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 at 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 arthroscopic 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 is the past Chief Medical Advisor for the Professional Women’s Tennis Association. Dr. Volk 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 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 quicken 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 of St. Augustine, Dr. Volk has designed a postoperative 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 two to six weeks. The amount of time that you will need to recover is highly dependent on the procedure you have and on your preoperative physical conditioning.

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

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 for 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 the patient, 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. 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 physical therapy
• What specific exercises to do and when to start
• What restrictions you will have in range of motion and strengthening activity

Physical therapy 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 physical therapy is to be done at a location outside of our facility, 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 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, allowing Dr. Volk to see the inside of your shoulder joint. He will then be able to identify frayed, damaged, or degenerative tissue. One or more small incisions are made in the joint for insertion of special instruments to:

- 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 joint (acromioclavicular joint) – Mumford procedure
- Repair or reattach ligaments, labrum, or joint capsule for shoulder instability
- Relocate the long head of the biceps tendon, if torn
- Repair a torn rotator cuff

NEW AND IMPROVED SHOULDER ARTHROSCOPIC INVENTIONS HAVE LED TO QUICKER RECOVERY TIMES, LESS PAIN, AND FASTER REHABILITATION.

Reasons for Shoulder Arthroscopy

The reasons for a 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 *(Figure 2)*
- **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 the tendon becomes inflamed or thickened.
- **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**
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, Xarelto, Pradaxa, 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 of St. Augustine before your surgery. If you have not already given our office a list of all of your current medications, please bring that with you to this visit. Your medical clearance, if needed, should be completed by 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.
- You should have already received instructions from your primary care doctor about when to take your heart medication, blood pressure medication, or diabetes medication if indicated, and when to stop your Coumadin, Plavix, Xarelto, Pradaxa, 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 previous history of anesthesia complications from previous surgeries.
- Please notify us if you have had a previous blood clot in your legs or lungs and had to take a blood thinner for this condition.
- Drink plenty of water and juice 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, as well as for 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 of your surgery and when to arrive for preparation. **Please note, due to last minute schedule changes, your surgery may be earlier or later than anticipated.**
- You will also be given an appointment time and date for your physical therapy 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 an interscalene block. It will cause everything from your neck to your fingertips to become numb.
- Temporary numbness for 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. They will next insert a small, thin needle into the side of your neck. An ultrasound machine is used to locate the 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 this block will last. When the block is completed, you will be transferred to the operating room and put into a light sleep for surgery.
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 also be numb.
  • Your voice may be hoarse.
  • Swelling may feel different.
  • It may cause drooping of the eyelid on the same side as your shoulder surgery.
  • 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 significantly 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. This way if your block starts to wear off at 2 am, then you may already have 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.

Pain Pump

Some patients may be a candidate for a pain pump. This is when a small catheter is inserted at the base of the neck, next to the nerve that goes to the shoulder. It is then attached to a disposable pump that is filled with local anesthetic medication. The pump continuously delivers a minimal amount of anesthetic to the nerve, which blocks the pain to the shoulder. The pump is completely portable and may be clipped to your clothing or placed in a carrying case. The pump stays in anywhere from 2-5 days providing continuous 24 hour pain relief. The pump can be adjusted to deliver more or less medication, depending on how much residual pain you are experiencing. Also, additional pain medication may be taken orally to relieve any pain you might have with the pump. After 2-5 days, depending on when the pump is empty, the catheter can be pulled out either by the patient or a relative. You will be given more detailed instructions and additional information at the time of the surgery.

We have found that the usage of the pain pump significantly reduces postoperative pain for the several initial days after surgery and results in less oral narcotic pain medication use after 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/cell 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 not to 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 surgery.
- Do not wear any makeup or nail polish.
- Please bring loose fitting clothing, especially button down shirts.
- If your surgery is later in the day, stay home near a phone or have your cell phone with you. If there is a cancellation, we may call you in earlier.
- Leave your jewelry and watch at home.
- Remove all piercings. Metal body jewelry 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)
- If you have a pain pump, it will last for 2-5 days. (See section on pain pump)

After Surgery

You will wake in the recovery room with your dressing and shoulder immobilizer in place. Please leave the dressing and shoulder immobilizer on until your first physical therapy appointment. (Usually in one to three days)

Your first office appointment will be around twelve days from your surgery. During this visit, we will remove your sutures, explain your surgery and show you the operative pictures. Your exact procedure and restrictions will be given to you.

Physical Therapy

- Your first physical therapy 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(s) for your physical therapy at the facility you have chosen.
- Your exact exercises and restrictions will be according to the specific surgery that you had performed.
What Type of Physical Therapy 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 – 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**

For any of 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**

**WEEK 1-6**

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.
- You will also be required to do table slide exercises, both exercises twice a day for six weeks. For large (3-5cm) and massive (> 5cm) tears, table slides are initiated at six weeks postoperatively.
- You will be required to wear the sling day and night, including sleeping for the first two weeks.
- You may discontinue the pillow portion of the sling after two weeks.
- The third through sixth week, we will require that you wear the sling during the daytime, especially 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.
- Weeks 7 through 12 you may begin passive elevation of your shoulder as tolerated. Passive internal rotation exercises are delayed until 12 weeks.
- Week 13 and thereafter you will begin a strengthening program in physical therapy using a Thera-Band and weights.
- 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 16 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.
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).

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, which includes external rotation restricted to 30° for the first six weeks and then increased as tolerated. For a complete subscapularis repair, external rotation is restricted to 0° for the first six weeks.

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

• Week 1 through 6 you are to wear a sling and will be encouraged to externally rotate the arm only 30° (the straight ahead position).
• After 2 weeks, you may discontinue the pillow to the sling.
• At 6 weeks, you will be allowed overhead stretching activity using a rope and pulley in physical therapy.
• After 6 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 6 weeks.
• After 4 months, you can begin working out with weights in a gym.
• After 6 months, you will be released to full activity including contact sports.

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

• Week 1 through 4, you will be required to wear a sling. During those four weeks, you will be urged to perform external rotation stretches as far as possible to try and match the external rotation of the side that was not operated on.
• You will be required to wear the sling at all times for the first four weeks. The first two weeks with the pillow, taking it off only to shower and eat.
• After 4 weeks, the sling will be discontinued. At this point, you can begin overhead stretching and continue with passive external rotation stretches.
• After 6 weeks, Thera-Band strengthening is begun except for biceps strengthening.
• After 8 weeks, biceps strengthening and closed and open chain scapular exercises are begun.
• After 3 months, 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 at four months postoperatively.
• At 7 or 8 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 rotation and internal rotation.

SLAP Lesion Repair in Association with Small Rotator Cuff Tear
We have found that people who have these two procedures tend to develop more postoperative stiffness; 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 any time at (904) 824-0540. The After Hours Injury Clinic (St. Augustine Location) is open from 5:00pm until 10:00pm on weeknights and on Saturdays from 9:00am until 7:00pm. 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, 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 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
So our patients may 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 your care to us. We will do everything possible to maintain your trust and confidence in us. If you have any questions please, call us at (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 restrictions
- Patient age (older than 65 years)
- Patients who smoke

What are the complications and frequencies?
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%): 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 0.5%): Use of antibiotics during the procedure and sterile surgical techniques limit the risk of infection.
3. Stiffness (less than 1%): Early rehabilitation protocols decrease the likelihood of permanent stiffness or loss of motion following a rotator cuff repair. This is also less frequent with arthroscopic procedures.
4. Tendon re-tear (6%): 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 physical therapy. 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 (two 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 your 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 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 for?
Without any type of repair, you can discontinue the sling as soon as you are comfortable without it. This can be anywhere from five days to two weeks. With a repair, we generally have you wear the sling all of the time (except showering) for the first two weeks. From weeks 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 eight weeks after surgery.

Do I have to wear the sling at night?
Without any repair, you will be able to drive in 1 - 2 weeks. With a repair, you can expect to return to driving 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.

Do I have to wear the sling at night?
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 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.

Where can I get more information?
Please feel free to call and ask questions at any time. You can find more information online at: www.oastaug.com or www.orthoinfo.aaos.org.
Your orthopedic rehabilitation specialists.
At CORA Rehabilitation Clinics, our experienced staff of physical and occupational therapists work closely with our referring physicians to develop individual treatment plans and treat a wide variety of orthopedic conditions. These conditions involve injury to the skeleton, muscles, tendons and their supporting soft tissue.

CORA Rehabilitation Clinics - Northeast Florida Area

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6100 Kennerly Road
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Westside
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Jacksonville, FL 32210
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Regency
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Riverside
1045 Riverside Avenue
Suite 190
Jacksonville, FL 32204
(904) 647-4284

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