

Deidre Birkill Physiotherapists t/a PhysioFitness

PR No: 0245402
deidrebirkill@gmail.com
 ☒ 36639
 Menlo Park
 0102
www.physiofitness.co.za
 083 3211385

442 Atterbury Road
 Menlopark
 Little Company of Mary Hospital
 Third Floor

REHAB GUIDELINES after a Rotator cuff Repair of the Shoulder

General Info

Recovery/Time off Work

Having a torn rotator cuff repaired is not an easy undertaking. The patient needs to know that the recovery process is difficult and time consuming. The only way to guarantee success is if the patient realizes that he or she is an active participant during this process, performing daily exercises to ensure there is proper return of range of motion and strength. There is a large amount of variability in the time it takes to fully recover from this procedure. It is usually estimated that it will take at least six months to feel as though you have completely regained the use of your arm, but it may take as long as a year to make a full recovery. People with desk jobs should plan to take at least one week off from work. Manual laborers will likely be out of work for at least six months. Recovery is different in each case.

Driving

Generally you should expect to not be able to drive for four to six weeks following the operation.

Ice

Ice should be applied 3-5 times a day for 10-20 minutes at a time in order to manage pain and swelling. Always maintain one layer between ice and the skin. Putting a pillow case over your ice pack works well for this.

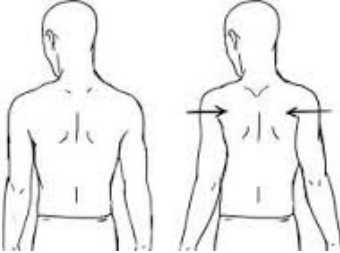
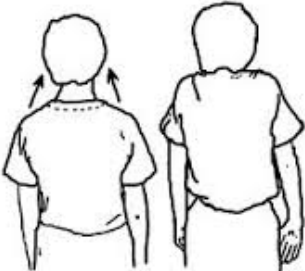

Sleeping

Sleep with your sling on at all times. A pillow propped under your arm to keep it slightly away from the body serves as good pain relief as for many patients lying flat is very uncomfortable. Do not attempt to sleep on your operated shoulder for at least 6 weeks.

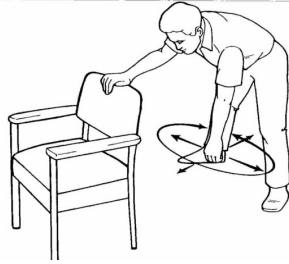
****The following is an outlined progression for rehab. Do note that the progression of the phases as well as specific exercises performed should be based on each individual patient's case and sound clinical judgment by the rehab professional.**

PHASE 1 (0-6 WEEKS)

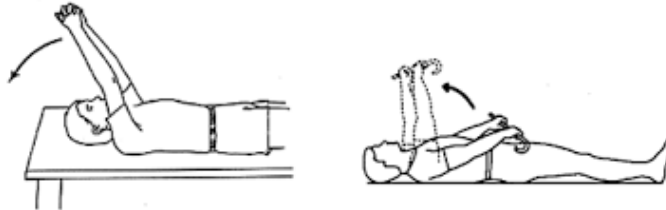
Appointments	Rehabilitation appointments begin within 14 days of surgery, continue 1-2 times per week
Precautions/ Contraindications	<p>FOR PATIENT:</p> <ul style="list-style-type: none"> • Strict sling immobilization for 6 weeks required for soft tissue healing • No active shoulder movement for 6 weeks- only passive movement as instructed by your physiotherapist! • Sling to remain on at ALL times (sleeping as well) –and you should remove it only when bathing/showering, or to do your exercises. • When putting on clothing- lean forward and pull the shirt up and over the operated arm first. Then put the other arm into the opposite sleeve. To remove the shirt, take the unoperated arm out of the sleeve first, and then slip the shirt off of the operated arm. • You may shower or bath but keep the wound dry and if you want to wash underneath your arm, do so as in the above mentioned- bending over at the waist letting the arm passively hang. • You may move your hand, wrist and elbow but DO NOT AT ANY TIME LIFT YOUR ARM UP ACTIVELY, and DO NOT carry anything with your operated arm. • First 2 weeks be very gentle with even passive movements- give the soft tissue a gap to stabilize from the repair. • No excessive shoulder extension • No excessive stretching or sudden movements • No supporting of body weight by hands

Recommended Exercises	<p><u>Week 0-1:</u></p> <ul style="list-style-type: none"> • Gentle active/active assisted range of motion for elbow and wrist • Cervical spine and scapular active range of motion • Ice regularly
	<p><u>Week 1 -6</u> *** No active shoulder movements</p> <p>1. Handpumps Do this very regularly throughout the day. Open and close your hand and move all the fingers and wrist.</p> <p>2. Scapula neutral/ posture! THIS IS VERY IMPORTANT- be sure that the Physiotherapist teaches you how to maintain this posture.</p> <p>3. Shoulder blade squeezes</p>  <p>With your arm still in the sling pull the shoulder blades back, hold the squeeze for 5 seconds and release. Repeat 10 times at least 3 times per day.</p> <p>4. Shoulder shrugs</p>  <p>Again with your arm in the sling pull your shoulders up and back towards your ears. Hold for few seconds and release down again. Repeat 10 times, 3 plus times a day.</p> <p>5. Elbow extension (resting out of sling) and active or active assisted elbow flexion.</p>  <p>You may remove your arm from the sling carefully throughout the day when you are in a safe stationary position and rest your hand on your lap, hence straightening out your elbow a bit.</p> <p><u>(you should visit the physiotherapist one week post surgery before commencing with the below exercises!)</u></p> <p>As above plus:</p> <p>6. Pendulum exercises (start small and progress gradually): Bend over at the waist and let the arm hang down. Using the body to initiate movement, swing the arm gently in small circular motions.</p>

Repeat for 2-3 minutes at a time. Do this several times a day.



7. FF SUPINE – PASSIVE!! And within pain limits!
Perform this with slightly bent elbows as to shorten the lever first.



8. ER: Supine, PASSIVE to 20 deg with stick



9. Ball Squeeze exercise- starting at 3rd week after surgery

Cardiovascular
Fitness

- Walking, stationary bike from as week 4 - sling always on.
- No treadmill (Avoid running and jumping due to the distractive forces that can occur at landing)

Deidre Birkill Physiotherapists t/a PhysioFitness

PR No: 0245402
deidrebirkill@gmail.com
 ☒ 36639
 Menlo Park
 0102
www.physiofitness.co.za
 083 3211385

442 Atterbury Road
 Menlopark
 Little Company of Mary Hospital
 Third Floor

REHAB GUIDELINES after a Rotator cuff Repair of the Shoulder

PHASE II (begin after meeting Phase I criteria, usually 6 to 12 weeks after surgery)

Appointments	<ul style="list-style-type: none"> Rehabilitation appointments are once or twice every 1-2 weeks
Rehabilitation Goals	<ul style="list-style-type: none"> Improve range of motion of the shoulder Begin gently strengthening (still protect the rotator cuff repair!)
Precautions	<ul style="list-style-type: none"> You should continue to avoid lifting your arm away from your body, since this is the action of the tendon that was repaired. You can lift your arm forward in front of your body but not to the side. You may raise your arm to the side, if you use the good arm to assist the operated arm. Bathing and showering: Continue to follow the instructions from phase one NO resistance with any movement/ exercises before 12 weeks post op!
Exercises	<p><u>Sling usage</u> D/C (wean over few days)</p> <p><u>ROM/Stretching</u> (Start increasing passive ROM, and can start active assisted ROM and certain active motions.)</p> <ul style="list-style-type: none"> Pendulum exercises Supine External Rotation Standing External Rotation Supine passive arm elevation Active-Assisted Arm Elevation Behind the back internal rotation Supine external Rotation with Abduction External rotation @ 90o abduction Supine Cross-Chest Stretch Wall slide Stretch Overhead pullies <p><u>Active Motion</u></p> <ul style="list-style-type: none"> Side-lying External Rotation Prone Horizontal Arm Raises "T" Prone row Prone scaption "Y" Prone extension Active-assisted Arm Elevation progressing to: Standing Forward Flexion (scaption) with scapulohumeral rhythm Resisted forearm supination-pronation Resisted wrist flexion-extension Sub-maximal isometric exercises: internal and external rotation at neutral with physical therapist Rhythmic stabilization and proprioceptive training drills with physical therapist <p>***AGAIN: NO theraband/ weights!!!</p>
Cardiovascular Fitness	<ul style="list-style-type: none"> Walking, stationary bike without using arms No treadmill, swimming or running

PHASE III (begin after meeting Phase II criteria, usually 12(-18) weeks after surgery)

Appointments	<ul style="list-style-type: none"> • Rehabilitation appointments are 1-2 times per week
Phase III Goals	<ul style="list-style-type: none"> • Protect the rotator cuff repair • Full active range of motion in all cardinal planes with normal scapulo-humeral movement • Continue gentle strengthening
Precautions	<ul style="list-style-type: none"> • You may now safely use the arm for normal daily activities involved with dressing, bathing and self-care. • You may raise the arm away from the body; however, you should not raise the arm when carrying objects greater than one pound. • Any forceful pushing or pulling activities could disrupt the healing of your surgical repair.
Exercise Program	<ul style="list-style-type: none"> • The exercises from the list will be gradually integrated into the rehabilitation program. • Resistance for the dynamic strengthening exercises can gradually be added starting with 500 gram and should not exceed 2 kg at this time. <p>Stretching</p> <ul style="list-style-type: none"> • Pendulum exercises • Supine external Rotation • Standing external Rotation • Supine passive arm elevation • Behind the back internal rotation • Hands-behind-the-head stretch • Supine cross-chest stretch • Sidelying internal rotation stretch • External rotation at 90° abduction stretch • Wall slide Stretch <p>Theraband Strengthening</p> <ul style="list-style-type: none"> • External Rotation • Internal Rotation • Standing Forward Punch • Shoulder Shrug • Dynamic hug • "W"s • Seated Row • Biceps curl <p>Dynamic Strengthening</p> <ul style="list-style-type: none"> • Side-lying External Rotation • Prone Horizontal Arm Raises "T" • Prone scaption "Y" • Prone row • Prone extension • Scapulohumeral rhythm exercises • Standing forward flexion (scaption) • PNF manual resistance with physical therapist • Proprioception drills

Deidre Birkill Physiotherapists t/a PhysioFitness

PR No: 0245402
deidrebirkill@gmail.com
 ☒ 36639
 Menlo Park
 0102
www.physiofitness.co.za
 083 3211385

442 Atterbury Road
 Menlo Park
 Little Company of Mary Hospital
 Third Floor

REHAB GUIDELINES after a Rotator cuff Repair of the Shoulder PHASE IV (18- 26 weeks after surgery)

Phase IV Goals	<ul style="list-style-type: none"> • Continue to restore full shoulder motion • and shoulder strength • Gradually begin to return to normal activity (* see below guidelines)
Precautions	<p>Continue to protect the repair which means avoiding excessive forceful use of the arm or lifting excessively heavy weights</p> <p><u>* ACTIVITIES:</u> This is considered the minimum time line for return to activity:</p> <ul style="list-style-type: none"> • Golf: 6 months • Weight training: 6 months • Tennis: 6 -8 months • Swimming: 6 -8 months • Throwing: 6 months <p>Sports that using of the arm in the overhead position are the most demanding on the rotator cuff. Your doctor and physiotherapist will provide you with instructions on how and when to return to golf, tennis, swimming etc.</p> <p>Before returning safely to your activity, you must have full range of motion, full strength, good proprioception and no swelling or pain.</p> <p>Your doctor or physical therapist will provide you with a specific 'return to sport' program to follow when it is time to returning to any of the your activities.</p>
Suggested Therapeutic Exercise	<p>Stretching</p> <ul style="list-style-type: none"> • Behind the back internal rotation • Standing External Rotation / Doorway Wall slide Stretch • Hands-behind-head stretch • Supine Cross-Chest Stretch • Sidelying internal rotation (sleeper stretch) • External rotation at 90° • Abduction stretch <p>Theraband Strengthening</p> <ul style="list-style-type: none"> • External Rotation • Internal Rotation • Standing Forward Punch • Shoulder Shrug • Dynamic hug • "W"s <p><i>Optional for Overhead Sports:</i></p> <ul style="list-style-type: none"> • External rotation at 90° • Internal rotation at 90° • Standing 'T's • Diagonal up • Diagonal down

	<p>Dynamic Strengthening It is recommended that these exercises be limited to resistance not to exceed 3kg</p> <ul style="list-style-type: none"> • Side-lying External Rotation • Prone Horizontal Arm Raises “T” • Prone scaption “Y” • Prone row • Prone extension • Standing Forward Flexion • Standing forward flexion “full-can” exercise • Prone external rotation at 90° abduction • “U’s Push-up progression <p>Plyometric Exercises Your doctor or physical therapist will provide you with a specific plyometric-training program to follow when appropriate.</p> <p>Weight Training See weight training precautions</p>
<p>Progression Criteria</p>	<ul style="list-style-type: none"> • Patient may progress to Phase V if they have met the above stated goals and have no apprehension or internal impingement signs