

PRE-OP & INPATIENT PHYSIOTHERAPY GUIDELINES

Rotator Cuff Repair

Access is gained to the joint by detaching a small portion of Deltoid from the acromion and then splitting the muscle vertically. This operation normally always involves the supraspinatus tendon, and will be repaired if it is a full thickness tear.

If the tear is medium to large it may involve infraspinatus and teres minor. A massive tear may also involve subscapularis. A sub-acromial decompression (SAD) is normally done as part of the procedure, to give the repaired tendon more room in which to move. If tear is irreparable, a SAD will be done for pain relief.

If the tendon has been repaired and is secure, most repairs at the NOC are immobilised in a sling for 3 weeks.

Pre-op:

Assess for baseline data (esp. passive & active range), teach passive and auto passive elevation and external rotation to 0°, pendulum exercises & scapula stability.

Post-op: Inpatient:

Find out operative details from notes (tendons involved, size of defect & security of repair, **has there been a repair or was the defect too large? – record for OP staff.**

If possible, copy of Operation note would be good.

All patients will retain sling for minimum of 3 weeks – off for exercises only

Check for non-routine e.g. if large or massive defect repaired, or very fragile, instructions may be different i.e. longer period in sling, restrictions on movement

- 1) Check has correct booklet
- 2) Sling information – keep on except for exercises & axilla hygiene (+ body strap)
- 3) Axilla hygiene (passive abduction for access)
- 4) Cryocuff – can be helpful for pain relief
- 5) Exercises:

0–three weeks – Main emphasis is on regaining passive range of movement with minimal muscle activity.

- a) elbow, wrist, neck & scapula movements
- b) scapula setting
- c) Pendular exercise – ‘passive’ flexion (neutral rotation)
- d) ‘Passive’ flexion – supine (assisted with other side)
- e) ‘Passive’ external rotation – supine – to 0°. Use stick between hands & towel under humerus for support. Can take beyond 0°, if range before tension on repair is greater than 0 & recorded in operation notes. Do NOT do external rotation work for 3 weeks if subscapularis has been repaired – rare & should be recorded.

Emphasise ‘**passive**’ nature of the movement – reinforce this with patients.

Teach carer if patient not able to do alone OR is tending to do active movement.

Once a day if good mobility, twice a day otherwise, three times a day if stiff.

6) Arrange Outpatient Physiotherapy appointment

- a) ASAP if there are problems with passive movements – to check these.
- b) Start when active assisted movement commences, normally **three weeks post-op.**

Patient will be seen in Shoulder clinic at 4 weeks by doctors or Extended Scope Practitioner (ESP).