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Post-Op Care and Physiotherapy for Rotator Cuff Repair

Here is Dr Herald's four-phase program to implement post procedure.

PHASE 1 ACUTE PHASE
WEEKS 1 -6
- ☑ Abduction sling management (remove for exercises, dressing and bathing)
- ☑ PROM - Pendulum Shoulder Prom
- ☑ AROM of cervical spine, elbow, wrist and hand
- ☑ Sub-max pain-free deltoid isometric exercises in the scapular plane from day 5, avoiding shoulder extension
- ☑ Follow written home care, cold therapy and exercise program
- ☑ Dr Herald will remove sutures and dressing at 2-week mark
- ☑ Supported elbow with pillow in supine (avoids extension and adduction).
- ☑ Wean off abduction sling, week 5
- ☑ PATIENT EXERCISES
  These exercises should be performed 2-3 times a day.
  – Pendulum Warm Up. Standing, bend over at the waist and let arm dangle. Move hand in a clockwise circle then counter clockwise.
  – Start with small circles and work into large one.
  – Do this for five minutes to warm up muscles. Do 2-3 times a day.
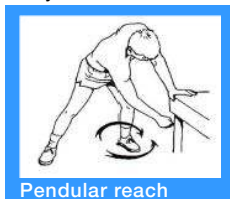

Pendular reach

- ☒ No reaching across abdomen and chest with affected limb (to reduce dislocation)
- ☒ No supporting of body weight with involved joint – eg getting up from chair
- ☒ IR – Avoid all internal rotation
- ☒ No shoulder A/AROM

PHASE 2 ASSISTED RANGE OF MOTION
WEEKS 6-12
- ☑ Remove abduction sling all together
- ☑ Driving can commence at six weeks
- ☑ Progress PROM (full PROM not expected)
- ☑ Begin PROM IR as tolerated
- ☑ Begin Shoulder AA/AROM as appropriate
  – Supine forward flexion and elevation in scapula plane
  – Supine ER and IR in the scapula plane
- ☑ Begin supine gentle scapulothoracic rhythmic stabilisation and alternation isometrics as appropriate. Minimise deltoid recruitment
- ☑ Progress strengthening of elbow, wrist hand
- ☑ Gently introduce glenohumeral and scapulothoracic joint mobilisation as indicated (Grade 1 and II).
- ☑ PATIENT EXERCISES
  – Active Assisted Warm Up. Use the pulley system to practice your arm elevations. Use the healthy arm to elevate the injured arm. Do 15 times, rest and repeat 15 times. Patients can use common household objects like a broom, coat hanger or tea towel or rope. Rotate these objects and do 5 times, rest and then repeated 3 times. Once a day for each object, three times a day. Dr Herald provides patients with demonstrations of these exercises under patient videos on his website here.
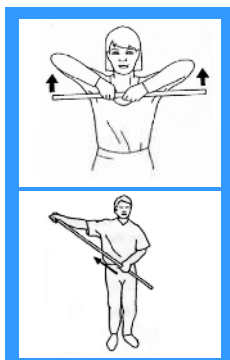

- ☑ Then begin ADL on affected side
- ☒ Avoid shoulder hyperextension
- ☒ No lifting of anything heavier than coffee cup
- ☒ No supporting of body weight by involved limb
- ☒ Avoid repetitive shoulder AROM if poor shoulder mechanics

PHASE 3 STRENGTHENING
3 MONTHS TO SIX MONTHS
- ☑ AAROM Active Assisted Range of Motion
  – IR – as tolerated
  – Posterior capsule stretches as tolerated
  – A/AROM of Cervical spine, elbow, wrist and hand
  – Progress patient pain-free exercises
- ☑ Begin light ADL on affected side.
- ☑ Progress with gentle resistance exercises using Theraband at home.
- ☑ Scapular Stabilisation exercises
- ☑ PATIENT EXERCISES
  – Scapular squeeze. Squeeze your shoulder blades together and and hold for 2 seconds. Progress to doing the same movement using a theraband.
  – Rotator Cuff strengthening. Using theraband, do internal and external rotation by securing the theraband at waist level. Keep elbow at side. Pull away from your stomach first (external), the pull in towards your tummy (inward). Do 15 repetitions for each exercise. 3 times a day.
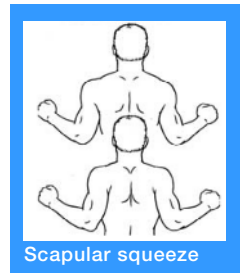
Scapular squeeze

- ☒ No lifting objects heavier than 2.5kg in affected shoulder.
- ☒ No sudden lifting or pushing
- ☒ No lifting objects above shoulder height
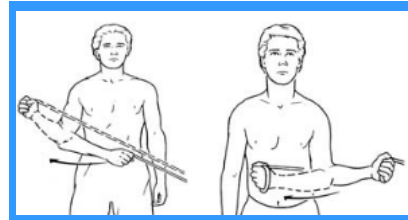
PHASE 4 GYM PROGRAM
> 6 MONTHS
- ☑ Gym Program provided by therapist
- ☑ Program performed 3-4 times pw
- ☑ Focus on continued strength gains and return to functional/recreational activities
- ☑ Begin above shoulder height lifting
- ☑ PATIENT EXERCISES
  – Serratus punches. Lay on your back with your arm towards the ceiling. Keeping your elbows straight and using arms only, punch toward the ceiling. Do 15 repetitions and repeat three times.

Serratus punches