

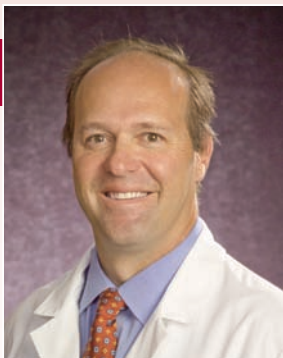


Your Arthroscopic Shoulder Surgery, **A Helpful Guide**

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ABOUT THE SURGEON

DR. VOLK attended college at The Johns Hopkins University and received his Medical Degree from Indiana University School of Medicine. He completed his internship and residency program with the University of Southern California Orthopedic Department in Los Angeles, California. While at USC he had the opportunity to learn from and operate with shoulder surgeon Dr. Frank Jobe at the esteemed Kerlan-Jobe Clinic in Centinela Hospital in Los Angeles, California. Following his residency, Dr. Volk completed a sports medicine shoulder and knee arthroscopy fellowship at the Matthews Orthopedic Clinic, Orlando Regional Medical Center in Orlando, Florida. There Dr. Volk received an additional one year of intensive training in

shoulder and knee arthroscopy. He treated professional athletes including professional football, baseball, and basketball players for various sports injuries. Following his one year fellowship, Dr. Volk entered into private practice in St. Augustine where he currently resides and practices. He has extensive experience in treating conditions of the shoulder, mostly through arthroscopic procedures. He currently is the Chief Medical Advisor for the Professional Women's Tennis Association and continues to evaluate and treat professional players with sports related injuries. He has two board certifications with the American Board of Orthopaedic Surgeons, one in Orthopaedic Surgery and the other in Sports Medicine.

WELCOME

Thank you for choosing to have your arthroscopic shoulder surgery with Albert G. Volk, MD at Orthopaedic Associates of St. Augustine. Our Team of experienced and compassionate professionals is dedicated to helping you achieve an improved level of activity and a higher quality of life.

Each year over 250,000 people in the United States undergo shoulder surgery. Candidates for the surgery include those individuals with acute shoulder pain or injury that has severely diminished their ability to perform normal daily activities without pain. Shoulder surgery can make a big difference in your ability to return to work, sports, or other activities that you enjoy.

Most arthroscopic shoulder surgery patients recover quickly. New minimally invasive arthroscopic techniques and improved instrumentation have allowed us to quick-

en the recovery process. Most surgeries are performed on an outpatient surgery basis through three or four tiny incisions called arthroscopic port holes. This significantly lessens postoperative pain and facilitates postoperative rehabilitation with minimal scarring.

At Orthopaedic Associates, Dr. Volk has designed a post-operative rehabilitation program that is specifically tailored to the type of shoulder surgery that you have undergone. When there is a repair of a rotator cuff or a labrum, this usually entails wearing a postoperative sling for a period of four to six weeks. The amount of time that you will need to recover is highly dependent on the procedure you had and on your preoperative physical conditioning.

The better your physical condition prior to surgery, the quicker and more successful your recovery will be.

MISSION STATEMENT

The goal of the physicians and staff at Orthopaedic Associates of St Augustine is always the same: to maximize your total movement and performance so you can return to the quality of life you deserve as soon as possible.

THE INTENDED PURPOSE OF THIS GUIDE

- It is our belief that a well-prepared patient achieves the best surgical results. Physical preparation, education, continuity of care, and pre-planned postoperative activities and rehabilitation are important to creating the best results. This guidebook will give you and your caregivers everything you need to know for a rapid return to a healthy and active lifestyle.
- This guide is meant to educate, encourage, and empower: you the patient, the family or caregiver. Its purpose is to relieve fear and stress through organization. It will serve as a step-by-step guide to your preparation for surgery. Furthermore, it will outline what will be expected of you before and after the surgery.

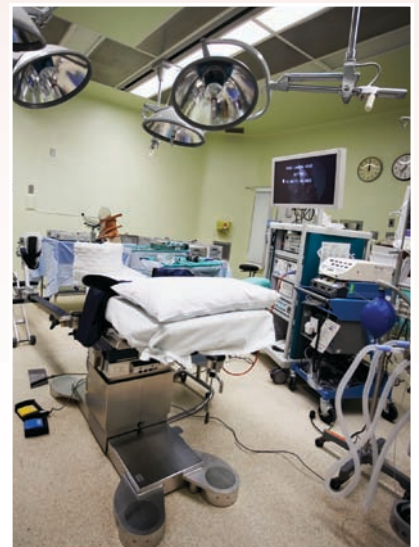
DECISION FOR SURGERY

You and Dr. Volk have decided that the best treatment for your shoulder problem is shoulder arthroscopy.

Depending on the exact procedure and extent of the surgery will dictate:

- How long you will need to wear the shoulder immobilizer.
- How many weeks you will need to attend orthopaedic rehabilitation.
- What specific exercises to do and when to start.
- What restrictions you will have in range of motion and strengthening activity.

Orthopaedic Rehabilitation should begin one to four days after surgery. The first session is to change your operative dressing and to come up with a plan for your treatment. If your orthopaedic rehabilitation is to be done at a location outside of our facility or through a home health care agency, your physical therapist should call our office to have the operative report faxed to them. This will inform your physical therapist regarding which procedure was performed and what kind of rehabilitation to initiate.

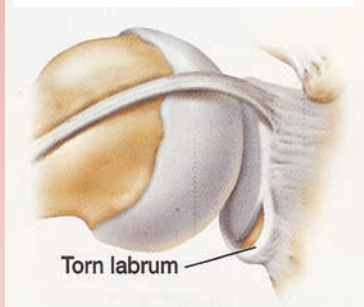


WHAT IS A SHOULDER ARTHROSCOPY

Arthro means joint and *scope* means to view inside that joint. An arthroscope is a small narrow tube that is inserted into the shoulder joint through a pencil-sized hole through which a fiber optic camera, light source, and water flow are passed. The camera is connected to a big screen, high-definition television monitor. Dr. Volk will be able to view the inside of your shoulder joint and identify frayed, torn, or degenerative tissue.

One or more small incisions are made in the joint for insertion of special instruments used to:

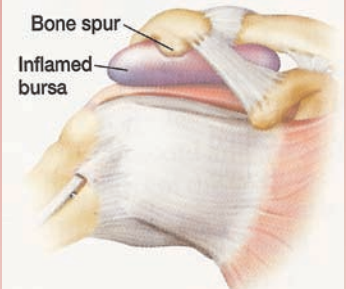
Torn Labrum 2



- Debride the degenerative tissue so only healthy tissue remains.
- Increase the space of the rotator cuff by removing bone spurs and inflamed or thickened bursa or scar tissue.
- Remove arthritis from the AC (acromioclavicular) joint—Mumford procedure.
- Repair or reattach ligaments, labrum, or joint capsule for shoulder instability.
- Repair a torn rotator cuff.

New and improved shoulder arthroscopic inventions have led to quicker recovery times, less pain, and faster rehabilitation.

Impingement 1



REASONS FOR SHOULDER ARTHROSCOPY

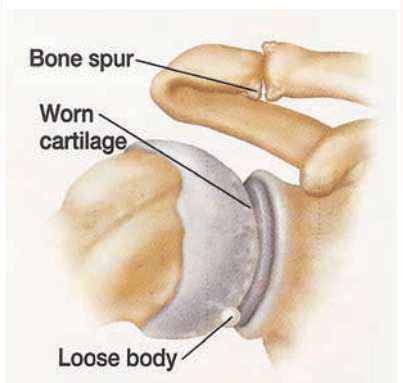
Torn Rotator Cuff 3



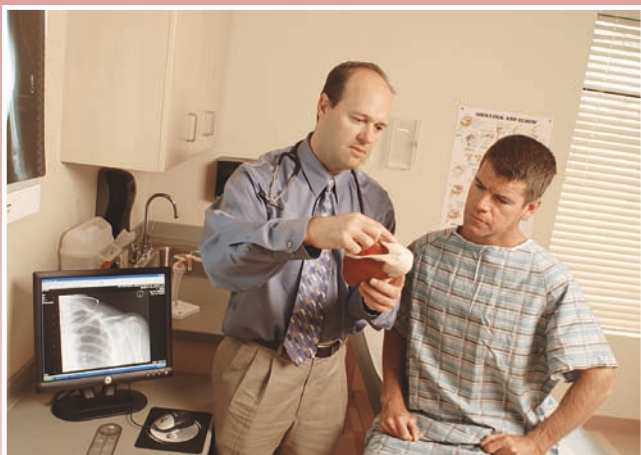
The reasons for shoulder arthroscopy might include:

- *Rotator cuff tear* - This is the tendon structure of the shoulder that is responsible for lifting your arm over your head. (Figure 3)
- *Adhesive capsulitis* - frozen shoulder.
- *Bicipital tendonitis* - frayed or inflamed biceps tendon.
- *Calcific tendonitis* - calcium deposits in the rotator cuff tendon.
- *History of dislocations or subluxation of the shoulder* - shoulder instability.
- *Labral tears* - This is a structure in the shoulder that helps to keep the shoulder in place. The labrum can become frayed, torn, or detached and may need debridement or repair. (Figure 2)
- *Acromioclavicular joint arthritis* - The joint between the collar bone and the acromion becomes inflamed or arthritic. (Figure 4)
- *Synovitis and bursitis* - The lining of the joint covering of the tendon becomes inflamed or thickened. (Figure 1)
- *Loose bodies* - A piece of cartilage can break off the covering of the joint and float free in the joint causing catching and pain. (Figure 4)
- *Impingement* - Usually caused by weakness or narrowing of the space between the humeral head and the acromion. Pain is caused when the arm is raised over the head. (Figure 1)
- ANY COMBINATION OF THE ABOVE.

Arthritis and Loose Bodies 4



HOW TO PREPARE FOR ARTHROSCOPIC SHOULDER SURGERY



- Preparation for surgery begins as soon as your doctor recommends surgery.

- Always carry a list of your current medications with you. It is very important that we, as your healthcare providers, know what medications you are taking. Your list should include the name of the medication, the dosage of the medication, how many times a day you take the medication, and at what time you take the medication.

- Preoperative clearance - You should notify your family doctor of your decision to have surgery. You may need to have an EKG to check the condition of your heart, schedule lab work, or possibly a chest x-ray.

- Current medications - If you are currently taking blood thinners such as aspirin, Coumadin, Plavix, vitamin E, anti-inflammatory drugs such as Advil or Aleve, you will need to discuss with your family doctor when it is safe to stop taking these medications. In most cases, these medications should be stopped five to seven days prior to surgery. Let your family doctor decide exactly when and how to stop them.

THE WEEK OF SURGERY

- You will be scheduled a preoperative visit at Orthopaedic Associates before your surgery. If you have not already given our office a list of all of your current medications, please bring that with you for this visit. Your medical clearance, if needed, should be completed at this time. A note from your family doctor or heart doctor, any lab work, and a recent copy of your EKG should be brought with you or faxed to us prior to your office visit.

- If you do not go to your preoperative clearance appointment or fail your clearance test, the surgery will be postponed until proper clearance has been obtained. We will not proceed against the advice of another doctor.

- If necessary, you should have already received instructions from your primary care doctor when to take your heart medication, blood pressure medication, or diabetes medication. If applicable, you will also have received instructions when to stop your Coumadin, Plavix, anti-inflammatories, or aspirin.

- It is necessary that you notify us if you are allergic to any medications. Nausea is not a true allergy. A true allergy can cause a rash, shortness of breath, swelling of your tongue, or convulsions.

- It is also important to notify us if you have had any history of anesthesia complications from previous surgeries.

- Please notify us if you have had a blood clot in your legs or lung and had to take a blood thinner for this condition.

- Drink plenty of water and juices the week before your surgery.

- Remember to do all of your last minute running around town before surgery. You will not be able to drive safely for several weeks after surgery. You will not be able to lift anything after surgery until told by your doctor or physical therapist. **Do all of your grocery shopping and important errands the week before surgery.**



YOUR PREOPERATIVE VISIT WITH US

- You will be checked for skin conditions near your shoulder, colds, coughs, and fevers.
- You will be given time for any last minute questions or clarifications.
- Pain and antibiotic prescriptions will be given at this time. You will want to fill these prescriptions prior to surgery. You do not want to be waiting for your pain medications when you are in pain. **Please be sure to get all of your postoperative medications prior to your surgery.**
- You will talk to the preoperative nurse regarding anesthesia. She will give you the approximate time your surgery will be and when to arrive for preparation. Please note, due to last minute schedule changes your surgery may be earlier or later than anticipated.
- At this time, you will also be given an appointment time and date for your orthopaedic rehabilitation and postoperative visit with Dr. Volk.



WHAT KIND OF ANESTHESIA WILL I HAVE

- You will have a combination of a regional shoulder block and general anesthesia. Most surgeons, anesthesiologists, and patients prefer this. A regional block is called the interscalene block. It will cause everything from your neck to your fingertips to become numb.
- Temporary numbness from surgery is good and means you will have less pain or no pain until the block wears off. The first few hours after surgery are usually the most painful. By using the block we can get through that time with little or no pain.

THE INTERSCALENE BLOCK

The anesthesiologist will clean your neck area with surgical preparation soap. Next they will insert a small thin needle into the side of your neck. A small amount of electricity is used to locate the proper nerve to your shoulder. Once the appropriate nerve is found, the anesthesiologist will inject a local anesthetic into this area. Other medications may be added to increase the length of time that the block will last. When the block is completed, you will be transferred to the operating room and put into a light sleep for surgery.



PREPARE YOUR HOUSE BEFORE SURGERY

- Arrange for someone to drive you to and from your surgery. You may not be able to drive safely for several weeks after surgery because you will be on pain medication that might affect your judgment. Also, your arm will be in a shoulder immobilizer and you may not have enough strength to drive with one hand.
- Remove all throw rugs that could cause you to trip.
- Keep hallways, bedrooms, and bathrooms free of clutter.
- Keep a portable phone near you.
- Keep a list of emergency numbers close by.
- We strongly recommend sleeping in a more upright position to be comfortable after surgery. Some people prefer to sleep in a recliner, purchase a pillow wedge or use extra pillows to sleep in more of an upright position.
- Obtain a few large button down shirts. You will not be able to raise your arm over your head for several weeks.
- Purchase microwavable dinners or fix your favorite meals and freeze them for future use.
- Prepare healthy snacks that can be fixed with one hand such as apples, pears, grapes, etc.

THE DAY OF YOUR SURGERY

- The day has finally arrived for your surgery. The staff is highly trained for your procedure and for your comfort and safety. **Remember, do not eat or drink anything after midnight.**
- You may take your heart or blood pressure medications with the smallest amount of water necessary to swallow your pills. Please do this at the earliest part of the day prior to your surgery.
- Take a shower before coming to the surgery.
- Do not wear any make-up and remove all nail polish.
- Please bring loose fitting clothing, especially button down shirts.
- If your surgery is later in the day, stay home or near a phone in case there is a cancellation and we can call you in earlier.
- Leave all of your jewelry, watches, body piercings, wallet, and purses at home.
- Remove all piercings. Metal body piercings can cause burns if left in.
- Please arrive on or before the instructed time.
- Remove all dentures or partials.
- Do not wear your contact lenses on the day of your surgery. Please bring your glasses.
- You will be asked to get into a gown for surgery.
- Your IV will be started and will be used to transport fluid to your veins. These fluids will be used for relaxation, to put you to sleep, to wake you up, to give you pain medications, and to give you antibiotics.
- After the IV has been started the anesthesiologist will administer your shoulder block. Your block should work for 12 to 20 hours. (See section on interscalene block)



PAIN CONTROL AFTER SURGERY

- Your shoulder block should keep you comfortable for 12 to 20 hours after surgery. You may notice a few things after surgery such as:
 - The inability to move your shoulder and hand.
 - Your hand and shoulder will be numb.
 - Your voice may be hoarse.
 - Swelling may feel different.
 - Your eyelid may droop.
- These symptoms are normal and should wear off in the next 12 to 20 hours. You may feel like you cannot take a deep breath, this is a common occurrence. However, if you have shortness of breath that leads to significant labored or difficulty in breathing, then you should call the physician on call. If the breathing is extremely difficult, you should call 911 or proceed to the nearest emergency room.
- We recommend that you rest after surgery. If your block starts to wear off at 2 a.m., then you have already had eight hours of sleep.
- When the block starts to wear off and you are beginning to feel a little uncomfortable, you may begin to take your pain medication that has been prescribed for your surgery. Do not wait for your block to completely wear off because the pain control can be more difficult.

AFTER SURGERY

- You will wake up in the recovery room with your dressing and shoulder immobilizer in place. Please leave the dressing and shoulder immobilizer on until your first orthopaedic rehabilitation meeting (usually in one to three days).
- Your first office appointment will be approximately 12 days following your surgery. At that time we will take out your sutures, explain your surgery and show you the operative pictures. Your exact procedure and restrictions will be given to you.



ORTHOPAEDIC REHABILITATION

- Your first orthopaedic rehabilitation session will be one to three days after your surgery.
- Before surgery make sure that your insurance company or Workers' Compensation carrier approves the payment for your rehabilitation at the facility where you will be having it.
- Your exact exercises and restrictions will be according to the specific surgery that you had performed.

WHAT TYPE OF ORTHOPAEDIC REHABILITATION WILL I NEED?



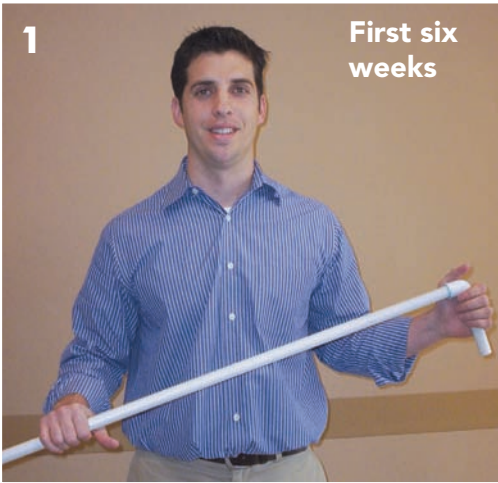
Shoulder Arthroscopy Without Repair

If you have had any of the following surgeries without any type of repair:

- Debridement of a partial rotator cuff tear - calcific tendonitis, labrum or biceps tendon.
- Mumford procedure - resection of the distal clavicle.
- Subacromial decompression - giving you more space between the top of the humeral head and the undersurface of the acromion.
- Synovectomy or bursectomy - removing inflamed tissue from inside the shoulder.

1

First six weeks



For any these procedures, you will use your shoulder immobilizer for comfort and can discontinue it whenever you feel comfortable. This is typically anywhere from seven to ten days after the surgery.

Early pendulum exercises and passive range of motion will be performed during the first week. This will eventually progress to active range of motion and active strengthening exercises when comfortable, which usually takes two to three weeks from the date of your surgery.

Arthroscopic Rotator Cuff Repair

If an arthroscopic rotator cuff repair was performed then your postoperative activity and restrictions will be as follows:

- The first six weeks you will be required to wear a sling and do passive external rotation stretches as tolerated, with your elbow at your side to achieve at least 45° of external rotation. (See Figure 1)
- You will be required to wear the sling day and night, including sleeping for the first three weeks.
- The second three weeks we will require that you wear the sling during the day time and most definitely if you are walking around the house or if you go outside of your house. If you are sitting inactive, you may take off the sling keeping your elbow at your side. You may discontinue the pillow portion of the sling after 3 weeks.
- Weeks 7 through 12 you may begin passive elevation of your shoulder as tolerated. The therapist will assist you with various exercises. (See Figure 2)
- Week 13 and thereafter you will begin a strengthening program in orthopaedic rehabilitation using a Thera-Band® and weights. (See Figures 3 & 4)
- In case of a revision rotator cuff repair or massive rotator cuff repair (greater than 5 cm in diameter), we typically do not allow you to discontinue the sling until eight weeks after your surgery and do not begin strengthening until 17 weeks (four months) after the surgery.
- Month six and thereafter you may resume full unrestricted activity if this is a primary repair and is less than 5 cm in diameter. If it is a revision repair or has a diameter of greater than 5 cm, we will have you wait until 12 months postoperative to resume full unrestricted activity, which could include golf or overhead sports.

2

Week 7 - 12



3

Week 13 & Thereafter



4

Week 13 & Thereafter



Arthroscopic Biceps Tenodesis

If this is performed without a repair of the rotator cuff, then the same protocol for the SLAP lesion repair is followed (see SLAP lesion repair protocol). If this is performed with a rotator cuff repair, then the same protocol is used for a rotator cuff repair (see rotator cuff repair protocol).

Arthroscopic Repair of Subscapularis Tendon

If we repair this specific part of your rotator cuff in the front of your shoulder called the subscapularis muscle, certain exceptions to the rotator cuff protocol will apply. This includes external rotation restricted to 0° for the first six weeks and then increased as tolerated.

Arthroscopic Anterior Instability Repair

If we perform surgery to correct a dislocating shoulder, the following restrictions and activities apply:

- Week one through four you are to wear a sling full time and will be encouraged to externally rotate the arm only 0° (the straight ahead position).
- After four weeks the sling is discontinued and you will be allowed overhead stretching activity using a rope and pulley in orthopaedic rehabilitation.
- After six weeks you will begin passive external rotation stretches with a goal of having one-half the amount of external rotation that is present on the opposite side (normal side) by 12 weeks postoperative.
- Thera-Band® strengthening is begun at six to eight weeks.
- After three months you can begin working out with weights in a gym.
- After six months you will be released to full activity including contact sports.

Arthroscopic Superior Labrum Anterior-Posterior (SLAP) Repair

If you had a repair of a SLAP lesion, the following activities and restrictions will apply:

- For the first four weeks, you will be required to wear the sling at all times.
- During those four weeks, you will be urged to perform external rotation stretches as far as possible; with your goal being to try and match the external rotation of the side that was not operated on by the end of four weeks.
- After four weeks the sling will be discontinued. At this point, you can begin overhead stretching and continue with passive external rotation stretches.
- After six weeks postoperatively Thera-Band® strengthening is begun.
- If you experience pain with resisted forward flexion of the arm at six weeks postoperatively, we will delay biceps curls until eight weeks postoperatively.
- At three months postoperatively you can begin working out with strengthening in the gym. Baseball players can begin to lob a baseball and initiate some slow throwing motions. We will usually get you on an interval throwing program beginning four months postoperatively.
- At seven months postoperatively you can begin to return to full and unrestricted activity, including all overhead sports.

SOME POSTOPERATIVE EXCEPTIONS

Calcific Tendonitis

Patients who have arthroscopic surgery to remove calcium deposits in the rotator cuff tend to become more inflamed and stiff after surgery. Therefore we start immediate postoperative stretching, including passive elevation with a rope and pulley and passive external and internal rotation.

SLAP Lesion Repair in Association with Small Rotator Cuff Tear

We have found that in general, people who have these two procedures tend to develop more postoperative stiffness and therefore we now start immediate passive forward elevation as well as passive internal and external rotation.

POSSIBLE COMPLICATIONS

- Although the possibility of complications is low, if they occur they can be very serious. Please contact us at any time at (904) 825-0540. Remember, our **After Hours Injury Clinic** is open until 10:00 p.m. on weeknights and on Saturdays from 9:00 a.m. until 7:00 p.m. We are closed on Sunday.
- Complications may include: excessive bleeding, nerve injury, infection, swelling in the neck or face, persistent hand numbness, bruising of the arm, stiffness and recurrent tears of repaired structures.
- If you feel that you are having a medical emergency or are unable to contact us at any time please call 911.

REASONS TO CALL THE DOCTOR

- Difficulty breathing.
- Develop a temperature greater than 101.5°.
- Excessive bleeding from the wound. It is normal for the wound to have a clear or pink discharge for a few days after surgery. If there is a large amount of dark red drainage, apply pressure and contact the doctor.
- If your hand or arm remains numb longer than 24 hours.
- If your hand turns blue or purple and it feels much colder than your other hand.
- Any severe redness or drainage at the incision or the incision does not seal up after the sutures have been removed.
- If there is a white or yellowish drainage coming from any of the incisions.

SUMMARY

This preoperative brochure is meant to:

- Educate.
- Encourage.
- Empower our patients to safely reach their goals as quickly as possible.

GOALS

- To be as pain free and strong as possible so that you can return to:
 - Your sport.
 - Your activities of daily living.
 - The quality of life you deserve.

THANK YOU

Thank you for entrusting us with your care. We will do everything possible to maintain your trust and confidence. If you have any questions please call us (904) 825-0540.

FREQUENTLY ASKED QUESTIONS

HOW SUCCESSFUL IS THE SURGERY?

In general, arthroscopic surgery of the shoulder is 85 -95% successful, depending on the complexity of the operation and adherence to the postoperative rehabilitation protocol. Poor outcomes have been associated with:

- Poor tissue quality.
- Large or massive tears.
- Poor compliance with postoperative rehabilitation and restriction.
- Patient age (older than 65 years).

WHAT ARE THE COMPLICATIONS AND FREQUENCY?

Fortunately, complications from shoulder surgery are infrequent, and those from arthroscopic surgery are even less common. These include (with frequency of occurrence):

1. Nerve injury (1 percent): This rarely occurs for repair of massive rotator cuff tears, where soft-tissue releases are necessary and there is a potential for stretching the nerves.
2. Infection (less than 1 percent): Use of antibiotics during the procedure and sterile surgical technique limit the risk of infection.
3. Stiffness (less than 1 percent): Early rehabilitation protocols decrease the likelihood of permanent stiffness or loss of motion following a rotator cuff repair. This also less frequent with arthroscopic procedures.
4. Tendon re-tear (6 percent): Several studies have documented tearing of the rotator cuff following all types of repairs. It appears that tendon re-tear does not guarantee a poor result, return of pain, or poor function.

WHEN CAN I SHOWER?

Generally most people are able to shower 2-3 days after the surgery. This is usually after the first dressing change at orthopaedic rehabilitation. We ask you to keep the incisions dry with waterproof adhesive bandages and or plastic wrap and tape. Also, it is important that you do not submerge the incisions in water (tub or pool) until at least 48 hours after the sutures are taken out (2 weeks after surgery).

WHEN CAN I GO BACK TO WORK?

This of course depends on what type of work you do and what type of surgery you have. In general, for arthroscopic surgery without any type of repair:

- Sitting desk job – 1 to 2 weeks
- On your feet job – 2 to 4 weeks
- High demand job requiring overhead activity – 6 to 8 weeks

If a repair is performed, expect:

- Sitting desk job – 2 to 3 weeks
- On you feet job – 3 to 6 weeks
- High demand job – 2 to 4 months

WHEN CAN I DRIVE?

Again, this depends on a repair versus no repair. With no repair, you will be able to drive in 1-2 weeks. With a repair, you can expect to return to driving from 2-6 weeks following your surgery. This will depend on the extent of the repair and the frequency and distance you need to drive, as well as your confidence level.

HOW LONG DO I HAVE TO WEAR THE SLING?

Without any type of repair you can discontinue the sling as soon as you are comfortable without it. This can be anywhere from 5 days to 2 weeks. With a repair, we generally have you wear the sling all of the time (except showering) for the first 3 weeks. Then from week 3 -6 you only need to wear the sling if you are up walking around the house or you go outside of the house. Those with massive rotator cuff repairs need to wear the sling up to 8 weeks after surgery.

DO I HAVE TO WEAR THE SLING AT NIGHT?

Without any repair, you do not need to wear the sling at night. With a repair, we want you to wear the sling with the pillow for the first 3 weeks after surgery. After that, it's up to you. Some people find it more comfortable to wear the sling at night beyond the 3 weeks, especially if they are restless sleepers. Also, for the first several nights after the surgery, some people find it more comfortable to sleep in an upright position or in a recliner chair.

WHERE CAN I GET MORE INFORMATION?

Please feel free to call and ask questions at any time. You can find more information on line at: www.oastaug.com or www.orthoinfo.aaos.org.



(L-R) Albert Volk, MD; Patrick Thompson, PA-C, MPAS; Arlow Bailey, OPA-C

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