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1.0 Policy Statement

1.1 It is the policy of Cappagh National Orthopaedic Hospital to provide a patient focused physiotherapy service delivered by chartered physiotherapists and support staff working in a well-equipped environment.

1.2 It is the policy of Cappagh National Orthopaedic Hospital to provide health professionals and the public with the necessary advice and guidance on physiotherapy rehabilitation.

2.0 Purpose

2.1 The purpose of this guideline is to advise health professionals and patients on the physiotherapy rehabilitation of a person undergoing a Rotator Cuff Repair (Surgeon - Hannan Mullett).

3.0 Scope

3.1 This guideline applies to all staff involved in the care of a person undergoing a Rotator Cuff Repair (Surgeon - Hannan Mullett), community staff involved in the pre and post-operative care of the patient, the patient and their family.

4.0 Health & Safety

4.1 There are health and safety risks involved in patient care, namely risk of physical injury to patient and staff, risk of infection.

4.2 Physiotherapists have the necessary qualifications and clinical experience to carry out this guideline and to supervise unqualified support staff.

4.3 They must be eligible for membership of their professional body, the Irish Society of Chartered Physiotherapists (ISCP).

4.4 They undertake mandatory manual handling, basic life support training, fire safety, infection prevention and control and risk management.

4.5 They complete a minimum of 100 hours continuing professional development every three years as required by the ISCP.

5.0 Responsibilities

5.1 It is the responsibility of physiotherapists to implement this guideline.
6.0 Definitions and Abbreviations

6.1 The rotator cuff is a group of tendons that insert on the superior lateral aspect of the upper arm. The tendons are what permit the shoulder muscles (subscapularis, supraspinatus, infraspinatus, teres minor) to attach to bone, and therefore raise and lower the arm, and rotate it in and out. The tendons are broad and form a cuff encapsulating the articular surface of the top of the humerus. The rotator cuff runs under a bony and ligamentous arch formed by the acromion. Due to the narrowness of the space provided for the cuff, any inflammation or swelling of the tissue leads to pain. Any significant tearing of the cuff weakens the ability of the muscles to move the arm, and eventually permits the articular cartilage in the shoulder joint to impact against the bony confines of the space, leading to pain and arthritis. In some cases surgical repair of the rotator cuff is indicated.

6.2 Classification of a Rotator Cuff Tear:

<table>
<thead>
<tr>
<th>Classification</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor</td>
<td>Less than 1 cm</td>
</tr>
<tr>
<td>Medium</td>
<td>1cm - 3cm</td>
</tr>
<tr>
<td>Major</td>
<td>3cm-5cm</td>
</tr>
<tr>
<td>Massive</td>
<td>Greater than 5cm</td>
</tr>
</tbody>
</table>

6.3 Rehabilitation depends not only on the size of tear, but also the shape of the tear, strength of repair and general tissue & joint condition. Always check with the surgeon.

6.4 Most surgical repairs of the rotator cuff are now performed arthroscopically so there is less tissue trauma and reduced risk of adhesions. Post-operative stiff shoulder is now rarely a problem, so the priority is to protect the repair from breaking down.

6.5 Always be guided by the patients pain. Do not force, stretch or stress the repair before 8 weeks (6 weeks for MINORS).
7.0 Guideline

7.1 MINOR TEAR (small): Less than 1 cm
Always be guided by pain - do not force, stretch or stress the repair before 6 weeks.

7.1.1 Day 1 - 2 Weeks
7.1.1.1 Mastersling with body belt
7.1.1.2 Wrist exercises
7.1.1.3 Elbow exercises
7.1.1.4 Shoulder girdle
7.1.1.5 Initiate scapula setting
7.1.1.6 Begin pendular exercises
7.1.1.7 Educate patients about basic rotator cuff function and lever principles to reduce the risk of stressing the repair prematurely.

7.1.2 3 Weeks
7.1.2.1 Review by Consultant.
7.1.2.2 Commence Physiotherapy. DO NOT FORCE OR STRETCH.
7.1.2.3 Wean off sling (may be delayed till 6 weeks).
7.1.2.4 Continue pendular exercises.
7.1.2.5 Progress passive flexion in scapular plane and external rotation to neutral. Progress to assisted flexion, extension, abduction as is comfortable - internal and external rotation to neutral only.
7.1.2.6 Initiate gentle cuff isometric exercises as pain allows.
7.1.2.7 Encourage normal function around waist level
7.1.2.8 May begin active exercises if appropriate.
7.1.2.9 Can start driving (guided by Consultant).
7.1.3 4-5 Weeks
7.1.3.1 Continue active exercises progressing into range.
7.1.3.2 Commence anterior deltoid exercises as range allows.
7.1.3.3 Commence rotator cuff strengthening and closed chain exercises.
7.1.3.4 Start stretching limited movements.
7.1.3.5 Encourage functional movement within pain limits.
7.1.3.6 Begin gentle hydrotherapy if available.
7.1.3.7 Proprioceptive exercises and core stability work as appropriate.
7.1.3.8 Consideration should always be given to the individual patients’ ability. The protocol is based on maintaining range of movement in the first phase and then gradually building strength in the middle to last phase. Progression should be tailored to the individual patient but the times quoted should be the earliest for active movement and when strengthening (resisted exercises) begins.

7.1.4 Return to functional activities
These are approximate and will differ depending upon the individual. However, they should be seen as the earliest that these activities may commence.

Driving 6-8 weeks
Swimming Breaststroke - 6 weeks
Freestyle - 3 months
Golf 3 months
Lifting No heavy lifting for 3 months. After this be guided by the strength of patient

Return to work Dependant upon the patients’ occupation
Patients with sedentary jobs may return at 6 weeks.
Manual workers should be guided by the surgeon.
7.2 **MEDIUM TEAR**: 1 cm – 3cms

Always be guided by pain - do not force, stretch or stress the repair before 8 weeks.

7.2.1 Day 1 - 3 Weeks
7.2.1.1 Mastersling with body belt plus abduction pad.
7.2.1.2 Wrist, hand and finger exercises.
7.2.1.3 Elbow exercises.
7.2.1.4 Shoulder girdle.
7.2.1.5 Initiate scapular setting.

7.2.2 3 Weeks
7.2.2.1 Review by Consultant.
7.2.2.2 Abduction pad removed but sling retained.
7.2.2.3 Begin pendular exercises(instructed by Consultant).
7.2.2.4 Educate patients about basic rotator cuff function and lever principles to reduce the risk of stressing the repair prematurely.

7.2.3 4 to 5 weeks
7.2.3.1 Start physiotherapy. DO NOT FORCE OR STRETCH.
7.2.3.2 Passive flexion in scapular plane + external rotation.
7.2.3.3 Initiate gentle cuff isometrics as pain allows.
7.2.3.4 Progress when comfortable to active-assisted exercises.
7.2.3.5 Begin hydrotherapy if available.
7.2.4 6 weeks
7.2.4.1 Wean out of sling.
7.2.4.2 Begin active exercises. Encourage functional movements at waist level.
7.2.4.3 Anterior deltoid strengthening exercises as range of movement allows.
7.2.4.4 Progress range adding resistance as appropriate.
7.2.4.5 Start rotator cuff strengthening progressively, pain limiting.
7.2.4.6 Add closed chain exercises.
7.2.4.7 Begin proprioceptive skills.

7.2.5 8 weeks
7.2.5.1 Start driving.
7.2.5.2 Consideration should always be given to the individual patients’ ability. The protocol is based on maintaining range of movement in the first phase and then gradually building strength in the middle to last phase. Progression should be tailored to the individual patient but the times quoted should be the earliest for active movement and when strengthening (resisted exercises) begins.

7.2.6 Return to functional activities
These are approximate and will differ depending upon the individual. However, they should be seen as the earliest that these activities may commence.

Driving 6-8 weeks
Swimming Breaststroke - 6 weeks
Freestyle - 3 months
Golf 3 months
Lifting No heavy lifting for 3 months. After this be guided by the strength of patient

Return to work Dependant upon the patients’ occupation
Patients with sedentary jobs may return at 6 weeks.
Manual workers should be guided by the surgeon.
7.3 MAJOR (large): 3cm – 5cms / MASSIVE: Greater than 5cms
Always be guided by pain - do not force, stretch or stress the repair before 8 weeks.

7.3.1 Day 1 - 3 Weeks
7.3.1.1 Mastersling with body belt plus abduction pad.
7.3.1.2 Wrist and finger exercises.
7.3.1.3 Elbow exercises.
7.3.1.4 Shoulder girdle.
7.3.1.5 Initiate scapula setting.

7.3.2 3 Weeks
7.3.2.1 Review by consultant.
7.3.2.2 Abduction pad removed for major tears, retained for massive tears.
7.3.2.3 Begin pendular exercises(instructed by consultant).

7.3.3 6 Weeks
7.3.3.1 Commence physiotherapy. DO NOT FORCE OR STRETCH.
7.3.3.2 Wean out of sling slowly.
7.3.3.3 Passive flexion etc.
7.3.3.4 Gentle rotator cuff isometrics, pain limiting.
7.3.3.5 Begin active assisted exercises.
7.3.3.6 Gradually progress to active exercises.
7.3.3.7 Begin hydrotherapy.
7.3.3.8 Encourage normal function around waist level.
7.3.3.9 Educate patients about basic rotator cuff function and lever principles to reduce the risk of stressing the repair prematurely.
7.3.4 8 Weeks
7.3.4.1 Start stretching if appropriate.
7.3.4.2 Add resisted exercises within pain limits.
7.3.4.3 Start rotator cuff strengthening.
7.3.4.4 Anterior deltoid strengthening as range of movement allows.
7.3.4.5 Add closed chain exercises.
7.3.4.6 Begin proprioceptive skills.
7.3.4.7 Encourage functional movement within pain limits.
7.3.4.8 Start driving if comfortable.
7.3.4.9 Consideration should always be given to the individual patients’ ability. The protocol is based on maintaining range of movement in the first phase and then gradually building strength in the middle to last phase. Progression should be tailored to the individual patient but the times quoted should be the earliest for active movement and when strengthening (resisted exercises) begins.

7.3.5 Return to functional activities
These are approximate and will differ depending upon the individual. However, they should be seen as the earliest that these activities may commence.

Driving 6-8 weeks
Swimming Breaststroke - 12 weeks
Freestyle - Unlikely to progress to this
Golf 3 months
Lifting No heavy lifting for 3 months. After this be guided by the strength of patient

Return to work Dependant upon the patients’ occupation
Patients with sedentary jobs may return at 6 weeks. Manual workers should be guided by the surgeon.
8.0 Related Documents
Physiotools exercise sheet

9.0 Appendices
N/A

10.0 References