

### ROTATOR CUFF REPAIR

- Most repairs are now performed arthroscopically so there is less tissue trauma and reduced risk of adhesions. A post operative stiff shoulder is now rarely a problem, so the priority is to protect the repair from breaking down
- Always be guided by the patient's pain. Do not force, stretch or stress the repair before 8 weeks (6 weeks for minors)
- Guideline selection will be determined not just by the size of the tear, but also the shape of the tear, strength of repair and general tissue and joint condition. Always check with the consultant if unsure
- Educate patients about basic rotator cuff function and lever principles to reduce the risk of stressing the repair prematurely
- Clinic follow up appointment is planned for 3 months after surgery

#### Minor (small) 1cm or less

##### Day 0 - 2 weeks.

- Mastersling with body belt
- Maintain mobility of the other joints in the arm – hand, wrist, forearm and elbow exercises
- Shoulder girdle exercises – rolling shoulders backwards
- Initiate scapula setting
- Begin pendular exercises
- Refer to Friday post op shoulder group for education, advice, sling and wound checks

##### 3 weeks

- Commence formal physiotherapy - DO NOT FORCE OR STRETCH the repair
- Begin to wean out of the sling (may be delayed till 6 weeks)
- Continue pendular exercises
- Progress passive flexion in scapular plane and external rotation from outer range to neutral
- Progress to assisted flexion, extension, abduction as is comfortable – internal and external rotation to neutral only
- Initiate gentle cuff isometric exercises as pain allows
- Encourage normal function around waist level
- May begin active exercises as appropriate

##### 6 weeks

- Continue active exercises progressing into range including rotation dissociation
- Commence anterior deltoid exercises as range allows
- Commence rotator cuff strengthening and closed chain exercises
- Start stretching limited movements
- Encourage functional movement within pain limits
- Begin gentle hydrotherapy if available and required
- Proprioceptive exercises and core stability work as appropriate

## **Medium 1 - 3 cm**

### Day 0 - 3 weeks

- Mastersling with body belt
- Maintain mobility of the other joints in the arm – hand, wrist, forearm and elbow exercises
- Shoulder girdle exercises – rolling shoulders backwards
- Initiate scapula setting
- Refer to Friday post op shoulder group for education, advice, sling and wound checks

### 3 weeks

- Body belt removed
- Sling retained
- Begin pendular exercises

### 4 - 5 weeks

- Commence formal physiotherapy - DO NOT STRETCH OR FORCE the repair
- Passive flexion in scapular plane and external rotation from outer range to neutral
- Initiate gentle cuff isometric exercises as pain allows
- Progress when comfortable to assisted exercises
- Begin hydrotherapy if available and required
- Wean out of sling

### 6 weeks

- Begin active exercises. Encourage functional movements at waist level
- Anterior deltoid strengthening exercises as range of movement allows
- Progress range adding resistance as appropriate
- Start rotator cuff strengthening progressively, dependent on pain
- Add closed chain exercises
- Begin proprioceptive skills

### 8 weeks

- Start driving if safe to do so

**Major (large) 3 - 5 cms****Massive greater than 5 cms.**Day 0 - 3 weeks

- Mastersling with body belt
- Maintain mobility of the other joints in the arm – hand, wrist, forearm and elbow exercises
- Shoulder girdle exercises – rolling shoulders backwards
- Initiate scapula setting
- Refer to Friday post op shoulder group for education, advice, sling and wound checks

3 weeks

- Body belt removed
- Sling retained
- Begin pendular exercises

6 weeks

- Commence formal physiotherapy - DO NOT FORCE OR STRETCH the repair
- Wean out of sling slowly
- Passive flexion
- Gentle rotator cuff isometrics within pain limits
- Begin assisted exercises
- Gradually progress to active exercises
- Begin hydrotherapy if available and required
- Encourage normal function around waist level

8 weeks

- Start stretching if appropriate
- Add resisted exercises within pain limits
- Start rotator cuff strengthening
- Anterior deltoid strengthening as range of movement allows
- Add closed chain exercises
- Begin proprioceptive skills
  - Encourage functional movement within pain limits
  - Start driving if comfortable

Consideration should always be given to the individual patient's ability. The guidelines are based on maintaining range of movement in the first phase and then gradually building strength in the middle to last phase. Progression should be tailored to the individual patient but the times quoted should be the earliest for active movement and when strengthening (resisted exercises) begins.

Return to functional activities.

These times are approximate and will differ depending upon the individual. However, they should be seen as the earliest that these activities may commence.

- *Driving* approx. 6 - 8 weeks or when safe.
- *Swimming* Breast stroke – minor / medium 6 - 8 weeks, major 12 weeks  
Freestyle – minor / medium 3 months, major unlikely to progress.
- *Golf* 3 months.
- *Lifting* no heavy lifting for 3 months. After this be guided by the Consultant.
- *Return to work* **dependent upon the patient's occupation**  
Minor and medium tears - patients in sedentary jobs may return at 6 weeks post surgery.  
Major tears may take at least 8 weeks  
Manual workers should be guided by the Consultant.