



Arthroscopic Rotator Cuff Repair - Standard Program

Your operation:

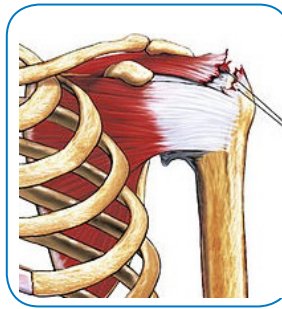
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The Rotator Cuff is the most important tendon of the shoulder. It lies below the 'acromion' which is the outer bony prominence of the shoulder.

The torn tendon is repaired by reattaching it to the top of the arm bone (humerus) by sutures and small suture anchors.

Any bone spurs are removed at the time of the surgery. This part of the operation is the subacromial decompression (SAD) or acromioplasty.

Torn rotator cuff



Repaired rotator cuff



Immediate post op phase/after your operation

Important points to remember after your rotator cuff repair: wound care and stitches

1. Keep your dressing clean and dry after your discharge from hospital. Replace the dressing if it gets wet or soiled.
2. Your stitches will need to be removed between 7-14 days after your surgery. This is usually done at your follow up appointment with Dr Biggs.
3. Please telephone the surgery and book in to see Dr Biggs 7-14 days after your surgery. (If you are a country patient and it is difficult to get back to Sydney to see Dr Biggs, your sutures can be removed by your local GP).
4. You will receive a script for pain medication when you are discharged from hospital.

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How to wear your sling

Following your surgery, you will be required to wear a sling. The sling is designed to protect the repaired rotator cuff tendons and allow them to heal. It is very important to keep your shoulder relaxed in a well supported position. Do not actively lift your arm off the sling. You will need to wear your sling for _____ weeks.



Sling Position

Position your sling in front and slightly to the side of your body



Do not have the sling on the side of your body



Do not hitch or elevate your shoulder

Protection Phase: Weeks 1-6

Sling support

- Only take your arm out of the sling for light activities like writing, computer keyboarding, personal hygiene
- The sling does not have to be worn in bed. Instead you may place the arm on 1 or 2 pillows

Function

- Use hand to eat, wash, write, keyboard (with your elbow by your side)
- Do not lift your arm away from your body
- Do not push up from a chair or bear weight through arm
- Do not drive whilst arm is in sling

Exercises

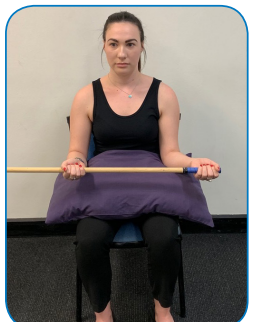
Shoulder external rotation exercise (with carer)

- Elbow supported on sling or pillow
- Carer gently rotates / moves your arm to straight out in front of your body
- Repeat 10 times, 3-5 x day



Shoulder external rotation exercise (without carer)

- Elbow supported on sling or pillow
- Use stick to gently rotate your arm to straight out in front of your body
- Repeat 10 times, 3-5 x day

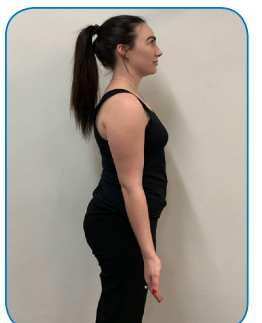
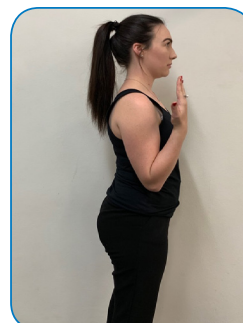


Exercises

- Elbow, wrist and finger range of motion exercises
- Help maintain grip strength by squeezing a ball, foam or putty
- Repeat 10 times, 3-5 x day

Elbow bend & straighten

- Lying down, sitting or standing
- Straighten elbow, bend elbow
- Repeat 10 times, 3-5 x day



Note: all exercises should be comfortable/pain free

ROM/Mobilisation Phase 2 - Weeks 6-12

Sling

- Wean from sling after 6 weeks

Goals

- 90° flexion by 12 weeks
- Full external rotation by 12 weeks

Function

- Begin to use your arm normally for lighter tasks
- You may lift your arm away from your body, but keep below shoulder height
- Do not lift anything heavier than 250g / cup of coffee
- Do not push up from a chair or weight bear through arm
- You may drive for short periods if safe and pain free, i.e. can control steering wheel, gears, brakes (it is your responsibility to ensure that you are safe to drive)

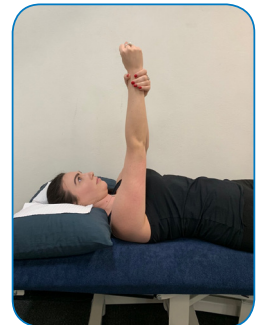
Table Slides

- Sit side on, with arm supported on table
- Lean body forward, slide arm along table
- Keep shoulder relaxed, let your body do the work
- 5-10 slow slides, 3-5 x day



Assisted overhead reach

- Lying down, relax operated arm
- Use your good arm to pull the wrist up towards the ceiling, slowly. Aim for 90°
- Hold for 5 seconds, repeat 5 times, 3-5 x day
- Progress this exercise by holding for a longer period, or increasing repetitions



Pulley

- Ask someone to setup a pulley for you
- Use the good hand to gently and slowly raise the operated arm
- Aim for horizontal, shoulder height
- Repeat 10 x slowly, 3-5 x day



Motor control, mobilisation, isometrics - Weeks 12+

Goals

- 120° flexion by 16 weeks

Function

- Gradually upgrade from light to moderate tasks
- Upgrade activity with lifting your arm away from your body, reaching above shoulder height etc
- Do not lift anything heavier than 2kg, below shoulder height
- Hand behind back, as tolerated
- No above shoulder height level lifting of anything greater than 1kg

Note: all exercises should be comfortable/pain free

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Exercises

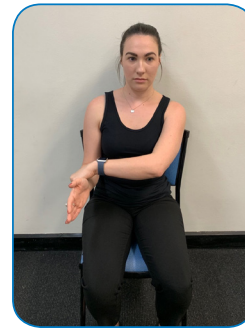
- Commence these isometrics and/or rubber band exercises

Isometrics

- Press gently against your wrist to contract shoulder muscles
- You can do this pushing outwards and pushing inwards, forwards and backwards
- Hold 5 seconds, repeat 5 times, 1-3 x day

External rotation

- Rotate your arm outwards against the resistance of a rubber band
- Hold 5 seconds, repeat 5 times, 1-3 x day
- Start gently and gradually increase pressure



Strengthening, consolidation - Weeks 16+

Goals

- Full range of motion by week 16-20

Function

- Gradually upgrade from moderate to heavier tasks
- Upgrade activity with lifting your arm away from your body, reaching above shoulder height etc
- Steadily increase lifting capacity below shoulder if pain free
- Do not lift anything heavier than 2kg above head height

Exercises

- Continue passive stretches to regain full range of motion
- Upgrade isometrics and theraband exercises steadily
- Introduce light weights and functional tasks
- Commence closed chain, weight bearing exercises

Consolidation, fine tuning - Weeks 20+

- Upgrade above as required
- Plan return to sport once ROM and strength regained.
- Return to unrestricted lifting and sport when pain has resolved and you have regained within 90% normal range of motion and strength.
- This usually occurs at 6+ months post surgery

Please do exercises only as directed by Dr Biggs and your Physiotherapist. Stop if you experience any significant increase in symptoms and seek their advice.

This guide has been prepared based on the experience of your surgeon and current best evidence.