

Alta View Sports Medicine



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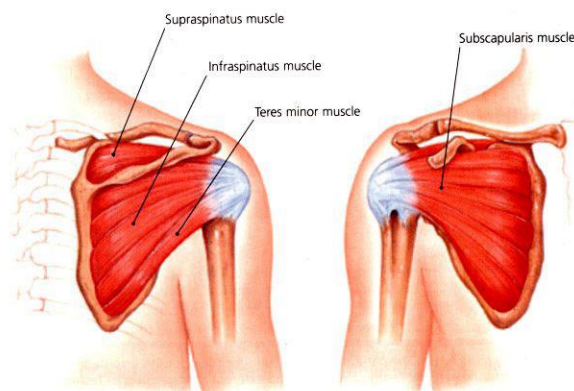
Rotator Cuff Repair

What to Expect

The rotator cuff is comprised of four muscles (supraspinatus, infraspinatus, teres minor, and subscapularis) that span from the scapula to the humerus to stabilize the shoulder joint and allow controlled shoulder motion. They can be torn in an acute injury such as lifting a heavy object or falling onto an outstretched arm. The most commonly torn tendon is the supraspinatus. If you experience persistent pain with shoulder motion, shoulder pain at night, or weakness in raising your arm above your head that does not improve with time, then surgery may be needed to repair the torn tendon.

The surgery can be performed arthroscopically through a few small incisions and is done as an outpatient (you go home the same day). A full evaluation of the entire shoulder is performed. A combination of anchors with strong sutures are used to repair the torn edges back to their native insertion sites on the humerus. The goal is to allow the tendon to heal back to the bone over time. Appropriate rehabilitation is critical to the success of the procedure.

Return to full activity and sports is delayed to allow time for the underlying tendon to heal.



Posterior view

Anterior view

Phase 1 (0 – 2 weeks postop)

Goals: Control pain, diminish swelling, protect the rotator cuff repair

- Pain: You will be prescribed pain medication to use after surgery. Use as directed and wean use to as needed. You may begin taking an anti-inflammatory medication (i.e. ibuprofen, naproxen) unless medically contraindicated. Do not drive or use alcohol while taking narcotic pain medication.
- Sling: A sling with an abduction pillow will be placed before you wake up from surgery. Keep the sling on at all times when up and about and when sleeping. You may remove your arm gently from the sling to move your elbow, wrist, and fingers when sitting in a controlled environment at home a few times a day. Avoid any shoulder motion. To protect the tendon repair and for your comfort, the sling is used for 6 weeks.
 - Have someone help you remove and replace the sling. It is easier to wear button down shirts instead of pullover shirts. With the sling removed, hold your shoulder steady as if the sling were still on, slip your shirt over your arm and shoulder, and then have someone assist in replacing the sling and pillow.
- Ice: Place a bag of ice or cryocuff on the shoulder for 30 minutes a few times each day and after therapy or home exercises.
- Dressing: Remove the shoulder dressing/tape about your shoulder on the 3rd day after surgery
 - You may shower after the 3rd day, but stand keeping the shoulder away from the direct shower spray. To wash under your arm bend forward allowing the hanging arm to drift away from your body. Do not lift your arm or try to move the shoulder using its muscles. Pat the shoulder dry and cover incisions with band-aids.
 - Keep incisions covered with band-aids to protect incision during the day
- Driving: make arrangements as you should not drive while wearing a sling— usually about 6 weeks after your surgery.
- Schedule your postoperative visit for 10-14 days after surgery. At this visit:
 - Suture removal
 - Review of your surgery (bring your surgical photos) and rehab plan

Phase 2 (2 - 6 weeks postop)

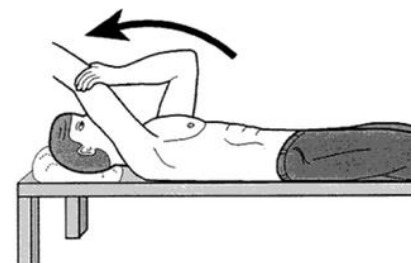
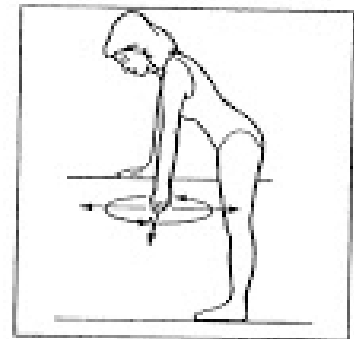
Goals: Control pain, gentle passive shoulder motion, protect the rotator cuff repair

- Sling: Use the sling at all times when up and about and when sleeping. Use caution when showering as outlined in Phase 1.
- Schedule a clinic visit about 6 weeks from your surgery date

Exercises

- Precautions:
 - DO NOT raise your arm or elbow away from your body using its muscles
 - NO lifting objects
 - NO sudden arm movements
- Arm, wrist, finger motion
 - Remove arm from sling to bend your elbow, wrist, and fingers for 5 min 5x/day
- Pendulum exercises
 - Gently remove sling, bend forward to allow your hanging arm to fall away from your body.
 - Use your unaffected arm to rotate your operative arm in a circular motion and side to side. Your operative shoulder and arm should remain completely relaxed
 - 3 min 3x/day
- Shoulder shrug & scapula retraction
 - Gently raise shoulders with sling in place and retract your shoulder blades behind you
- Supine Forward Flexion (<math><120^\circ</math>)
 - Lying on your back, raise your surgical arm by the wrist/elbow using your unaffected arm to a position directly in front of you pointing toward the ceiling

Pendulum Exercise



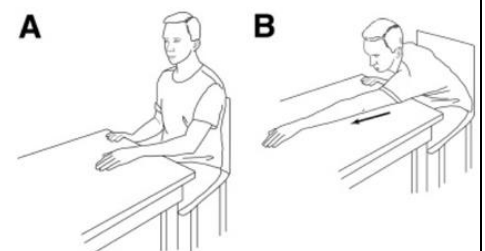
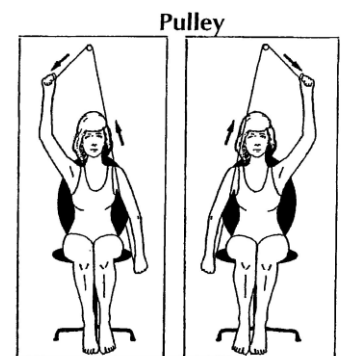
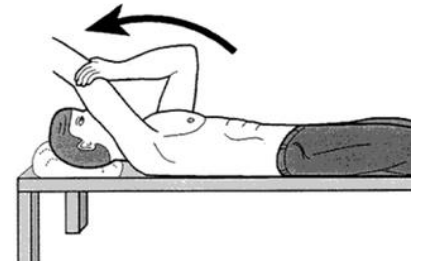
Phase 3 (6-12 weeks postop)

Goals: Begin gentle shoulder stretching, improve passive range of motion, begin active shoulder motion, protect the rotator cuff repair

- Sling: you may remove your sling during stretching and motion activities and begin to wean out of it during the day. If you experience any increase in shoulder pain or feeling of fatigue, replace the sling to allow the shoulder to rest. You may remove the sling to sleep.
- Continue to avoid lifting your arm up away from your body using its own muscles until 8 weeks after surgery. No lifting or carrying objects. Begin stretching your arm using the assistance of your unaffected arm and performing exercises as instructed below.
- Schedule a clinic visit about 3 months from your surgery date

Exercises

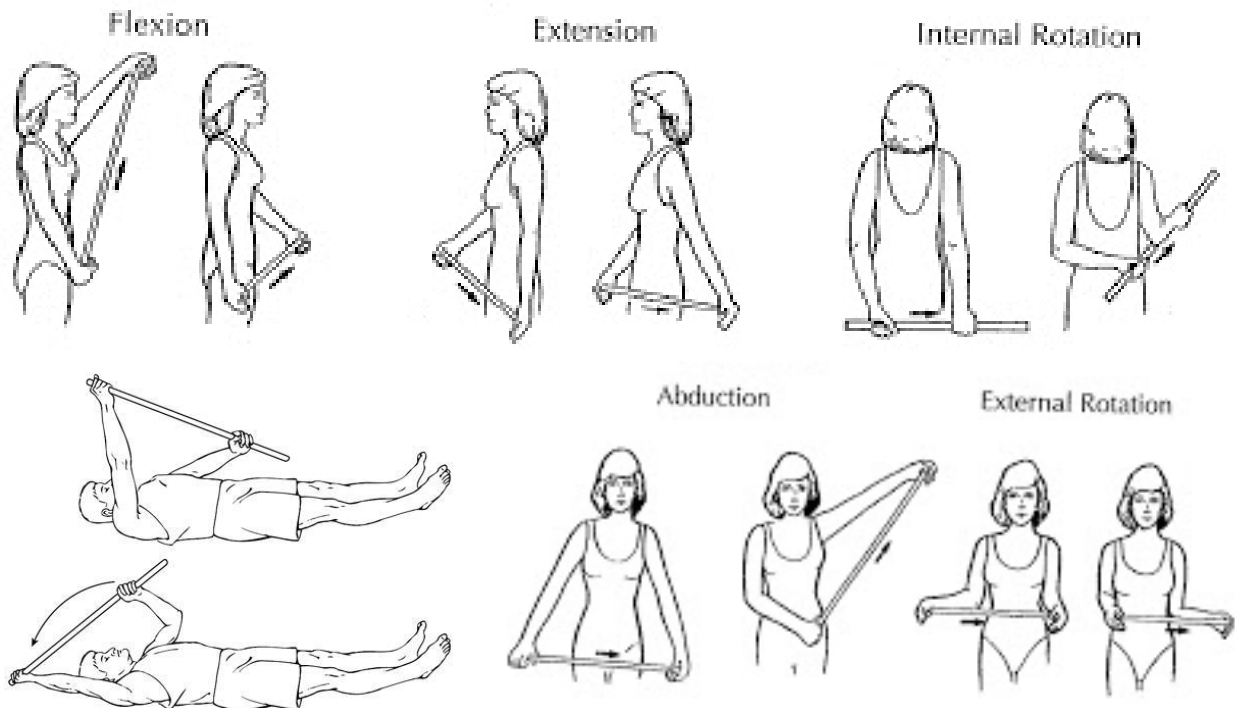
- Continue all exercises from Phase 1
- Passive Range of Motion—perform stretching exercises for at least 5 min 5x/day
 - Supine forward flexion (advance to full)
 - Lying on your back, raise your surgical arm by the wrist/elbow using your unaffected arm
 - Pulley exercises
 - Keep surgical arm relaxed while raising and lowering it through the pulley with unaffected arm
 - Table Slides
 - Place surgical arm on a magazine or other flat sliding object on a table, stabilize at wrist with unaffected hand to begin sliding motion. Hold for 10 sec. Retract by reclining body and using unaffected hand. Avoid lifting surgical arm off table.



Phase 3 Exercises continued

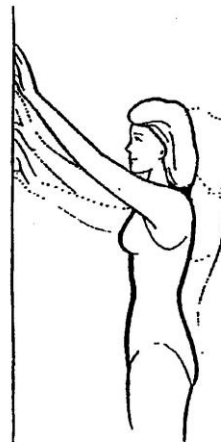
○ Stick Exercises

- Use unaffected arm to gently push surgical arm in abduction, external rotation, forward flexion, extension, and internal rotation as shown below. Hold each stretch for 10 sec. Keep surgical shoulder relaxed throughout the motions.
- 8 weeks: begin moving your affected shoulder using its own muscles once you have achieved full passive motion



○ Walk the Wall

- Gently walk up and back down a wall keeping your surgical shoulder relaxed. Hold for 10 sec and lean into the wall at the point where you feel the stretching sensation/mild pain.



- Active Range of Motion

- Begin moving your shoulder on its own once you have achieved full motion.
- Sidelying external rotation/internal rotation
- Prone Rowing
- Prone Horizontal Abduction/Extension/Flexion



Phase 4 (3-4 months postop)

Goals: Maintain full passive range of motion, Improve active range of motion, begin gentle strengthening, protect the rotator cuff repair

- You may begin to use your operated shoulder/arm for normal daily activities such as dressing, bathing, self-care. Avoid any forceful pushing or pulling motions. No lifting objects greater than 10 lbs at this point. Any undue tension may disrupt the repair as the tendon is still in the healing phase.
- Strengthening the rotator cuff muscles is important to the health of the tendons, but remember that the tendon is still in the healing phase and overexertion can increase the risk of re-tearing and pain.
- Precautions: Use caution with lifting objects away from your body or overhead. Avoid excessive repetitive use of the shoulder. Stop activity/exercises and rest if you begin to experience an increase in pain.
- You may progress to Phase 5 once you have achieved full, pain-free motion of your surgical shoulder.

Exercises

- Continue stretching exercises from Phases 2 & 3

- Posterior stretch

- Door Hang

- Gently bend your knees while maintaining grip on the top of door or shower stall to stretch the shoulder. Hold for 10 sec

- Wall Push-Ups

Begin strengthening exercises with 1 lb weight, then progress up to 5 lb as tolerated.

--Exercise for ~ 5 min 5x/day

- Sidelying external/internal rotation

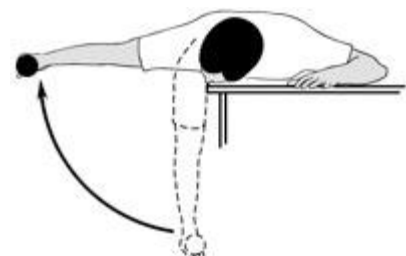
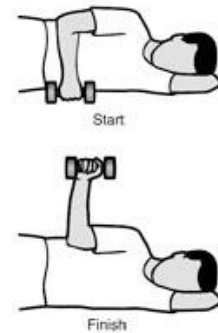
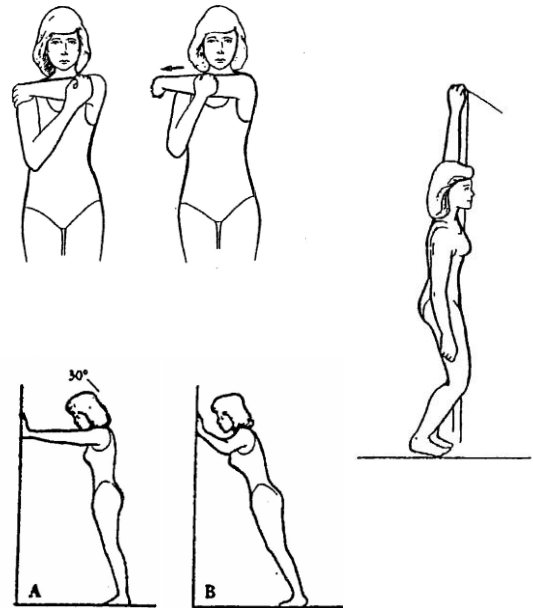
- Lie on non-operative side, keep elbow bent at 90°. Lift hand off your abdomen and raise to the ceiling keeping elbow at your side.

- Prone Horizontal Abduction

- Keep the elbow straight, raise arm slowly to eye level straight out to your side.

- Prone Horizontal Abduction/External Rotation

- Keep the elbow straight, raise arm slowly to eye level straight out to your side with your thumb pointing up toward the ceiling

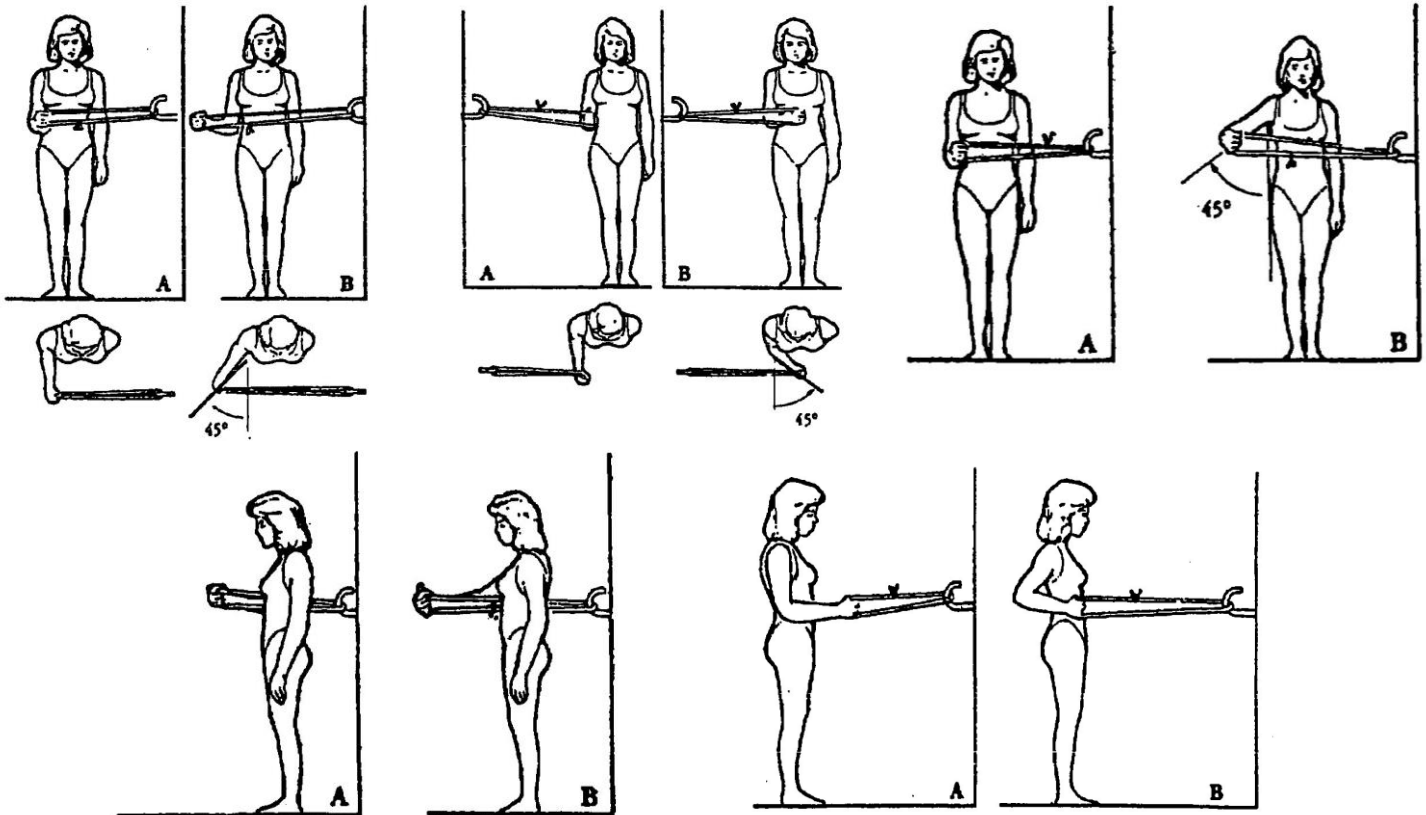


Phase 4 Exercises continued

- Closed chain axial ball roll
 - With your arm in front of you, stabilize a gym ball against a wall and rotate it in circles clockwise, then counterclockwise
 - Progress to arm out your side standing sideways



- Theraband Exercises
 - Begin with Yellow theraband, progress weekly as long as each previous band is easy to use.
 - Other exercises can be introduced by your therapist



- Scapular Protraction/Retraction

- Keep elbow straight and without moving your shoulder, squeeze your shoulder blade (scapula) toward your opposite scapula.



- Biceps Curls (high-rep/low-weight)

- Triceps Curls or Prone Rowing



Phase 5 (~ 4-6 months postop)

Goals: Maintain full active range of motion, continue rotator cuff and peri-scapular muscle strengthening, improve ability to perform functional daily activities

- Continue daily shoulder stretches to prevent stiffness
- Advance your weight lifting regimen as tolerated. Ensure that with any activity you can always visualize your hands. Use high repetition with low-weight exercises. Your therapist will be an invaluable resource and will instruct you on appropriate strengthening regimen as well.
- Precautions: General rotator cuff health involves continual stretching and strengthening to your shoulder and avoiding activities that increase strain on your shoulder such as heavy lifting, pushing/pulling overhead or away from your body, and repetitive shoulder motion.
- Sports:
 - Golf: begin putting, light chipping, hitting off a tee, then slowly progress
 - Tennis: two-hand swings, doubles practice, no serving until 6 months
 - Skiing: caution to avoid falls
 - Swimming: avoid freestyle and backhand stroke until 6 months
- Schedule a clinic visit for about 6 months from your surgery date.

Phase 6 (6+ months postop)

Goals: Maintain full active range of motion, continued rotator cuff and periscapular muscle strengthening, return to full activity and sport

- Return to full activity including lifting without restriction, weight training, throwing, and sports activity requires that you have pain-free full active range of motion and rotator cuff strength near that of your unaffected shoulder. This will be discussed in a clinic visit prior to your full release. Again, return to full activity is variable depending on the type of tear, your motion, pain, and expectations.

Exercises

- Continue theraband and weight strengthening exercises
 - 3x weekly for 30 min.
- Plyometric shoulder exercises
- Overhead athletes (baseball, softball, tennis, etc):
 - Gradual, progressive throwing program
- Sports participation
 - Gradually return to overhead and throwing sports. Allow for 1-2 days of rest after any increase in shoulder pain.