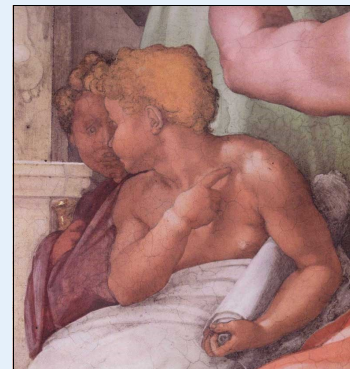


ROTATOR CUFF REPAIR

A rotator cuff repair is designed to improve pain and function in cases of rotator cuff tears. The procedure involves stitching the torn tendon back onto its attachment to the humerus. This may be performed arthroscopically or through open surgery, using sutures and bone anchors. The procedure restores the efficiency of the torn rotator cuff tendon, improving pain, stability and function, often in combination with an acromioplasty procedure.



INPATIENT GUIDELINES:

Physiotherapy follow up appointment:

!!!!ALWAYS CHECK AN APPOINTMENT HAS BEEN MADE!!!!

Prior to admission an appointment should be arranged to attend a post operative group in the outpatient physiotherapy department 1-7 days after the procedure. Local physiotherapy will be arranged as appropriate at the post op class.

If this appointment has not been made an appointment needs to be made as soon as possible.

Clinic follow up appointment:

- 3 months (X-ray on arrival)
- *** If patient not progressing as expected, arrange review prior to follow-up. ***

Sling use:

- Master-sling with abduction/external rotation wedge and body belt must be worn for 6 weeks.

Sling can be removed to exercise for:

- Small repairs: 3-4 weeks
- Medium repairs: 4-5 weeks
- Large repairs: 6 weeks

Contraindications/ risks:

Always be guided by the patient's pain. Do not force, stretch or stress the repair before protocol parameters. Ensure sling compliance.

Protocol selection will be determined not just by the size of tear, but also the shape of the tear, strength of repair and general tissue & joint condition. Always check with the consultant/operation notes if unsure.

Discharge summary/ Ward physiotherapist responsibilities:

- Ensure patient has a physiotherapy and clinic appointment arranged.
- Issue patient with advice on analgesia, contraindications and sling use (6/52)
- Teach phase 1 exercises as per protocol (*as per Small/ medium/ large tear*)

ROTATOR CUFF REPAIR

	MINOR (small) TEAR: Less than 1 cm - (In sling 6 weeks)
Day 1 – 2 Weeks (Patient to attend post-op group in RBH Physiotherapy Department)	<ul style="list-style-type: none"> • Master-sling with abduction/external rotation wedge and body belt • Begin shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness • Ensure clinic appointment arranged • Advise patient on analgesia use, contraindications and sling use. • Review in first available post-operative shoulder group in Physiotherapy Department, Royal Berkshire Hospital (usually Friday following surgery) for education, advice, sling and wound checks is arranged.
3 Weeks – (Review by Physiotherapist)	<ul style="list-style-type: none"> • DO NOT FORCE OR STRETCH the repair • Master-sling with abduction/external rotation wedge and body belt remains between exercises until 6 weeks post-operation • Continue shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness • Begin gentle pendular exercises • Begin passive flexion in the scapular plane and external rotation to neutral • Progress passive exercises to assisted flexion, extension and abduction (as comfortable) –external rotation to neutral only <p>Begin gentle cuff isometric exercises as pain allows</p>
6 Weeks (Consider patient for hydrotherapy)	<ul style="list-style-type: none"> • Wean out of sling • Progress (gradually) assisted exercises to active flexion, extension, abduction, internal and external rotation • Progress rotator cuff strengthening and begin closed chain exercises • Begin anterior deltoid exercises as range allows • Begin stretching limited movements • Begin proprioceptive exercises and core stability work as appropriate • Encourage functional movement within pain limits

ROTATOR CUFF REPAIR

	MEDIUM TEAR: 1cm – 3cms - (In sling 6 weeks)
Day 1 to 3 Weeks (Patient to attend post-op group in RBH Physiotherapy Department)	<ul style="list-style-type: none"> • Master-sling with abduction/external rotation wedge and body belt • Begin shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness • Ensure clinic appointment arranged • Advise patient on analgesia use, contraindications and sling use. • Ensure review in first available post-operative shoulder group in Physiotherapy Department, Royal Berkshire Hospital (usually Friday following surgery) for education, advice, sling and wound checks is arranged.
4 – 5 weeks – (Review by Physiotherapist)	<ul style="list-style-type: none"> • DO NOT FORCE OR STRETCH the repair. • Master-sling with abduction/external rotation wedge and body belt remains between exercises until 6 weeks post-operation • Continue shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness • Begin gentle pendulum exercises, unless otherwise stated on operation notes from 3 weeks • Begin passive flexion in the scapular plane and external rotation to neutral • Begin gentle cuff isometric exercises as pain allows
6 Weeks (Consider patient for hydrotherapy)	<ul style="list-style-type: none"> • Wean out of sling • Progress (gradually) passive exercises to assisted, then active flexion, extension, abduction, internal and external rotation • Progress rotator cuff strengthening and begin closed chain exercises • Begin anterior deltoid exercises as range allows • Begin stretching limited movements • Begin proprioceptive exercises and core stability work as appropriate • Encourage functional movement within pain limits

ROTATOR CUFF REPAIR

	<p>MAJOR (large) TEAR: 3cms – 5cms and MASSIVE TEAR: greater than 5 cm - (In sling 6 weeks)</p>
<p>Day 1 to 6 Weeks (Patient to attend post-op group in RBH Physiotherapy Department)</p>	<ul style="list-style-type: none"> • Master-sling with abduction/external rotation wedge and body belt • Begin shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness • Advise patient on analgesia use, contraindications and sling use. • Ensure review in first available post-operative shoulder group in Physiotherapy Department, Royal Berkshire Hospital (usually Friday following surgery) for education, advice, sling and wound checks is arranged.
<p>6 Weeks – (Review by Physiotherapist) (Consider patient for hydrotherapy)</p>	<ul style="list-style-type: none"> • DO NOT FORCE OR STRETCH the repair • Wean out of sling slowly • Continue shoulder girdle, elbow, wrist and hand mobility exercises and postural awareness • Begin gentle pendulum exercises • Begin passive flexion, extension, abduction, internal and external rotation • Progress (gradually) passive exercises to assisted, then active flexion, extension, abduction, internal and external rotation • Begin gentle cuff isometric exercises as pain allows • Encourage functional movement within pain limits around waist level • Begin hydrotherapy if available/appropriate
<p>8 Weeks</p>	<ul style="list-style-type: none"> • Begin stretching limited movements • Progress rotator cuff strengthening and begin closed chain exercises • Begin anterior deltoid exercises as range allows • Begin proprioceptive exercises and core stability work as appropriate • Encourage functional movement within pain limits • Begin gentle hydrotherapy if available/appropriate

ROTATOR CUFF REPAIR

Consideration should always be given to the individual patients' ability. The patient will attend the first available post-operative shoulder group (usually Friday following surgery) for education, advice, sling and wound checks. From here follow up treatment will be arranged.

The protocol is based on maintaining range of movement in the first phase and then gradually building strength in the middle to last phase.

Progression should be tailored to the individual patient but the times quoted should be the earliest for active movement and when strengthening (resisted exercise) begins.

Timings for returning to functional activities are approximate and will differ depending upon the individual. However, they should be seen as the earliest that these activities may commence:

- Driving 6-8 weeks
- Golf 3 months
- Swimming breaststroke
 - MINOR/MEDIUM 6 weeks
 - MAJOR 12 weeks
- Swimming frontcrawl
 - MINOR/MEDIUM 3 months
 - MAJOR 6 months
- Lifting: no heavy lifting for 3 months. After this be guided by the strength of patient
- Return to work: dependant upon the patient's occupation
 - With minor and medium tears, patients in sedentary jobs may return at 6 weeks
 - Major tears may take at least 8 weeks
 - Manual workers should be guided by the surgeon at 3 month follow-up

Note: These are guideline protocols only.

For questions or concerns please contact:

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Protocol for Prof O. Levy—Royal Berkshire Hospital

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