

**Rotator Cuff Repair
Post Operative Rehabilitation Protocol**

Prior to Surgery:

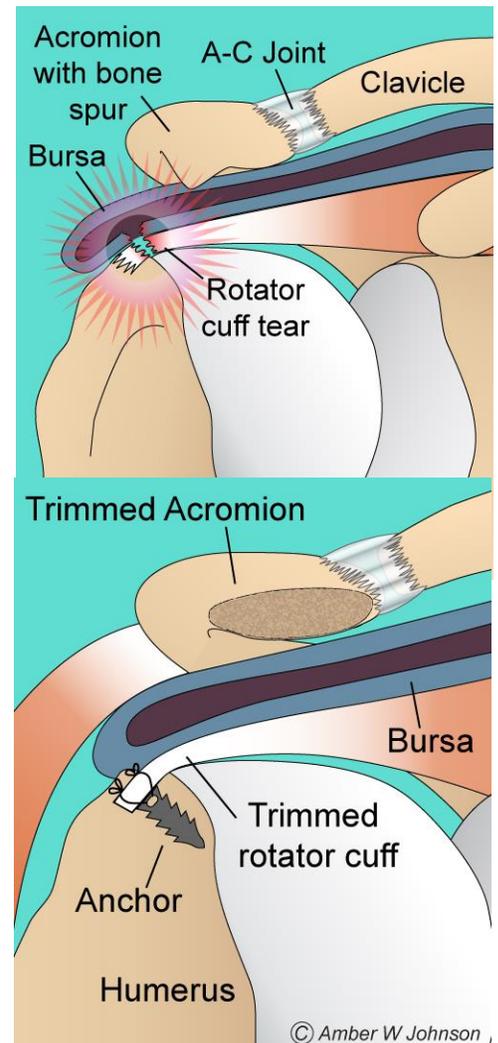
- Expect a call from physical therapy to schedule a “pre-hab” appointment. This is not mandatory but recommended to assist in your activities of daily living.
- At the surgical center, the anesthesiologist will discuss the option of a nerve block to numb your shoulder and arm for your surgery.

Following Surgery:

- Expect a surgical bulky dressing and shoulder immobilizer after surgery. **The shoulder immobilizer must be worn at all times** except for during exercises and showering for at least 8 weeks.
- Use cryocuff or ice shoulder 3-5 times per day, as instructed (~ 2wks).
- Maintaining upright shoulder positioning may be more comfortable. (You may sleep in a recliner chair at night if it is more comfortable, but this is not required or you may also use pillows behind you to prop yourself up.)
- After the pain ball is removed after 3 days, may remove the dressing and the yellow gauze, allowing the water to flow over the incision, no scrubbing, soaking or soap. After your shower, gently pat the incisions dry and apply band-aids or a clean dry dressing. No ointments or oils on the incisions until after the sutures are removed.
- Take your pain medicine as needed and as prescribed. Call if any problems or questions arise.

Precautions:

- Watch for signs of infection and call immediately if these signs develop:
- Fever higher than 102°F, shortness of breath, or have nausea and vomiting that does not improve with anti-nausea meds.
- Warmth, redness, and/or increased drainage coming from your incision site.
- Watch for signs of blood clots and go to the ER immediately if these signs develop:
 - Excessive increase in swelling, hardness, pain, or redness in forearm or calf.
- No hot tub or Jacuzzi for at least two weeks or until all wounds are healed and sutures are out.
- Do not lift any objects > than a coffee mug for at least 8 weeks post op.
- Avoid external rotation past 30 degrees until 8 weeks post op.
- No active range of motion with shoulder for at least 8 weeks – **all passive motion**. (Pendulums, stick, and pulleys etc...
- Elbow flexion and extension is good with daily exercises.



PHASE 1 (Until 8 weeks):

3-5 Days Post Op:

- Continue to **wear shoulder immobilizer at all times for at least 8 weeks** (*except* while doing exercises and showering).
- May shower w/o plastic covering once block has been removed and wound is sealed w/o bloody drainage.
- Begin passive Range of Motion (ROM) in all planes except extension as instructed by OT/PT.
- Begin exercises as directed by Physical Therapy.

10-14 Days Post Op:

- Sutures will be removed in the office.
- At PT, initiate pendulums and assisted forward flexion to tolerance, achieving 120°-130° by 4 weeks, using opposite hand (supine position w/hand on head, use neck to add stretch or use stick and wall).
- Begin assisted external rotation to 30 degrees (straight ahead—no further until 8 weeks) and passive internal rotation with arm abducted to 90 degrees (in supine position).
- Start scapular stabilization isometrics—avoiding affected musculature.

4 Weeks Post Op:

- Follow up appointment in clinic with P.A. or M.D. to check progress with ROM.

6 Weeks Post Op:

- Depending on progress, may begin pulleys and add further forward flexion.
- May be out of splint at desk.
- Continue passive ROM and pendulums.

PHASE 2 (8-16 weeks):

8 Weeks Post Op:

- Follow up appointment in clinic with P.A. or M.D.
- May discontinue immobilizer when given approval by PT or MD, usually about 8 weeks post op.
- Initiate both active and active-assisted shoulder ROM with terminal stretch.
- Begin gentle isometric exercises within pain tolerance.
- Add pulleys and add further forward flexion toward normal, with pulley, stick, and wall walking.
- Gently increase active external rotation stretch toward full range (infraspinatus).
- Active resisted forward flexion (for anterior deltoid).
- Rockwood V Theraband; Hughstons and Rivald scap stab strengthening exercises now added.
- Lower level activities ok. Progressive strengthening begins now.

12-16 Weeks Post Op:

- Follow up appointment in clinic with P.A. or M.D.
- Progressive strengthening and end-point ROM.
- Protection with sling into this period may be required if allograft used in the reconstruction. Your doctor will instruct.

Note: These instructions are to serve as guidelines and are subject to Physician discretion. Actual progress may be faster or slower depending on the individual.



PHASE 3 (16 weeks+):

16 Weeks+ Post Op:

- Final push for maximum ROM and strengthening by continuing to do stretching and strengthening exercises 2-3 times per week. (Encourage stretch and strengthening after hot shower especially).
- May expect to return to medium level activities at 4 months and full activities at 6 months.
- May continue to improve for up to 1 ½ years after surgery.

Discharge Instructions after Shoulder Surgery

- A sling/immobilizer has been provided for you. Remain in your sling/immobilizer at all times with the exception of hygiene and physical therapy activities. **This includes sleeping in your sling/immobilizer.**
 - DO NOT USE THE HAND GRIP UNTIL YOUR BLOCK HAS COMPLETELY WORN OFF AND YOU HAVE FULL SENSATION IN YOUR HAND.



- Use ice/cryocuff on the shoulder on a scheduled basis over the first 48-72 hours after surgery. Continue to ice/cryocuff intermittently for the next few weeks as needed to reduce inflammation, especially after physical therapy. Do not place the ice/cryo-sleeve directly on your skin. Take the cryo sleeve off occasionally and wipe it down with a towel as it does build condensation.
- Pain medication has been prescribed for you. If you have been given an indwelling nerve block, begin taking pain medication on post-operative night number 2. You may begin taking it sooner if the nerve block has begun to wear off. Take your pain medication approximately 45-60 minutes prior to the removal of your nerve block.
 - **Nerve block: You may have mild shortness of breath and numbness to the side of your face after the nerve block, this is normal.**
 - **To remove the “pain ball”, gently remove any tape/glue and with gentle pressure, pull the thin catheter (tubing) out. If you meet resistance, call the phone number on the “pain ball.”**
 - **Pain medications can cause constipation, we suggest purchasing a stool softener such as Colace, Senekot or Miralax if needed.**
- Use your pain medication as directed over the first 48 hours **after** you begin taking it and then begin to taper your use. You may supplement the pain medications with over the counter Advil (Ibuprofen, Motrin), Aleve (Naproxen sodium) as needed for the first 5 days after surgery. **DO NOT TAKE TYLENOL (ACETAMINOPHEN) UNLESS INSTRUCTED OTHERWISE.**
- You will receive compression socks at the surgery center. Please keep your compression socks on for the first 3 days to help prevent blood clots. These socks can be slippery so please wear socks or slippers with a non-skid surface.

- Once you are comfortable at home, it's important to practice deep breathing and coughing so that you'll be able to do the exercises below easily after surgery. These exercises will help your breathing, clear your lungs, and lower your risk of pneumonia.
- Breathe deeply and cough every hour while you're awake for the first 2 to 3 days after surgery. These exercises work better if you do them sitting up.
- It's also important to move and change your position often. These position changes help to make your breathing and coughing exercises work better.

Deep Breathing Exercises

Do these exercises every hour when you're awake.

- Breathe in deeply and slowly through your nose, expanding your lower rib cage, and letting your abdomen move forward.
- Hold for a count of 3 to 5.
- Breathe out slowly and completely through pursed lips. Don't force your breath out.
- Rest and repeat 10 times every hour. Rest longer if you become dizzy or lightheaded.

Coughing Exercises

It's best to do coughing exercises when you're feeling comfortable. If you're lying on your back, bend your knees (if you can), and rest your feet on the bed.

Breathe in deeply and cough firmly. If you cough up some mucous, clear it into a tissue. Repeat the coughing until there isn't any more mucous. If you have a lot of mucous, you may need to take a break so you don't get too tired.

Foot and Leg Exercises

Do these exercises every hour while you're awake.

Ankle Pump

- Pump your ankles up and down for 1 minute.
- Relax both feet.
- Repeat 5 times then relax.



B. Ankle Circles

Note: These instructions are to serve as guidelines and are subject to Physician discretion. Actual progress may be faster or slower depending on the individual.

- Circle both ankles; first to the right, and then to the left.
- Repeat 5 times then relax.



Bend each knee one at a time, sliding your foot up along the bed and then back down.
Repeat 5 times then relax.

Bandages and Shower

- The first time that you shower, it is a good idea to have someone “stand by” as the hot water, pain medication and the anesthesia can cause dizziness and lightheadedness.
- **Shoulder:** You may shower 3 days after your surgery (after your nerve block is out). The incision(s) CANNOT get wet prior to 3 days or until the wound is dry. Remove all of the dressings and let the shower water flow over the incisions, do not scrub or use soap on the incision. Allow the water to wash over the site, do not scrub and then PAT dry. Do not rub the incision(s). Place new, clean dressing or bandaid over the incision (s). Make sure your axilla (armpit) is completely dry after showering. You may use gauze or on a dry washcloth to help keep your armpit dry.

Eating

- **Start slow!** There are no restrictions to your diet but the general anesthetic slows everything down. Starting with non-greasy, lower fat foods will keep your tummy happy.

Attend Physical Therapy as directed.