

Brian W. Paff, DO Orthopaedic Surgeon Upper Extremity Specialist 370 N 120th Ave Holland, MI 49424 P 616.396.5855

# **ROTATOR CUFF REPAIR**

#### **General Comments:**

Complete recovery from a rotator cuff repair takes approximately 4 to 6 months. This is the amount of time required for the healing tendon tissue to mature to its maximum strength. The rotator cuff repair is indicated in active individuals with intolerable pain and weakness in the shoulder. Small tears can be managed with physical therapy if the patients' activities are limited in lifting and overhead use of the shoulder. Patients who are highly active, especially in overhead activities will not tolerate even a small tear. Repairs are performed primarily arthroscopically, but may also be done in an open or mini-open fashion. The size and chronicity of the tear are the primary factors that dictate the technique utilized. The majority of the simple tears would be repaired with an arthroscopic technique on an out patient surgery basis. The arthroscopic technique results in less pain and more rapid recovery of early motion, but does not improve the final results or accelerate the amount of time required to recover. Whether the repair is done in a standard open fashion or with an arthroscopic technique, they will still require approximately 3 months to achieve reasonable function of the shoulder. Recovery is broken into phases, dictated by tendon healing. The initial 6 weeks activity is severely restricted to allow the tendon to heal and then from 6 to 12 weeks is the physical therapy phase, where attention is directed at regaining motion and strength in the shoulder.

### Day of Surgery:

The patients are placed into an arm sling after surgery. The patients are instructed to remove the dressing at home. After the initial dressing change, band aids may be worn over the incisions. The steri-strips on the wounds are left in place at this time. Patients may begin to shower after removal of the dressing. Continuous use of the sling is encouraged. Patients are instructed to remove their sling for range of motion exercises to the wrist and elbow and pendulum exercises to the shoulder. These should be done approximately 3 to 4 times a day.

#### First Post-Op Visit: (7-10 days)

Patients are instructed in supine passive forward flexion exercises up to a maximum of 90° flexion. Pendulum exercises and range of motion to the elbow and wrist continues through this phase. Activity restrictions are again reviewed with the patient, emphasizing the importance of no active abduction and forward flexion. Patients may bring their hands up to the face, but are instructed to avoid external rotation or reaching above the level of the face. Sling may be discontinued as pain permits.

### Second Post-Op Visit: (5-6 weeks)

Patients are referred to physical therapy for initiation of rehabilitation phase. Initial emphasis is on range of motion, both active and passive. Strengthening may begin after the 8th week with the standard rotator cuff rehabilitation protocol with gradual progression of weight. Patients are allowed full active motion of the shoulder, but are instructed to not lift weight above the shoulder and should not lift more than 5 pounds below the shoulder. Physical therapy is conducted 2 to 3 times a week. Highly motivated patients can perform primarily home exercises with the therapists evaluation on a once a week basis.

## Third Post-Op Visit: (10-12 weeks)

Patients should have achieved full active and passive motion at this point. Those who have failed to achieve this should be evaluated in consideration for manipulation of their shoulder or arthroscopic capsular release. Continued strengthening progresses.

### Fourth Post-Op Visit: (12-16 weeks)

At this point patients should be nearing normal strength and full range of motion of the shoulder. Individuals with large tears, in the 4 to 5cm range, may have some degree of weakness persisting which is expected to be permanent to some degree. Individuals with smaller tears of 1 to 2cm may be released at this time, having achieved all functional goals. Patients with large tears will require continued therapy for an additional month with an expected release from care at 5 months.