



James Alfandre, MD

Rotator Cuff Repair: Post-op Instructions and Rehabilitation Protocol

Rotator cuff repair is a surgical procedure utilized for a tear in the musculotendinous unit of the rotator cuff muscles. This procedure can be performed with an "all open ", "all arthroscopic " or "mini-open arthroscopically-assisted " technique. The advantage of the latter two techniques is that detachment of the deltoid is avoided which results in improved post-operative pain and faster rehabilitation in most patients.

The rehabilitation process is divided into three phases. These phases may overlap depending on the individual progress of each patient as well as the type of repair and quality of the tissue.

Note: *Progression through the phases is individualized for each patient and a successful outcome is dependent on adequate communication between the patient, therapist and surgeon.*

INSTRUCTIONS

You are recovering from arthroscopic shoulder surgery. The following information is to help make your recovery as smooth and rapid as possible.

- § Wear sling at all times. It may be removed for exercises, showering and clothing changes only.
- § Keep your dressing on for three days. Do not get it wet. You may shower by wrapping plastic wrap over the dressing. After three days, the bandages may be removed and the wounds covered with clean dressings. Keep the wounds dry until your first visit after surgery.
- § Keep your arm at the side for showering and clothing changes.
- § Postoperative bleeding and bruising is not unusual. Reinforcing your dressing is all right. If you have concerns, please call..
- § Your postoperative therapy begins on the day after surgery. Initially you should perform shoulder pendulum exercises as tolerated. Elbow and wrist range of motion exercises should begin on the first postoperative day. You should perform these exercises four times per day. No therapy should cause sharp pain. Stop all activities that cause this kind of pain.
- § Postoperative pain is common but should be controlled by the prescriptions given to you.

REHABILITATION

Most patients require formal rehabilitation supervised by a physical therapist. You will be given a prescription for PT at your first post-op visit. You may schedule an evaluation with a therapist before that

visit, if you wish.

PHASE I: 0 to 6 weeks (Healing Phase)

Avoid active range of motion (ROM)! Active Assisted permitted at 2 weeks only in supine position.

- \$ Immobilizer or Sling except when performing exercises and showering
- \$ Hand/wrist/elbow motion and grip strengthening Codman's exercises
- \$ Passive ROM: 90 Fwd Flex; 90 Abd; 30 ER at Neutral; IR to belly
- \$ At 2 weeks: Supine wand exercises for flexion, abduction, ER, & IR
- \$ At 2 weeks: Waist level and hand to face activities (e.g. eating, writing, keyboarding) as tolerated in sling or immobilizer.
- \$ At 3 weeks: Begin pain free submaximal isometrics. Avoid abduction!
- \$ At 4 weeks: Inc PROM to 135 Fwd Flex and Abd

PHASE II: 6 TO 12 Weeks

- \$ 6 weeks - discontinue using the immobilizer
- \$ Regain full ROM through stretching, mobilization and active assisted exercises
- \$ Begin progressive resistance exercises within pain free range (AVOID IMPINGEMENT) as follows:
 - \$ 6-8 wks: Submaximal Isometrics exercises in all planes
 - \$ 8-10 wks: Theraband exercises; grade of tubing and exercise disposition (concentric or eccentric) will vary according to the patient's strength and tolerance. Start with internal/external rotation with the elbow tucked at the patient's side then progress to flexion/abduction to 90 degrees, extension and adduction.
 - \$ 10- 12 wks: Dumbbell exercises for the rotator cuff are implemented after satisfactory progression with Theraband for several weeks. Standing flexion, extension, and abduction exercises, side-lying external rotation and supine internal rotation exercises are performed.
 - \$ Emphasis must be made on proper scapular stabilization and control. Accurate assessment of the scapular stabilizing musculature strength and flexibility is critical to proper shoulder function.

PHASE III: 3 TO 6 Months

CLINICAL GOALS

- \$ Full ROM
- \$ Maximize strength and function

EXERCISES

- \$ Begin a more aggressive shoulder stretching program as indicated. This may include self-stretching or partner stretching.
- \$ Increase the resisted strengthening program to include heavier weight.
- \$ Implementation of a sport/activity specific functional progression.
- \$ Strengthening continued in areas of weakness as documented.

Generally it takes 3-4 months for return to full activity and 9-12 months to reach full rehabilitation

potential.

If you have any concerns or questions, please call (518)453-9088