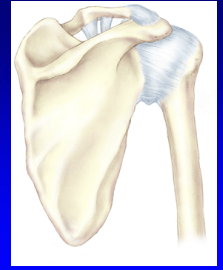


DR. TERRY HAMMOND

SHOULDER SURGEON



ROTATOR CUFF REPAIR – PHYSIOTHERAPY PRINCIPLES

0-6 weeks

Ensure adequate pain relief – may need to see me or GP for additional medication
Passive only shoulder movements – may come out of sling, extend elbow and hang arm down for pendulums (no circles), No elevation > 90 degrees (risks repair). Ensure no active shoulder muscle contractions during these exercises. Reduce these if too painful.

Cardiovascular conditioning

Hand, wrist, elbow, cervical spine exercises

Scapular mobilization / proprioception

No active shoulder movements

6-12 weeks

Sling off

Gentle active movements for ADLs, gentle active assisted – no resistance

Cardiovascular conditioning

Core strengthening especially transversus abdominis, multifidus

Scapular mobilization / proprioception

No specific rotator cuff strengthening exercises

>12 Weeks

Integrate functional activities but delay maximum resistance until at least 6 months

Cardiovascular conditioning

Core strengthening especially transversus abdominis, multifidus

Scapular mobilization / proprioception

No specific rotator cuff strengthening exercises

GENERAL PRINCIPLES

Full range and strength not expected for 8-12 months

If patient develops significant capsular tightness with restricted range of motion -- Reassure patient that this is usual - do not stretch - full range will return over time without need for stretching

Reduce exercises if they cause prolonged pain

No abduction strengthening at any time

If need to go back to heavy work can do so at 4 months but all lifting to be done close to body

Same protocol if acromio-clavicular joint excision (excision of distal clavicle) has also been performed