

# Follow-up Patient: Shoulder

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

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

For postop patients – see Postop section

- Follow-up Form – Shoulder (includes SPOT)
  - 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
  - 1<sup>st</sup> postop visit: Early Passive Motion Program handout
  - 1+ year visit: Postop Shoulder ARthroplasty Clinical Evaluation Form (for physician)
- All other postops
  - Completed Postop Shoulder Map (for physician)
  - Outpatient postop instructions for discharge – shoulder
  - Postop shoulder, elbow, clavicle dressing instructions – non arthroplasty
  - Sling Wear Patient Handout
  - Shoulder Cryotherapy Instructions (if applicable)
  - Applicable rehab protocol – see Postop PT Protocols – Shoulder section