

Week 4 to 6

- Work towards 110 degrees passive to active-assisted flexion, depending on the degree of tear and pain.
- Passive abduction below 60 degrees.

Milestones to aim for:

- Active assisted forward up to flexion 110 degrees
- Active assisted abduction up to 60 degrees
- Active assisted external rotation to 30 degrees

Week 7 to 12

- Work towards full active assisted flexion and then start active movements as able in all directions as pain allows
- At 10 weeks, resisted exercise (depending on operation note)

Milestones to aim for:

- Driving when comfortable
- Light work at 6 weeks (on lifting), medium (light lifting below shoulder level) 12 weeks onwards, heavy (above shoulder level) 3-6 months
- Most are comfortable between 6-12 weeks
- No long lever open chain exercises until 12 weeks

Information for Physiotherapists

Guidelines: Rotator Cuff Repair

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Regaining full movement of the shoulder as rapidly as possible is the top priority in the rehabilitation programme after surgery. There may need to be restrictions on certain movements for up to six weeks but in general terms it is a mistake not to get early movement, both because it is very difficult to get it later and because it actually results in less pain. The second priority is to regain scapula control and normal glenohumeral rhythm. Restoring strength is also important, but it is low priority in the early stages of rehabilitation.

An open procedure involves detaching the deltoid from the acromion, which takes two weeks to heal back into place. Active forward flexion will need to be avoided for at least this period of time, but passive movement is allowed. The size of the rotator cuff tear and the strength of the repair of the tendon back to the bone (greater tuberosity) vary from patient to patient. In small tears it may take up to six weeks before it is safe to allow active movement. In the larger tears the repair is likely to be put under stress in positions of extension and lateral rotation beyond neutral.

The movement of abduction is not particularly important because most functional movements rely on forward flexion. Activities such as driving and cleaning the teeth do require this movement but it is almost never necessary to go over 90 degrees for any functional movement. Although this movement does need to be restored and requires active input from the therapist it should not be introduced before four weeks after a cuff repair. Abduction over 90 degrees should not be attempted until week 7-12 rehabilitation. Regaining internal and external rotation is very important and should be done as soon as it is safe. The physiotherapy programme will need to be individualised for each patient and the details of the restrictions will be in the post-operative instructions (contact secretary).

The guidelines that follow are a framework of basic exercises that should be carried out at each of the three different stages of the rehabilitation programme and based on the patient who has had a large cuff tear repaired. Patients who have had a small tear may be progressed much faster. The milestones may be used to assess whether you feel the patient is making good progress or not.

Week 0 to 3

- Check postoperative instructions
- Active assisted flexion i.e. through pendulum exercises with the arm supported (cradling technique)
- Passive external rotation, range of movement as **post-operative notes** indicate e.g. lying using a stick
- Scar massage
- Avoid extension and medial rotation

Milestones to aim for: (Dependent upon operation note)

- Passive flexion to 60 degrees or as pain allows
- External rotation to neutral as pain allows