



Rotator Cuff Repair

Discharge Instructions

Comfort

- Discomfort increases 1-2 days after surgery due to the nerve block wearing off. This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first three days.
 - You may use it 20 minutes on, 20 minutes off, as often as you wish.
 - Always keep a cloth barrier, such as a towel, between the cold and your skin.
- **Medication**
 - For **anticoagulation** – you **MUST** take one 81mg aspirin daily for two weeks to help prevent blood clots. This is the only mandatory medication.
 - For **nausea** – Zofran (ondansetron) as needed.
 - For **constipation** – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
 - For **pain**
 - A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. **Use only if needed.** Try to manage your pain with ice, ibuprofen, and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such as constipation, nausea and cognitive impairment may occur. Tylenol and ibuprofen can be used as step-down medications and are recommended as soon as possible. It is very common to use the pain medication at night to help sleep better or around the time of therapy so you can participate more comfortably.

Activity

- Please keep the shoulder immobilized in the sling at all times until otherwise directed.
 - You can expect to need the sling for at least 4 weeks.
- Wear the sling while sleeping. You may find sleeping in a recliner to be more comfortable for the first month.
- You may remove the sling several times per day to perform range of motion with your elbow and wrist to avoid stiffness.
 - Keep your elbow close to your body as you flex and extend it.
 - **Do not lift your arm in front of you or away from your side**--this will damage your repaired rotator cuff.
- Periodic standing and walking is encouraged to decrease the risk of blood clots.
 - If seated, perform ankle pumps and circles to promote lower extremity blood flow.
- Physical therapy usually begins 4 weeks after surgery.
 - Please call your insurance company for a list of facilities in your area and choose one by the time you come to your 1-month post-op appointment.
- Driving – At a minimum, no driving until you have stopped taking the narcotic.
 - Please bear in mind we want you to be safe and comfortable when you return to driving - this is a sliding scale depending on your progress.
- **IMPORTANT: If you had a biceps tenodesis, do not twist your wrist and forearm (i.e., opening a jar, turning a doorknob). These motions may injure your biceps tendon.**

Wound Care

- Your incisions are covered by several absorbent pads secured with foam tape. Please leave this in place until your first post-op visit.
 - The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision.
- No showering until after your first post-op visit.

Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.

Call your physician if:

- You develop a temperature over 100.3 degrees.
- You notice any drainage of the incisions 5 days or later after surgery.
- The shoulder becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- You have persistent pain and / or swelling in your calf.
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

Recovery milestones:

PT will be 3x per week, starting one month after your surgery. Once you begin PT, you must do the exercises **daily**.

Overview:

- Week 4 – Discontinue sling during the day. Continue wearing at night.
- Week 6 – Discontinue sling at night.
- Week 9 – Full passive range of motion
- Week 12-14 – Full active range of motion

Physical Therapy Protocol

The following instructions are intended for your physical therapist and should be brought to your first physical therapy visit, which should occur 1 month after the day of surgery.

PHASE 1 – 4-6 WEEKS POST-SURGERY

Goals: Maintain integrity of the repair. Gradually increase passive range of motion. Diminish pain and inflammation. Prevent muscular inhibition.

Precautions: No lifting objects. No excessive shoulder extension. No excessive stretching or sudden movements. No supporting of body weight by hands.

Week 4

- cold therapy – ice 15-20 minutes every hour for pain
- sleep in sling or brace

Exercises:

- Pendulum exercises
- Active assisted ROM with L-Bar / ER / IR in scapular plane
- Elbow ROM exercises
- Hand gripping exercises
- Submaximal pain-free isometrics: Flexion, abduction, ER, IR, elbow flexors

Week 5

- cold therapy – continue as needed for pain
- discontinue sling or brace during the day; continue it to sleep

Exercises:

- Pendulum exercises
- Passive ROM to tolerance: Flex to at least 105, ER, and IR in scapular plane 35-45 degrees
- Active assisted ROM exercises with L-Bar: ER / IR in scapular plan, flexion to tolerance
 - Therapist provides assistance by supporting arm
- Elbow / hand ROM and gripping
- Isometrics:
 - Flexion with bent elbow
 - Extension with bent elbow
 - Abduction with bent elbow
 - ER / IR with arm in scapular plane
 - Elbow flexion

PHASE 2 – 6-10 WEEKS POST SURGERY

Goals: Allow healing of soft tissue without undue stress. Gradually restore full passive ROM by week 9. Establish dynamic shoulder stability. Decrease pain and inflammation.

Precautions: No lifting heavy objects. No excessive movements behind the back. No supporting body weight on hands and arms. No sudden jerking movements.

WEEK 6

- continue wearing sling or brace at night

Exercises:

- Passive ROM to tolerance
 - Flexion 0-145
 - ER / IR in scapular plane
 - ER / IR at 90 degrees abduction
- Dynamic stabilization drills
 - Rhythmic stabilization drills
 - ER / IR in scapular plane
 - Flexion / Extension at 100 degrees flexion
- Continue all isometric contractions

WEEKS 7-8

- Discontinue sling or brace at night
- Full passive range of motion should be restored by end of week 8.
- Continue ice as needed. May use heat prior to ROM exercises if helpful.
- May use pool for light ROM exercises.

Exercises:

- ER / IR strengthening with exercise tubing at 0 degrees of abduction
- Manual resistance ER supine in scapular plane
- Prone rowing to neutral arm position
- Isotonic elbow flexion

WEEKS 9-10

Exercises:

- Continue AAROM and stretching
- Begin active ROM exercises
 - Shoulder flexion in scapular plane
 - Shoulder abduction
- Progress Isotonic strengthening program
 - ER tubing
 - Sidelying IR
 - Prone rowing
 - Prone horizontal abduction
 - Biceps curls

PHASE 3 – 11-18 WEEKS POST SURGERY

Goals: Full active ROM, full passive ROM, dynamic shoulder stability, gradual restoration of shoulder strength and power, gradual return to functional activities

Precautions: No heavy lifting of objects, no excessive behind the back movements, no supporting body weight by hands and arms, no sudden jerking movements

WEEK 11

Exercises:

- Continue stretching and passive ROM
- Continue dynamic stabilization drills
- Progress strengthening program
 - ER / IR tubing
 - ER sidelying
 - Lateral raises
 - Full can in scapular plane
 - Prone rowing
 - Prone horizontal abduction
 - Biceps curls

WEEK 12-17

- If physician permits, may initiate light functional activities.

Exercises:

- Continue all exercises listed above

WEEK 18

Exercises:

- Continue all exercises listed above
- Progress to fundamental shoulder exercises

PHASE 4 – 19-26 WEEKS POST SURGERY

Goals: Maintain full, non-painful ROM. Enhance functional use of upper extremity. Improve muscular strength and power. Gradual return to functional activities.

WEEK 19

Exercises:

- Continue ROM and stretching to maintain full ROM
- Self-capsular stretches
- Progress shoulder strengthening exercises
- Fundamental shoulder exercises
- Skill mastery
 - Begin skills specific to work or sport
 - i.e. golf interval program

WEEK 24

Exercises:

- Continue all exercises as listed above
- Progress specific skill program

Phase 5 – 27-34 WEEKS POST-SURGERY

Goals: Gradual return to strenuous work activities. Gradual return to recreational sport.

Exercises:

- Continue fundamental shoulder exercise program (at least 4 times weekly)
- Continue stretching if motion is tight
- Continue progression to sport