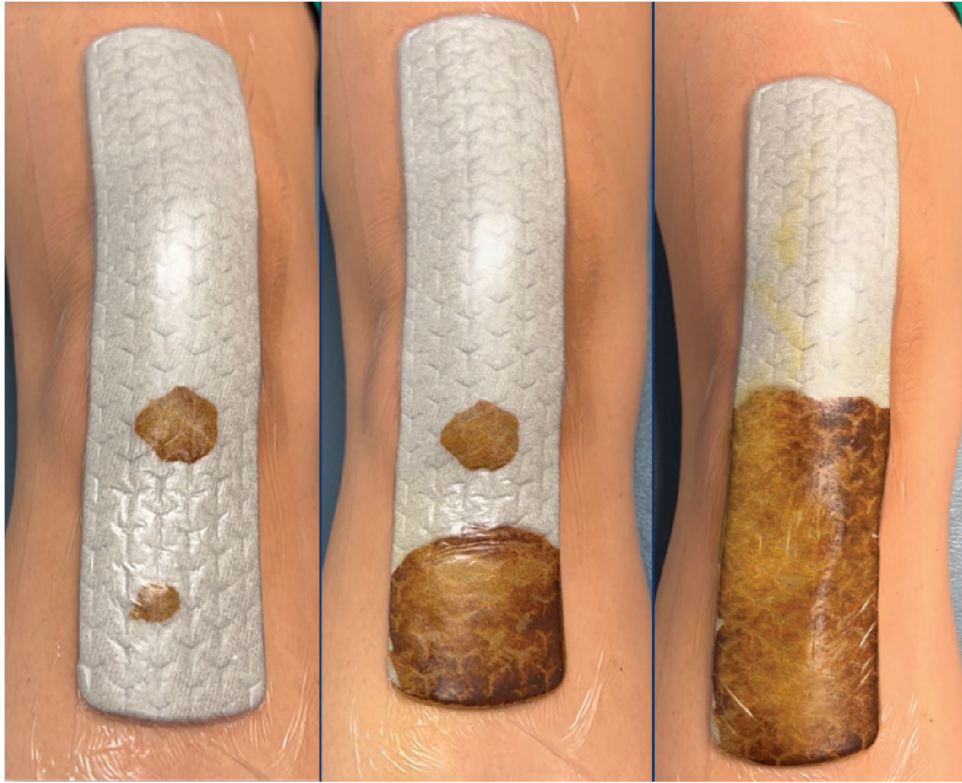
- Surgical factors – stress placed on the tissues surrounding the surgical site during surgery can lead to more swelling.
- Individual – some people have a tendency to swell more than others.
- Your activity level – if you are doing too much you will have more swelling than what is normally expected after surgery. This is an important sign to scale back on what you are doing.

Swelling can also contribute to pain and stiffness, so it is important that you know how to properly manage it to limit these symptoms. Please follow these steps:

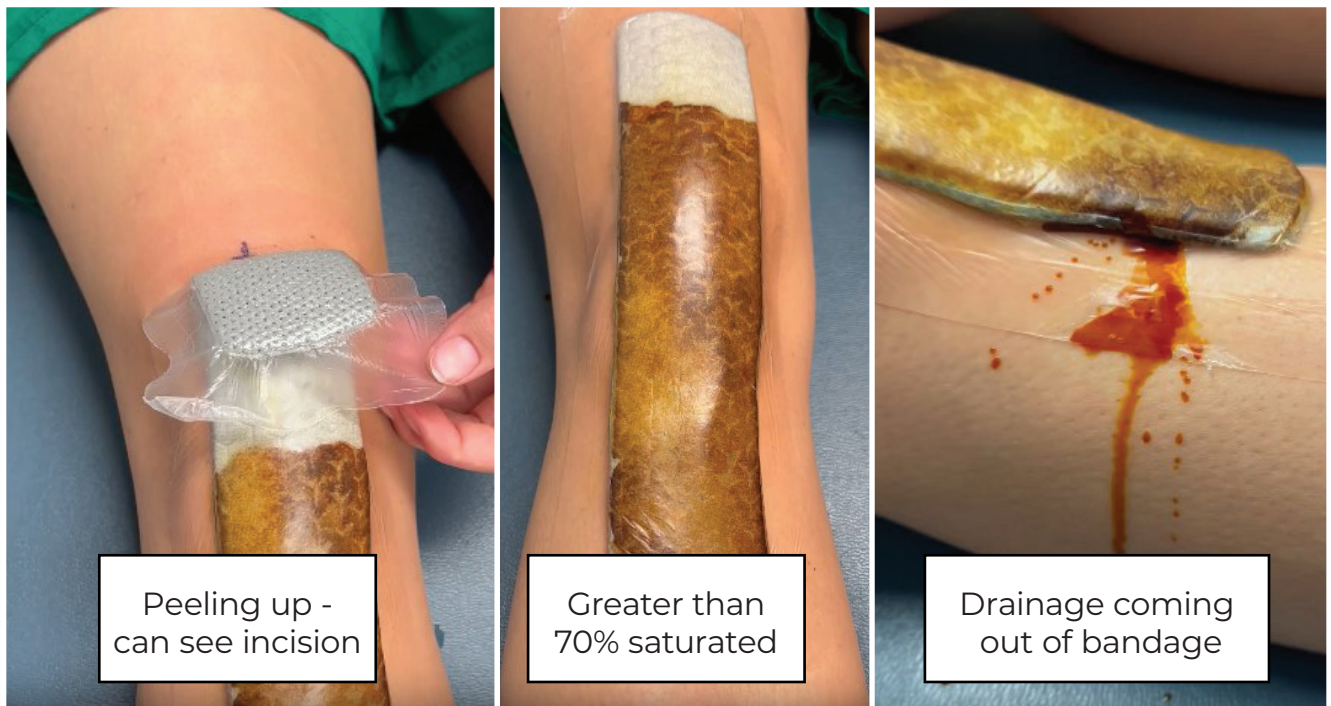
- **Ice.** For the first 72 hours after you return home from the hospital, continue to ice your surgical site routinely. This means applying ice or a cold therapy unit for at least 15 to 20 minutes every 1 to 2 hours while you are awake. Thereafter, continue to use as needed based on your pain and swelling.
- Please remember to protect your skin with a layer of fabric between you and the ice. Direct application of these items to your skin can cause an ice burn.

INCISION CARE AND YOUR DRESSING

Acceptable amount of drainage - do not remove bandage.



Call your surgeon's office - do not remove bandage without prior instruction.



POST-OP CONSTIPATION PROTOCOL

PREVENTION

Constipation can be a common occurrence after surgery. Symptoms can present as bloating, abdominal discomfort, straining, and less than 3 bowel movements per week. Regardless of your symptoms or which step you are on, you should always be doing the following:

- ✓ Drinking plenty of fluids (32-64 ounces every day)
- ✓ Moving or standing once an hour while awake. Goal is 30 minutes per day
- ✓ Limiting the use of opioids as tolerated
- ✓ Slowly adding fiber or fiber supplements, like Metamucil, into a healthy diet

Follow the steps below to help relieve and prevent constipation after surgery. All the medications listed are available over the counter.

STEP 1

- **Take one capful** or packet of Miralax (polyethylene glycol) mixed with 16 ounces of water or juice 2 times daily. And/or one tablet or Senna (sennosides, senna-s) 2 times daily
- If no bowel movement for 3 days, move on to step 2

STEP 2

- Increase Senna to 2 tablets daily, and increase Miralax mixed with 16 ounces of water or juice 3 times daily
- Once you have regular soft bowel movements daily, adjust as needed
- If no bowel movement for a total of 4 days, continue to step 3

STEP 3

- Add 1 dose (30ml), of Milk of Magnesia (magnesium hydroxide). If no bowel movement for 8 hours add 1 tablet of Dulcolax (disacodyl) or 1 rectal suppository. If no bowel movement for 4 hours, take a second dose (30ml) or Milk of Magnesia.
- If no bowel movement for 24 hours, take 1/2 to 1 bottle of Magnesium Citrate

Seek immediate medical attention with any severe pain, fever, vomiting, blood in stool, black tarry stools. Call your surgeon's office if no bowel movement for 5 days despite following protocol.

PAIN MANAGEMENT

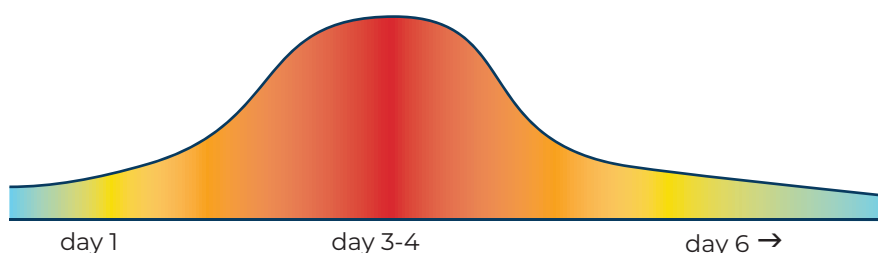
Pain is a part of the recovery process following total joint replacement. It is our goal to ensure that your pain is adequately managed to allow you to be up and moving, routinely performing your home exercise program and active in your recovery. Below you will find a useful tool that outlines pain based on a scale of 0 to 10.

- We consider your pain adequately managed at a level of 4 or less.
- DO NOT expect your pain to be at

a zero – this is unrealistic in light of your surgery. Your pain immediately following and the morning after surgery, in general, is going to be relatively minimal.

- Know that your pain will get worse before it gets better.
- Usually, the third through fifth days after surgery are your most painful days. So, it is important for you to follow a routine regimen during that time frame to keep yourself comfortable.

POST-SURGERY PAIN LEVELS



0	No Pain	
1	Minimal	Pain is hardly noticeable.
2	Mild	Low level of pain.
3	Uncomfortable	Pain bothers me but I can ignore it.
4	Moderate	Aware of pain but can continue most activities.
5	Distracting	Think about the pain most of the time and it interferes with some activities.
6	Distressing	Think about the pain all the time and had to give up many activities.
7	Unmanageable	In pain all the time and it keeps me from most activities.
8	Intense	So severe can think of hardly anything else, talking and listening are difficult.
9	Severe	Can barely talk or move because of the pain.
10	Unable to move	In bed, can't move due to the pain, need to go to the emergency room.

PAIN MANAGEMENT

Understanding pain management, appropriate use of medications, and other methods will make your transition home and the initial days of recovery comfortable and manageable.

Local Anesthetic

You may have been administered an interscalene nerve block prior to surgery to reduce pain in the shoulder and upper arm.

- The block can last between 4 to 18 hours.

Tylenol (acetaminophen)

Tylenol is an excellent medication to use as a baseline pain control agent and has limited side effects.

- Take this routinely for the first 1 to 2 weeks following surgery. 1000 mg every 8 hours. Do **NOT** exceed 3,000 mg in a 24 hour period unless otherwise directed by your surgeon or other medical professional.
- Please remember to consider all sources of Tylenol (acetaminophen/ APAP) you are taking as it can be found in combination with other pain or symptom relief agents. Examples include: Norco, Lortab, Percocet, Vicodin, Ultracet, Excedrin, Anacin, allergy, cold or flu symptom relief medications, among others.

Narcotics (opiates)

Narcotics are used to control the more severe aspects of your pain.

- You may need them through the first several days of your recovery. We will help you get on a schedule prior to your discharge that you will continue at home.
- Begin to taper off of your narcotic as soon as your pain allows by lengthening the time between your doses until you can stop them completely.
- The prescription you receive at the time of your discharge from the hospital should last until you have your follow-up appointment with your surgeon. The amount of narcotic you take should not exceed what is written on your prescription.

EXPECTATIONS AFTER SURGERY

Total joint replacement surgery is intended for the treatment of various forms of arthritis pain as well as instability. We advise patients to only proceed with surgery when they have exhausted conservative management strategies for pain control and stabilization. Despite a total joint replacement being placed in an ideal position without complication, there are still limitations to the device. The following are some NORMAL findings after total joint replacement:

Occasional pain after full recovery:

The majority of patients experience significant pain relief after they have fully recovered from total shoulder replacement surgery. Experiencing minimal pain occasionally is common.

Swelling and warmth:

Swelling will occur - especially in relation to activity level - for up to six months. The joint may feel warm as well. This is normal.

Limitations to some activities:

You should not lift anything over 20 pounds over your head after total shoulder replacement, even after full recovery. Avoid repetitious overhead activities. Examples include swinging an axe, weightlifting, swimming, and throwing.

Possibility of second replacement:

Modern joint replacements are predicted to last approximately 20 to 30 years. If you receive a shoulder replacement at an early age, there is a possibility a second replacement will be needed later in life. It is important to continue long term follow-up with your surgeon to make sure the replacement is continuing to function properly.

RECOVERY OVERVIEW

2 weeks: begin formal physical therapy

6 weeks: wean out of sling, begin increasing range of motion

3 months: resume normal activities

Lifetime: avoid repetitious overhead activities

IMPORTANT CONTACT NUMBERS

LOGAN HEALTH WHITEFISH

Nurse Navigator (Sue).....	(406) 863-3783
Scheduling	(406) 863-3574
Hospital	(406) 863-3500
Hospital Admissions	(406) 863-3503
Hospital Laboratory Services.....	(406) 863-3577
Billing and Patient Accounts:	
Medicare/Medicaid (Last Names A through K)	(406) 863-3722
Medicare/Medicaid (Last Names L through Z)	(406) 863-3723
Commercial Insurance.....	(406) 863-3728
Medical Records.....	(406) 863-3547
Imaging Services	(406) 863-3576
Physical Therapy	(406) 863-3664

LOGAN HEALTH

Nurse Navigator (Rebecca)	(406) 607-8045
Nurse Navigator (Ally)	(406) 858-6898
Scheduling/Surgery North.....	(406) 751-7550
Pre-Anesthesia Clinic	(406) 756-3526
Surgical Services	(406) 752-1780
Imaging Registration.....	(406) 751-7533
Medical Records.....	(406) 751-7556
Patient Billing.....	(406) 756-4408
Patient Accounting	(406) 751-6445
Financial Assistance	(406) 752-1767
Physical Therapy	(406) 751-6416

SURGEON CLINICS

Logan Health Orthopedics & Sports Medicine 111 Sunnyview
Dr. Bergman, Dr. Perser, and Dr. Bailey

Logan Health Orthopedics & Sports Medicine 350 Heritage Way
Dr. Ward, Dr. Stimpson

Logan Health Orthopedics Phone..... (406) 752-6784

Before your surgery, you will meet with the provider for examination, education, and final testing. Write down any questions you may have and bring this packet with you to your preoperative appointment.

QUESTIONS

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PAIN MEDICATION LOG

Date	Medication	Dosage	Time	Notes

EXERCISE LOG (PERFORM ALL 2-3 PER DAY)

[illegible]

EXERCISE LOG (PERFORM ALL 2-3 PER DAY)

[illegible]

EXERCISE LOG (PERFORM ALL 2-3 PER DAY)

[illegible]

EXERCISE LOG (PERFORM ALL 2-3 PER DAY)

[illegible]

NOTES

[illegible]

