



ARTHROSCOPIC ROTATOR CUFF REPAIR

***Please take this information to your physiotherapy appointments.**

ROLE OF THE ROTATOR CUFF

1. Stabilize the shoulder joint
2. Allow normal movement of the shoulder, particularly above shoulder level

GOALS OF SURGERY

- Primary goal: reduce pain
- Secondary goal: improve function (which is helped by reducing the pain)
- Functional improvement is not as predictable as pain reduction

Surgical Procedure

- removal of bone spurs and portions of the coracoacromial ligament and soft tissue that are pressing on or pinching the rotator cuff (subacromial debridement including acromioplasty and bursectomy)
- repair of torn tendons back to the bone they have pulled off by creating flaps and advancing the stub to a trough created in bone where it is sutured

POST OPERATIVE PROTOCOL

This protocol will be adjusted according to the size of the repair and the quality of the rotator cuff tissue.

Weeks 0-6

Sling continuously (to come out of sling only for pendulum exercises, dressing, bathing etc.)

- Sling with elbow at side and strap around trunk to prevent shoulder extension while supine.
When in bed, elbow may be supported by a small pillow.
 - It is important not to use the muscles about the shoulder because this will put excessive tension on the repair
 - Sling may be removed as long as shoulder is supported in abduction (arm away from side) eg. on edge of table while clothes are being changed
- Motion allowed:
 - Pendulum exercises four times daily
 - Positioning arm forward to backward around trunk for comfort
 - Passively raising arm forwards to shoulder height (i.e. with relaxed shoulder muscles)
 - Straightening elbow
 - Hand and wrist motion
- **AVOID** active abduction (bringing the arm away from your side to the level of your shoulder) for 6 weeks

Weeks 4-6

Start physio (depending on quality of repair and tissue)

- Passive range of motion ONLY (to protect repair)
- Goal: full passive range of motion by week 10

Weeks 7-12

Physio

- Passive progressing to active-assisted ROM, no shoulder resistance
- Forearm/wrist/grip strengthening
- Start scapular stabilization

Weeks 13+

Physio

- Rotator cuff strengthening (Progress isometric to active)

After 6 months

Return to full activities