

ROTATOR CUFF REPAIR
POST OP REHAB PROTOCOL

MR TONY CORNER
CONSULTANT ORTHOPAEDIC SURGEON

Discharged from the ward with:

- Active exercises elbow, wrist, hand, neck
- Postural awareness
- Educate regarding use of polysling and teach axillary hygiene

Weeks 1-3:

- No active movement at the glenohumeral joint
- Passive ROM exercises to shoulder height movements unless the operation notes state otherwise
- NO cross arm activity
- NO active exercises
- If subscapularis repair then NO external rotation beyond neutral
- Check active exercises from the ward
- Start scapular setting in sitting or standing
- Pendular exercises and passive external rotation 20 degrees

Weeks 3-6:

- Introduce active assisted exercises under physio supervision encouraging movement at glenohumeral joint not scapulothoracic

Weeks 6-12:

- Wean off sling
- Commence active glenohumeral range of movement exercises
- Short lever arm eccentric cuff strengthening
- Capsular stretching exercises as required
- Progress scapular/muscle imbalance work as appropriate
- Begin light ADL / NO heavy lifting

3/12 Post Operation:

- Introduce theraband and resisted work in all directions
- General concentric rotator cuff strengthening as tolerated
- Restore normal movement through end range mobilisations, muscle imbalance/ scapula setting exercises etc

On Discharge:

- Minimal or no pain
- Near full range of movement or full range of movement depending on surgery (eg. complete or incomplete partial repair, or revision cuff repair)
- Good postural awareness
- Good function

Return to activity - Guidelines

Driving >8 weeks

Swimming

Breast stroke 8 weeks

Front crawl 3 months

Golf >3 months

Manual work 4 – 6 months and depending on surgeon opinion for each individual case (depends on recovery progress, repair quality, size of repair, etc)

CONTACT

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Spire Bushey Hospital