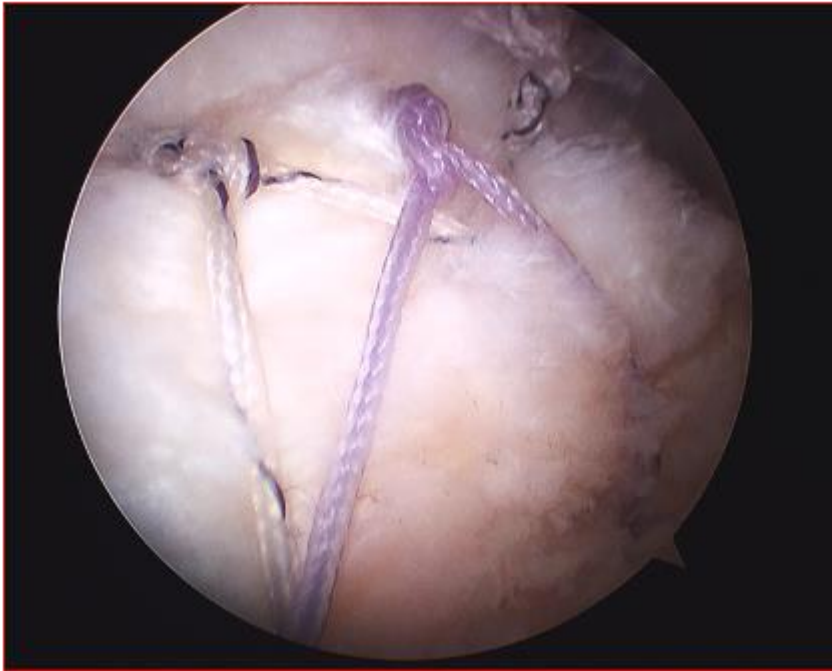


ROTATOR CUFF REPAIR - THERAPIST INFO AND REHAB PROTOCOL



- Rotator cuff tears can be repaired by both open and arthroscopic techniques. Although there is no evidence of superiority of one technique over the other, most repairs are performed arthroscopically, due to less tissue trauma and a reduced risk of adhesions.
- General principle underpinning the rehabilitation is to protect the repair while it is healing, yet starting early movements to regain ROM without compromising the repair.

- The postoperative rehabilitation protocol is determined by the size of tear and how secure is the repair, but it is safe to be guided by patient's pain when progressing rehab.

ROTATOR CUFF REPAIR THERAPIST INFORMATION

SMALL (<1CM) AND MEDIUM (1-3CM) TEAR

IMMEDIATE POSTOP STAGE: Weeks 1-3

Aims	Treatment Guidelines
Minimise pain & swelling	<ul style="list-style-type: none"> • Analgesia • Ice
Protection of Repair	<ul style="list-style-type: none"> • Polysling/arm pouch (sometimes with abduction pillow - refer to op note).
Maintain ROM other joints	<ul style="list-style-type: none"> • Scapula setting, pendulum exercises • Postural awareness • Shoulder girdle, elbow, wrist and hand exercises
Function	<ul style="list-style-type: none"> • Teach axillary hygiene without wetting the operative portals.

FU appointment with consultant 2 weeks. OP physiotherapy planned for 2 weeks.

EARLY STAGE: 3 – 6 weeks

Aims	Treatment Guidelines
Minimise pain & swelling	<ul style="list-style-type: none"> • Analgesia • Ice
Protection of Repair	<ul style="list-style-type: none"> • Wean out of sling slowly, remove totally by 6 weeks.
Increase ROM	<ul style="list-style-type: none"> • Passive flexion in scapula plane • External Rotation as tolerated unless subscapularis repair (refer op note) • Progress to active- assisted flexion, extension and abduction as comfortable. • Consider hydrotherapy
Proprioception & core stability	<ul style="list-style-type: none"> • Core stability/scapula stability as appropriate
Function	<ul style="list-style-type: none"> • Encourage functional movements at waist level within pain limits

MIDDLE STAGE: 6-8 weeks

Aims	Treatment Guidelines
Increase ROM	<ul style="list-style-type: none"> • Active ROM as tolerated
Increase muscle control	<ul style="list-style-type: none"> • Anterior deltoid exercises as pain allows • Isometric rotator cuff strengthening & closed chain exercises

Proprioception & core stability	<ul style="list-style-type: none"> • continue as above
Function	<ul style="list-style-type: none"> • Continue to encourage functional movement as pain allows • Start driving if comfortable

LATE STAGE: 8 weeks + : **Commence resisted strengthening**

Return to Functional Activities

- **Light kitchen work** – 6 – 8 weeks
- **Driving** (4 wheeler) 6 – 8 weeks
(2 wheeler) 10 – 12 weeks
- **Swimming** Breast stroke - 6 weeks
Freestyle - 3 months
- **Lifting** No heavy lifting for 3 months
After this be guided by strength of patient
- **Return to work** Dependent upon the patient's occupation. Those in sedentary jobs may return at 6 weeks. Manual workers may need longer and will need to be guided individually.

§ The above protocol maybe used for **large tear (>5cm)** with each stage being delayed by 2 weeks. Please refer to surgical note for customised protocol.

* Functional guidance is approximate and will differ depending on the individual, the size of tear and type of repair. The times should be seen as the earliest that these activities may commence.