



ADVANZ HEALTH

SPORTS MEDICINE | PHYSIOTHERAPY

ROTATOR CUFF REPAIR

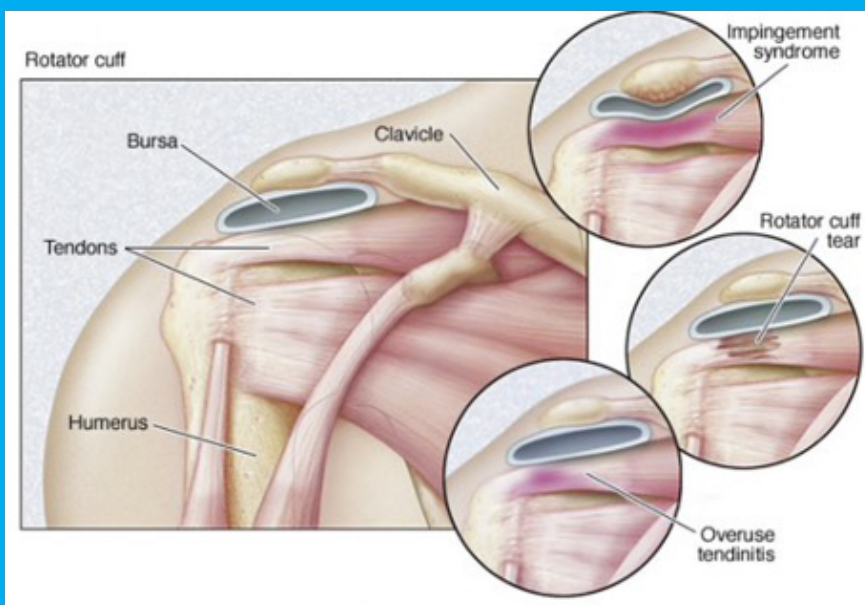
REHABILITATION PROTOCOL

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Sports Medicine & Physiotherapy

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ROTATOR CUFF

One of the main stabilisers of the shoulder joint is the rotator cuff; a group of 4 muscles that hold the “ball” in the “socket”. Damage to the rotator cuff can result in pain with movements, loss of strength and lead to other issues such as shoulder impingement. Tears can be acute, such as lifting a heavy object or falling on the arm. They can also be degenerative, from fraying or wearing down of the tendon over time.



Conservative Treatment

Whenever possible, conservative (non-surgical) management will be the preferred choice for treatment and can include:

- Rest
- Activity modification – avoid activities that cause shoulder pain
- Non-steroidal anti-inflammatory medication
- Strengthening exercises - exercises will restore movement and strengthen your shoulder
- Manual therapy – to improve range of motion and mobility

Surgical Intervention

If conservative management fails, then surgery may be required. Surgery to repair a torn rotator cuff most often involves re-attaching the tendon to the head of humerus. Surgery is generally performed via arthroscopy.

PHASE 1 - EARLY REHAB (0-6 WEEKS)

GOALS	PRECAUTIONS	RECOMMENDED PROGRAM	CRITERIA TO PROGRESS TO NEXT PHASE (TICK WHEN COMPLETE)
<ul style="list-style-type: none">• Immobilise to allow for healing• Pain and swelling management• Increase ROM	<ul style="list-style-type: none">• Can come out of the sling at 4-6 weeks at the discretion of the surgeon• Pendular exercises in first 2 weeks• Passive ROM and active assisted to start after 2 weeks	<ol style="list-style-type: none">1. Ice therapy for pain relief2. Manual therapy to reduce tension of surrounding areas and decrease pain3. Pain-free passive range of motion and active-assisted4. Strengthening: scapular activation5. Fitness maintenance: Low impact exercises for lower body e.g bike or walking	<ul style="list-style-type: none"><input type="checkbox"/> Reduced pain<input type="checkbox"/> Adequate healing time, surgeon confirmation to progress

PHASE 2 – STRENGTH PHASE (6-12 WEEKS)

GOALS	PRECAUTIONS	RECOMMENDED PROGRAM	CRITERIA TO PROGRESS TO NEXT PHASE <i>(TICK WHEN COMPLETE)</i>
<ul style="list-style-type: none"> • Achieve close to full AROM • Increase strength • Return to normal ADL's 	<p>Do not load, pull or lift with affected arm</p>	<ol style="list-style-type: none"> 1. Manual therapy to improve ROM, alignment and reduce mm tone 2. Active ROM – progress from active assisted to active movements 3. Strengthening program: start with sub-max isometric movements <30% MVC (see videos) 4. Fitness maintenance: Stationary bike, xtrainer 	<ul style="list-style-type: none"> <input type="checkbox"/> Good resting posture <input type="checkbox"/> Satisfactory ROM without pain or dysfunction



PHASE 3 – FUNCTIONAL STRENGTHENING (12-20 WEEKS)

GOALS	PRECAUTIONS	RECOMMENDED PROGRAM	CRITERIA TO PROGRESS TO NEXT PHASE
<ul style="list-style-type: none"> • Full AROM • Increase functional activities • Increased strength and dynamic movement 	<ul style="list-style-type: none"> • Avoid activity that causes pain • Avoid overhead activities with weight 	<ol style="list-style-type: none"> 1. Manual therapy to improve ROM, alignment and reduce mm tone 2. Graded strengthening program : isotonic movements (see videos) 3. Fitness maintenance: Stationary bike, xtrainer 4. Biomechanical retraining 5. Proprioception training 	<ul style="list-style-type: none"> • Full ROM • Moderate strength in affected arm • Satisfactory endurance: 1 min intervals of IR/ER exercises • Good scapular control



PHASE 4 – DYNAMIC STRENGTH AND STABILITY PHASE (5 MONTHS- 1 YEAR)

GOALS	PRECAUTIONS	RECOMMENDED PROGRAM	CRITERIA TO PROGRESS TO NEXT PHASE
<ul style="list-style-type: none"> • Continue to improve muscular strength and stability • Return to desired activities • Prevention of recurrence 	<ul style="list-style-type: none"> • Avoid ER above 90deg until after 6 months 	<ol style="list-style-type: none"> 1. Manual therapy to improve ROM, alignment and reduce mm tone 2. Graded strengthening program : isotonic movements (see videos) 3. Fitness maintenance: Stationary bike, xtrainer 4. Biomechanical retraining 5. Plyometrics 6. Proprioception training 	<p>Surgeon and physio will clear for return to sport once sports/activity-specific criteria are met (usually at 6months + for contact sports)</p>



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