



REHAB PROTOCOL

Arthroscopic Rotator Cuff Repair

POST-OP GUIDELINES

Aim of surgery: To encourage tendon-bone healing and restore rotator cuff function.

During 4-6 weeks following surgery, the main aim of physiotherapy is to gradually begin passive shoulder range of motion (within the limits defined below), followed by a *gradual* emphasis on return to active movement and function.

Therapists are expected to use clinical reasoning for each individual and implement alternative treatment strategies as appropriate. The reasoning and action should be documented in the patient notes.

PRIOR TO DISCHARGE

- Show active elbow, wrist and hand exercises.
- Must wear polysling initially to be worn for **6 weeks** (including at night).
- Shoulder **immobilised in polysling for 4 weeks with body strap**.
- Teach how to use polysling and axillary hygiene technique.
- Instruct re. positioning for pain relief.
- Arrange outpatient physiotherapy for 4 weeks post op.

0-2 WEEKS

- **Sling check** including pain management, wounds dressings; exercises, ADL
- Education re: rotator cuff function / lever principles to reduce risk of early stress on the repair: timescale of healing; rehabilitation programme plan.
- Monitor for problems.

4-6 WEEKS

Goal: Slowly start to gain GH ROM

- Physiotherapist to start gentle **passive shoulder** flexion to tolerance (patient lies in supine).
- Therapist to teach patient 'supported' pendular exercises – to 'go gently' from weeks 4-6 (this can be done with the arm in the sling if the waist strap is loosened slightly).
- No abduction or external rotation at this stage to allow rotator cuff to fully heal.
- Ensure full active elbow, wrist and hand movement.
- Continue in polysling until week 6.

6-12 WEEKS

Goal: Continue to improve ROM

- Most cuff failures are between 6-12 weeks, therefore go slow but steady.
- Discard polysling.
- Progress passive to active assisted to active range of motion programme as per ability of the individual patient – use your clinical judgement here.
- Progress abduction and external rotation (in neutral) range of motion.
- Correction of abnormal movement patterns (i.e. ensure no winging of scapula, no shoulder hitching).
- **No combined external rotation / abduction for 12 weeks.**
- **NO THERABAND EXERCISES**

>12 WEEKS

Goal: Achieve full ROM & commence strengthening

- AIM TO HAVE ACHIEVED NEAR FULL SHOULDER RANGE OF MOVEMENT (active equal to passive)
- Gentle strengthening exercises as required for the upper limb and shoulder girdle – function specific.
- AIM TO HAVE ACHIEVED IMPROVING ROTATOR CUFF POWER THROUGH RANGE.
- Advise patient regarding maintenance home exercise programme.

EXPECTED MILESTONES

- Home on day after surgery
- Block to wear off approximately 24 hours post-op
- Polysling 6 weeks
- GP Removal of sutures 10-14 days post-op
- Out-patient physio 1 weeks post-op
- Out-patient clinic 6 weeks post-op
- Return to normal approx. 12 months

Significant deviation from milestones should be discussed with surgeon.

RETURN TO ACTIVITY

Return to activity should ideally be bespoke to patient's pathology, specific surgical procedure performed, and career/sporting circumstances.

Activity		Earliest return
RTW	Sedentary	10/7-6/52
	Manual	6/12
Lifting	Light	6/12
	Heavy	
Driving		Not while in sling. Usually after 8/52
Swimming	Breaststroke	6/12
	Freestyle	6/12
Cycling	Road	3/12
	Mountain	6/12
Contact sports		6/12

Significant deviation from milestones should be discussed with surgeon.