POST-OPERATIVE PROTOCOL

Rotator Cuff Repair: Small or Medium Tear

Reattaching a torn shoulder tendon to the bone

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This sheet takes you through your recovery, phase by phase, after the repair of a small or medium rotator cuff tear. The repaired tendon needs time to heal back onto the bone, so the early weeks are about protecting it, moving the shoulder only with help; the movement and then the strength are built up gradually after that.

SLING	EXERCISES	STRENGTHENING	FINAL RESULT
4 weeks	3 times a day	From about 12 weeks	1 to 2 years

Your operation

The rotator cuff is a group of tendons that hold the ball of the shoulder in its socket and help to lift and turn the arm. A tear, from wear over the years or from an injury, makes the shoulder painful and weak. In a rotator cuff repair, usually through keyhole surgery, the surgeon stitches the torn tendon back onto the bone where it belongs.

The tendon then has to heal onto the bone, and it reaches its full strength only at around 3 to 4 months. Until then, the stitches are doing the holding, and using the arm's own muscles too early, or forcing it, could pull the repair apart. That is why the arm is moved only with help for the first 6 weeks.

Your sling

- Wear the sling for 4 weeks, day and night, including in bed.
- Take it off only to wash, and to do your exercises. To wash under your arm, lean forwards and let the arm hang down gently.
- While the arm is in the sling, you can still use your hand for light tasks, such as writing and eating.
- Using your hand for light tasks like these helps: people who use the hand early tend to have less pain and better movement later.

While the repair heals, avoid

- Lifting the arm with its own muscles, until 6 weeks: let your other arm, or a table, do the work.
- Reaching behind your back, or across your body, until 6 weeks.
- Reaching up behind your head, for example to brush the back of your hair, until 8 weeks.
- Lifting or carrying anything heavier than a cup, until 8 weeks.
- Forcing any stretch, at any stage.

Easing pain and swelling

- Take your painkillers regularly, as prescribed, rather than waiting for the pain to build up. The exercises are much easier when the pain is under control.
- Once the numbness has worn off, an ice pack wrapped in a thin towel, for up to 20 minutes at a time, several times a day, eases pain and swelling. Keep the dressings dry.
- Many people sleep better propped up on pillows, with a pillow supporting the operated arm.

Getting back to everyday life

- Driving: ask your doctor before you drive again. When you can depends on your progress, and on feeling confident that you can control the car safely.
- Heavy lifting: if your work involves heavy lifting, avoid it for 6 months.
- Swimming: from 4 to 6 months, starting with gentle breaststroke.
- Sport: your return to sport is built up gradually, and planned separately for each person, depending on the sport and what it demands of your shoulder.

What to expect

Smoking slows healing and raises the risk of the repair tearing again, so stopping helps. Most of the improvement comes in the first year, and the shoulder can keep improving for up to two years. The aim is a comfortable, stronger shoulder that moves as freely and as far as it allows, which varies from person to person.

CONTACT THE CLINIC URGENTLY IF

- You have a fever, or feel unwell.
- The wound becomes red, hot or more swollen, or starts to leak.
- The pain suddenly gets much worse, or your painkillers are not controlling it.
- Your hand goes numb, or your fingers turn cold, pale or blue.
- You have pain or swelling in your calf.
- You have a fall, or the shoulder suddenly feels different.

Clinic: +91 99197 03477. If you are short of breath or have chest pain, go to the nearest emergency department straight away.

BEFORE YOU BEGIN

- Start Phase 1 on the day after your operation, unless you are told otherwise.
- Until 6 weeks, move the shoulder only with help, from your other arm or a table. Do not lift the arm with its own muscles.
- Move slowly and smoothly. Some discomfort is normal, but stop if a movement causes sharp pain, and never force it. Check in a mirror that your shoulder does not hitch up towards your ear.
- The timings are a guide. Follow these exercises as they are written unless Dr Malik tells you otherwise.
- This sheet does not replace individual advice. If it differs from what you were told in clinic, follow the advice you were given there.

WEEKS 0–4

Phase 1: Protecting the repair

The repair is at its most fragile. Keep the sling on, except to wash and to do these exercises. Move the shoulder only with help, and only within these limits: raising the arm up to shoulder height, in front of you and slightly out to the side; and turning it outwards about half as far as your other arm can turn.

01 Neck, elbow, wrist and hand

Keeping the joints around the shoulder moving while the arm is in the sling.

1. Neck: sitting up tall, turn your head slowly to look over each shoulder in turn, then tilt each ear towards its shoulder.
2. Elbow: with the sling off and your upper arm resting at your side, bend and straighten the elbow as far as it goes.
3. Wrist and hand: circle your wrist both ways, then make a fist and spread your fingers wide.

REPETITIONS	HOW OFTEN
10 of each	3 times a day

02 Shoulder blade exercises

Keeping the shoulder blade moving freely, and helping your posture.

1. Sit or stand up tall, with the operated arm resting in the sling or on a pillow.
2. Shrug your shoulders up towards your ears, then let them drop and relax.
3. Draw your shoulders gently forwards, then squeeze your shoulder blades back and down. Hold for 5 seconds, and relax.

REPETITIONS	HOW OFTEN
10 of each	3 times a day

03 Table slides

Moving the shoulder, with the table taking the weight of the arm.

1. Sit at a table with your operated arm resting on it, the hand on a small towel.
2. Lean your body forwards so that your hand slides forwards along the table. The arm moves because you lean, not because you lift it.
3. Slide forwards, and a little out to the side, only as far as is comfortable.
4. Sit back to slide the hand back.

REPETITIONS	HOW OFTEN
10	3 times a day

04 Lying arm raises, with help

Raising the arm with your other hand doing the work.

1. Lie on your back with a pillow under your head.
2. Hold the wrist of your operated arm with your other hand. Let the operated arm stay relaxed: your other hand does the lifting.
3. Raise the arm in front of you until it points at the ceiling, no further, then lower it slowly.
4. From 4 weeks, take it gradually further, up and over towards your head, as comfort allows, still with help.

REPETITIONS	HOW OFTEN	FROM 4 WEEKS
10	3 times a day	Further, still with help

05 Turning the arm outwards, with help

Gently keeping the outward turn of the arm, with your other arm doing the work.

1. Lie on your back with your operated elbow bent to a right angle and tucked into your side. A folded towel under the elbow helps.
2. Hold a stick, such as a rolled umbrella, in both hands.
3. Use your other arm to push the operated hand slowly outwards, keeping the elbow tucked in. At first, go only about half as far as your other arm can turn.
4. From 4 weeks, go gradually further as comfort allows. From 6 weeks, you can do it without the stick.

REPETITIONS	HOW OFTEN	AT FIRST
10	3 times a day	Half as far as the other arm

06 Gentle muscle tightening

Waking up the shoulder muscles gently, without moving the joint.

1. Sit or stand up tall, with your palms together in front of your chest and your elbows bent, as if in prayer.
2. Press your palms gently together, using only about a third of your strength.
3. Hold, then relax. It should not hurt.

HOLD	REPETITIONS	HOW OFTEN
5 seconds	10	3 times a day

> **MOVING ON** At about 4 weeks you can start to leave off the sling. Move on when your pain is under control and you can do these exercises smoothly, within the limits.

WEEKS 4–8

Phase 2: Regaining movement

Stop wearing the sling gradually, over a few days. Carry on with the Phase 1 exercises: with help, you can now take the arm gradually further, as far as is comfortable, aiming to move it freely with help by about 6 weeks. From 6 weeks, add these exercises and start to move the arm on its own. Until 8 weeks, still do not lift anything, or reach up behind your head.

07 Raising the arm on its own

From 6 weeks: lifting the arm with its own muscles, forwards and out to the side.

1. Start lying down: do the lying arm raises (exercise 04) with less and less help, until the arm lifts on its own.
2. When that is easy, do the same sitting, and then standing: raise the arm forwards as high as is comfortable, and lower it slowly.
3. Then raise it out to the side in the same way, with your thumb pointing up.
4. Use a mirror: your shoulder should not hitch up towards your ear. If it does, go back to lifting with help for a while.

REPETITIONS	HOW OFTEN	START
10 of each	3 times a day	From 6 weeks

08 Reaching behind your back

From 6 weeks: regaining the movement you need to reach behind you, for example to tuck in a shirt.

1. Stand holding a towel behind your back, the operated hand at the lower end.
2. Use your other hand to draw the towel upwards, gently sliding the operated hand up your back.
3. Hold the stretch for 10 seconds, then relax. Never force it.

REPETITIONS	HOW OFTEN	START
10	3 times a day	From 6 weeks

> **MOVING ON** Move on at about 8 weeks, when you can move the arm comfortably and your shoulder does not hitch up as you move.

FROM 8 WEEKS Phase 3: Getting stronger

Keep working on the movement, including reaching up behind your head. By about 12 weeks, aim to move the arm as freely and as far as your shoulder allows: how far varies from person to person. The repair reaches its full strength at around 3 to 4 months, so strengthening against resistance usually starts from about 12 weeks, when Dr Malik agrees. Your physiotherapist will then build up the strength of your shoulder and arm to suit your daily life, work and leisure. Increase your use of the arm gradually, and ease off if it becomes tired or sore.

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