

GUIDELINES FOR REHABILITATION

Arthroscopic Rotator Cuff Repair

Indications: Tearing of the rotator cuff tendon(s) insertion on the humerus.

Procedure: **Arthroscopic repair:**

- supraspinatus,
- infraspinatus,
- subscapularis tendons.
- biceps tenodesis or tenotomy

Tear Size:

- small (<2cm)
- moderate (2 – 5cm)
- large–massive (>5cm, 2 tendon)

POST-OPERATIVE CARE: **Instructions to Patient:**

Contact Dr. Nauth's office if any of the following occur within the first few weeks: fevers, chills, skin redness, wound drainage, or increasing pain (signs of infection). Also contact the office if there is excessive and increasing extremity swelling. If there are any concerns you will be seen immediately. If there is a specific emergency, including after hours you may also visit the Hospital Emergency department (preferably St. Michael's Hospital if close).

If necessary, may visit your family MD for incision check within the first 2 weeks.

The arm rests in a **shoulder abduction sling** with the elbow at the side and a strap around the trunk to prevent excessive forces on the rotator cuff repair. When in bed, the elbow may be supported by a small pillow. The sling may be removed for gentle pendulum exercises and elbow flexion/extension three times per day. It is important to wear the sling whenever you are upright and ambulating. You may remove the arm from the sling for 'breaks' when you are sitting or lying down as long as the arm is supported (e.g. on pillows). If you have obtained a "**cryocuff**" this should be used during the first 72 hrs after surgery while you are awake. You may also remove the sling for showering after the first 72 hrs (it is important to support your arm carefully when out of the sling).

Shower: After 72 hrs you may remove the dressing and shower
Pat area dry after shower. No baths/pools for 2 weeks.

Time in sling: 4-6 weeks

Range of Motion returns: 6-8 weeks

Return to full activities: 4-6 months

Initiate Physiotherapy: 7-10 days following surgery

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Motion allowed:

1. The trunk strap may be adjusted.
2. Early passive range of motion (someone else moving arm gently)
3. Arm should be removed from sling and allowed to dangle passively at side to relieve cramping. Very small circular motions (pendulum exercises) may be performed as tolerated.

Motion to avoid:

1. Active range of motion of the shoulder (with own muscles). Not until physiotherapist allows.
2. External rotation of the shoulder beyond neutral until 2 weeks post-operatively.
3. No reaching behind plane of body (in the position of apprehension - do not stretch repair).
4. DO NOT attempt to pick up heavy objects with the operative hand as you may damage the repair - until seen postoperatively at approximately 6 weeks.

What to Expect over first 1-2 Weeks?

The sutures used to close the wound are beneath the surface of the skin and are "self-dissolving". In addition to these sutures there are skin tapes ("Steristrips") which help to prevent spread of the scar. A larger dressing will be applied over the shoulder. This large dressing should be left intact for approximately 72 hrs following surgery, if necessary it may be replaced with a new dressing. These skin tapes should be worn for about 10-14 days after surgery. If they fall off early, replace them with new tapes. The tapes stick to the skin and may cause skin blisters in sensitive individuals, especially if there is post operative swelling. There will be some initial pain and discomfort, and you will receive medications for this. Early movement of the elbow and wrist is important, as are pendulum exercises. Icing is also important to decrease swelling. This discomfort will greatly reduce over a few days. **You should avoid wetting the wound directly during the first 72 hrs.** Please note a pink coloured antiseptic is used to paint the shoulder and arm, so do not be concerned if the shoulder appears unduly pink.

POST-OPERATIVE EXERCISES

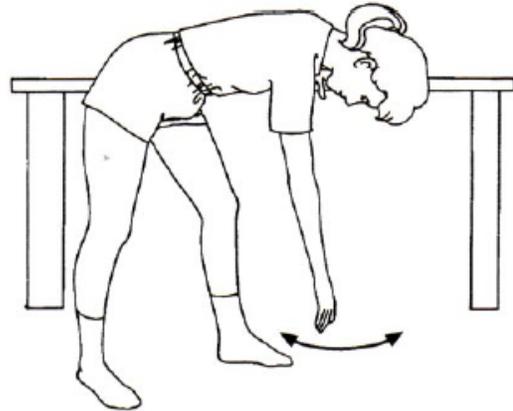
Start your exercises the first day after your surgery. Spend about 10 minutes, 3 times a day exercising your shoulder to your comfort level. Putting ice packs on your shoulder before and after your exercises may reduce pain with activity. These exercises should be performed gently using the strong arm to assist the newly repaired arm if necessary. Wear your sling to protect your shoulder and arm. You may take your arm out of the sling to straighten your elbow as long as you keep your arm at your side.

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□ PENDULAR SWINGS

- (A) • Rest your good arm on the edge of a table.
- Bend over from your waist.
 - Allow your affected arm to hang down - it should hang limp and loose.
 - Breathing deeply in and out can improve shoulder and arm relaxation.
 - Swing your arm back and forth for a smooth pendular motion about 10 times.



- (B) • Now allow your arm to circle gently in a clockwise direction with circles that grow gradually larger.
- Repeat 10 times.
- Now go counter clockwise. Repeat 10 times.



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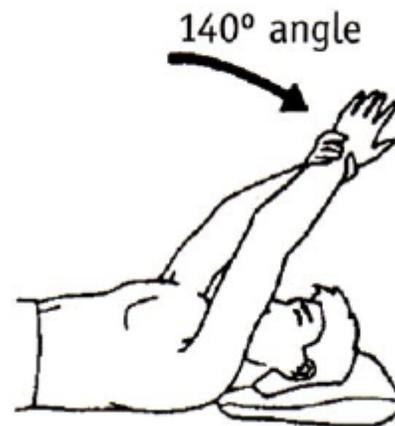
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These next stretch exercises should not cause pain. Try to hold the stretch for up to 30 seconds and gradually progress to a 60 second stretch. Perform all stretches in a lying position.

□ FORWARD FLEXION

- Support your newly repaired arm under the wrist with your good arm.
- Lift the arm forward and upward to a 140-degree angle. Then slowly lower the arm until it rests against your ribs.
- Keep your repaired shoulder relaxed, letting the other arm do the lifting and lowering.

Repeat 10 times.



□ ELBOW FLEXION AND EXTENSION

- Remove your arm from your sling for bending and straightening exercises of the elbow

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REHABILITATION PROTOCOL: Instructions to Physiotherapist:

EQUAL ICING AND REST/WORK RATIO IS IMPORTANT. SIGNIFICANT PAIN SHOULD NOT OCCUR WITH ANY ACTIVITY, COME ON SOONER, DURING ACTIVITY OR REHAB, OR LAST LONGER AFTER REHAB. IF THIS OCCURS, MODIFICATION OR RE-EVALUATION NEEDS TO BE UNDERTAKEN.

The size any type of repair will vary the post-operative program to some extent. Very small tears with secure repairs can be started early and progress vigorously, whereas large difficult repairs may require much greater protection because the strength of repair may remain weak especially in the first few months.

REHABILITATION PROTOCOL FOR ROTATOR CUFF REPAIR

- LEVEL I**
(weeks 0-2) Shoulder immobilizer is worn at all times, removed for exercises.
The arm may be released as frequently as desired to dangle at side and perform pendulum exercises, but the sling is refastened afterwards.
The wound must be kept dry for 72 hours.
Passive ROM only. Forward elevation to 90°, ER (at side) to neutral, and abduction to 45°.
- LEVEL II**
(weeks 2-4) Continue use of the sling except during physio or home exercises.
Continue passive ROM.
Forward elevation to 120°, ER (at side) to 20°, ER (in abduction) to 45°, abduction to 60° and IR to about L1.
- LEVEL III**
(weeks 4-6) Gentle stretching in all directions to restore full range of forward elevation.
Continue passive and include gentle active-assisted range of motion with the patient when lying supine – the patient should use the opposite hand to lift the affected arm. Please instruct patient on how to safely perform these.
Forward elevation to 170°; ER (at side) to 60°; ER (in abduction) to 60°, abduction to 100°, and increased IR.
Avoid excessive abduction and ER to avoid stretching repair.
- LEVEL IV**
(weeks 6-16) Increased stretching is undertaken both active and passive to regain full range of motion.
Initiate theraband strengthening, light weights and increase slowly as tolerated.
DISCONTINUE THE USE OF THE SLING.
Initiate rotator cuff and periscapular strengthening program.
Proprioception.
Continue with home exercise program.
- LEVEL V**
(4-6 months) May return to pre-surgery full activities, including heavy physical labour and/or activities.

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PATIENT NAME

DATE OF SURGERY

DATE/TIME OF FIRST FOLLOW-UP APPOINTMENT