## Follow-up Patient: Shoulder

## For each follow-up clinic patient with a shoulder problem:

- Follow-up Form Shoulder (includes SPOT)
  - o Patient to complete TOP HALF only
  - Physician to complete BOTTOM HALF

## For postop patients – see Postop section

- Follow-up Form Shoulder (includes SPOT)
  - o Patient to complete TOP HALF only
  - Physician to complete BOTTOM HALF
- If patient is status post shoulder replacement
  - Postop Shoulder ARTHROPLASTY dressing instructions
  - Sling Wear Patient Handout
  - Shoulder Cryotherapy Instructions (if applicable)
  - Universal Shoulder Postop Rehab Protocol
  - o 1st postop visit: Early Passive Motion Program handout
  - 1+ year visit: Postop Shoulder ARthoplasty Clinical Evaluation Form (for physician)
- All other postops
  - o Completed Postop Shoulder Map (for physician)
  - Outpatient postop instructions for discharge shoulder
  - o Postop shoulder, elbow, clavicle dressing instructions non arthroplasty
  - Sling Wear Patient Handout
  - Shoulder Cryotherapy Instructions (if applicable)
  - o Applicable rehab protocol see Postop PT Protocols Shoulder section