University College London Hospitals

NHS Foundation Trust ROTATOR CUFF REPAIR

<u>Mr A Rashid</u>

	Post op
Immediate	 Small RC tear: sling 4 weeks Large RC tear: sling 6 weeks +/- abduction wedge Postural exercises and scapula setting Cervical spine, elbow, wrist and hand exercises
Day 1-4 weeks	 If abduction wedge then reduce to polysling at 2-3 weeks Passive table slides in <i>safe zone</i> (Safe zone = movement below shoulder level into forward flexion) No abduction No ER beyond 0°
4-6 weeks	 Gentle static isometric strengthening exercises in neutral may commence as pain allows Active- assisted exercises can commence within comfort limits – Do not force or stretch No combined abduction/ER
6 Weeks +	 Sling removed if not already Progress active – assisted to active movement as control allows Rotator cuff strengthening can commence as pain allows No combined abduction/ER
12 Weeks	 Sport specific rehabilitation including closed chain proprioception can commence Begin combined abduction and external rotation Gentle capsular stretches may commence

Milestones	
Week 8	ROM 75%-80% of normal, sling discarded
Week 12	Full ROM
Week 20	Unrestricted activity

Return to Functional Activities

Driving	6-8 weeks recommend
Swimming	12 weeks
Golf	3 months
Lifting	3 months +
Work	Sedentary - once out of sling Manual – as guided by surgeon

PHYSIOTHERAPY FOLLOW UP RECOMMENDED WITHIN 2 WEEKS

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NHS Foundation Trust References: Shoulderdoc. (2015). Shoulder rehab protocols: Rotator cuff repair (arthroscopic). *Shoulderdoc.co.uk*. Retrieved February, 10th, 2015, from http://www.shoulderdoc.co.uk