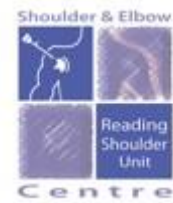




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## ROTATOR CUFF REPAIR

A rotator cuff repair is designed to improve pain and function in cases of rotator cuff tears. The procedure involves stitching the torn tendon back onto its attachment to the humerus. This may be performed arthroscopically or through open surgery, using sutures and bone anchors. The procedure restores the efficiency of the torn rotator cuff tendon, improving pain, stability and function.

### INPATIENT GUIDELINES:

Physiotherapy follow up appointment: Prior to admission an appointment should be arranged to attend the outpatient physiotherapy department 1-7 days after the procedure.

!!!!ALWAYS CHECK AN APPOINTMENT HAS BEEN MADE!!!!

If this appointment has not been made an appointment needs to be made as soon as possible.

Clinic follow up appointment: 3 weeks, 3 months, 6 months and 12 months and then yearly (If patient not progressing as expected, arrange review earlier).

Sling use: Master-sling must be worn for small tear for 3 weeks for medium tear 4 weeks and with abduction/external rotation wedge and body belt must be worn for 6 weeks.

Contraindications/ risks: Always be guided by the patient's pain. Do not force, stretch or stress the repair before protocol parameters. Ensure sling compliance.

Protocol selection will be determined not just by the size of tear, but also the shape of the tear, strength of repair and general tissue & joint condition. Always check with the consultant/operation notes if unsure.

Discharge summary/ Ward physiotherapist responsibilities:

Ensure patient has a physiotherapy and clinic appointment arranged.

Issue patient with advice on analgesia, contraindications and sling use (6/52)

Teach phase 1 exercises as per protocol (as per Small/ medium/ large tear)

MINOR (small) TEAR: about 1 cm - (In sling 3 weeks)

Day 1 – 3 Weeks

Master-sling with body belt

Begin shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness

Begin gentle pendular exercises

Ensure clinic appointment arranged

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Advise patient on analgesia use, contraindications and sling use.

Review 1 week after surgery for education, advice, sling and wound check.

Begin passive flexion in the scapular plane and external rotation to neutral

Progress passive exercises to assisted flexion, extension and abduction (as comfortable) – external rotation to neutral only

3 Weeks – (Review by Physiotherapist)

DO NOT FORCE OR STRETCH the repair

Wean out of sling

Continue gentle pendular exercises

Begin gentle cuff isometric exercises as pain allows

Progress (gradually) assisted exercises to active flexion, extension, abduction, internal and external rotation

Consider patient for hydrotherapy

6 weeks

Progress rotator cuff strengthening and begin closed chain exercises

Begin anterior deltoid exercises as range allows

Begin stretching limited movements

Begin proprioceptive exercises and core stability work as appropriate

Encourage functional movement within pain limits

MEDIUM TEAR: 1cm – 3cms - (In sling 4 weeks)

Day 1 to 4 Weeks

Master-sling with body belt

Begin shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness

Ensure clinic appointment arranged

Advise patient on analgesia use, contraindications and sling use.

Ensure review 1 week after surgery for education, advice, sling and wound check.

Begin gentle pendulum exercises, unless otherwise stated on operation notes

Begin passive flexion in the scapular plane and external rotation to neutral

4 weeks – (Review by Physiotherapist)

Wean out of sling

DO NOT FORCE OR STRETCH the repair.

Begin gentle cuff isometric exercises as pain allows

Progress (gradually) passive exercises to assisted, then active flexion, extension, abduction, internal and external rotation

Consider patient for hydrotherapy

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## 6 weeks

Progress rotator cuff strengthening and begin closed chain exercises  
Begin anterior deltoid exercises as range allows  
Begin stretching limited movements  
Begin proprioceptive exercises and core stability work as appropriate  
Encourage functional movement within pain limits

MAJOR (Large) TEAR: 3,5 cms – 5cms and MASSIVE TEAR: greater than 5 cm  
- (In sling 6 weeks)

### Day 1 to 6 Weeks

Master-sling with abduction/external rotation wedge and body belt  
Begin shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness  
Advise patient on analgesia use, contraindications and sling use.  
Ensure review 1 week after surgery for education, advice, sling and wound check.  
Begin gentle pendulum exercises  
Begin passive flexion, extension, abduction, internal and external rotation

### 6 Weeks – (Review by Physiotherapist) (Consider patient for hydrotherapy)

DO NOT FORCE OR STRETCH the repair  
Wean out of sling slowly  
Continue shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness  
Continue with gentle pendulum exercises  
Continue passive flexion, extension, abduction, internal and external rotation  
Progress (gradually) passive exercises to assisted, then active flexion, extension, abduction, internal and external rotation  
Begin gentle cuff isometric exercises as pain allows  
Encourage functional movement within pain limits around waist level  
Begin hydrotherapy if available/appropriate

### 8 Weeks

Begin stretching limited movements  
Progress rotator cuff strengthening and begin closed chain exercises  
Begin anterior deltoid exercises as range allows  
Begin proprioceptive exercises and core stability work as appropriate  
Encourage functional movement within pain limits  
Begin gentle hydrotherapy if available/appropriate

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Consideration should always be given to the individual patients' ability. The patient will have the

first postop appointment 1 week after surgery for education, advice, sling and wound check. From here follow up treatment will be arranged.

The protocol is 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 exercise) begins.

Timings for returning to functional activities are approximate and will differ depending upon the individual. However, they should be seen as the earliest that these activities may commence:

- Driving 6-8 weeks
- Swimming breaststroke
  - MINOR/MEDIUM 6 weeks
  - MAJOR 10-12 weeks
- Swimming frontcrawl
  - MINOR/MEDIUM 3 months
  - MAJOR 6 months
- Golf 3 months
- Lifting: no heavy lifting for 3 months. After this be guided by the strength of patient
- Return to work: dependant upon the patient's occupation
  - With minor and medium tears, patients in sedentary jobs may return at 4-6 weeks
  - Major tears may take at least 8 weeks
  - Manual workers should be guided by the surgeon at 3 month follow-up

To book a consultation or an appointment with Mr Giuseppe Sforza please get in touch

<http://www.giuseppesforza.com/appointments/>

<http://www.giuseppesforza.com/practice-locations/uk/>

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