ARTHROSCOPIC ROTATOR CUFF REPAIR

WHAT TO EXPECT AFTER SURGERY

Indications: Tearing of the rotator cuff tendon(s) insertion on the humerus.
Procedure: Arthroscopic repair: Tear Size
• supraspinatus, • small (<2cm)
• infraspinatus, • moderate (2 – 5cm)
• subscapularis tendons. • large–massive (>5cm, 2 tendon)

POST-OPERATIVE CARE: Instructions to Patient

Contact Dr. McGraths office if any of the following occur within the first few weeks: fevers, chills, skin redness, wound drainage, or increasing pain (signs of infection). Also contact the office if there is excessive and increasing extremity swelling. If there are any concerns you will be seen immediately. If there is a specific emergency, including after hours you may also visit the Hospital Emergency department.
If necessary, may visit your family MD for incision check within the first 2 weeks.
You will be reassessed in clinic at 8 wks post-op by Dr. McGrath.
The arm rests in a sling with the elbow at the side and a strap around the trunk to prevent shoulder extension when supine. When in bed, the elbow may be supported by a small pillow.
Shower: 7-10 days or cover incision with waterproof tape
Pad area dry after shower
Time in sling: 6 weeks

- Range of Motion returns: 6-8 weeks
- Return to full activities: 4-6 months
- Initiate Physiotherapy: 7-10 days following surgery

Motion allowed:

1- The trunk strap may be adjusted.
2- Early passive range of motion (someone else moving arm gently)
3- Arm should be removed from sling and allowed to dangle passively at side to relieve cramping. Very small circular motions (pendulum exercises) may be performed as tolerated.

Motion to avoid:

1- Active range of motion of the shoulder (with own muscles). Not until physiotherapist allows.
2- External rotation of the shoulder beyond neutral until 2 weeks post-operatively.
3- No reaching behind plane of body (in the position of apprehension - do not stretch repair).

4- DO NOT attempt to pick up heavy objects with the operative hand as you
may damage the repair - until seen postoperatively at approximately 6 weeks.

What to Expect over first 1-2 Weeks?

The sutures used to close the wound are beneath the surface of the skin and are "self-dissolving". In addition to these sutures there are skin tapes ("Steristrips") which help to prevent spread of the scar. A larger dressing will be applied over the shoulder. This large dressing should be left intact for approximately 10 days following surgery, but it may be removed at 5 days following surgery and replaced with a new (smaller) dressing. These skin tapes should be worn for about 7-10 days after surgery. If they fall off early, replace them with new tapes. The tapes stick to the skin and may cause skin blisters in sensitive individuals, especially if there is post operative swelling. There will be some initial pain and discomfort, and you will receive medications for this. Early movement of the elbow and wrist is important, as are pendulum exercises. Icing is also important to decrease swelling. This discomfort will greatly reduce over a few days. **You should avoid wetting the wound directly during the first 10 days.** Please note a pink coloured antiseptic is used to paint the shoulder and arm, so do not be concerned if the leg appears unduly pink.

REHABILITATION PROTOCOL
Instructions to Physiotherapist

EQUAL ICING AND REST/WORK RATIO IS IMPORTANT. PAIN SHOULD NOT OCCUR WITH ANY ACTIVITY, COME ON SOONER, DURING ACTIVITY OR REHAB, OR LAST LONGER AFTER REHAB. IF THIS OCCURS, MODIFICATION OR RE-EVALUATION NEEDS TO BE UNDERTAKEN.
The size any type of repair will vary the post-operative program to some extent. Very small tears with secure repairs can be started early and progress vigorously, whereas large difficult repairs may require much greater protection because the strength of repair may remain weak especially in the first few months.
Rehabilitation Protocol for rotator cuff tear.
LEVEL I Shoulder immobilizer is worn for comfort, removed for exercises.
Pendulums.
(week 0-2) The arm may be released as frequently as desired to dangle at side and perform
pendulum exercises, but the sling is refastened afterwards. The wound must be kept dry for 7
days. Passive ROM only.

Forward elevation to 60 o , ER (at side) to neutral, and abduction to 45 o .

LEVEL II Continue use of the sling except during physio or home exercises.
Continue passive ROM.
(week 2-4) Forward elevation to 90 o , ER (at side) to 20 o , abduction to 60 o .
Pendulums.

LEVEL III Continue use of the sling except during physio or home exercises.
Continue passive ROM.
(week 4-6) Forward elevation to 140 o ; ER (at side) to 40 o ; ER (in abduction) to 45 o , abduction to 90 o .
Avoid excessive abduction and ER to avoid stretching repair.
Pendulums.

6 weeks DISCONTINUE SLING USE

LEVEL IV Increased stretching is undertaken both passive and active-assisted.
May also begin active
(week 6-10) range of motion. Attempt to stretch to regain full range of motion.

LEVEL V Focus on regaining full range of motion, begin therabands, light weights as tolerated.
(> week 10) Initiate rotator cuff and periscapular strengthening program.
Proprioception. Continue with
home exercise program.

5-6 Months Typical recovery time following RC tendon repair surgery.

Specific Instructions / Notes:

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Good Luck