

Exercises following rotator cuff repair

Introduction

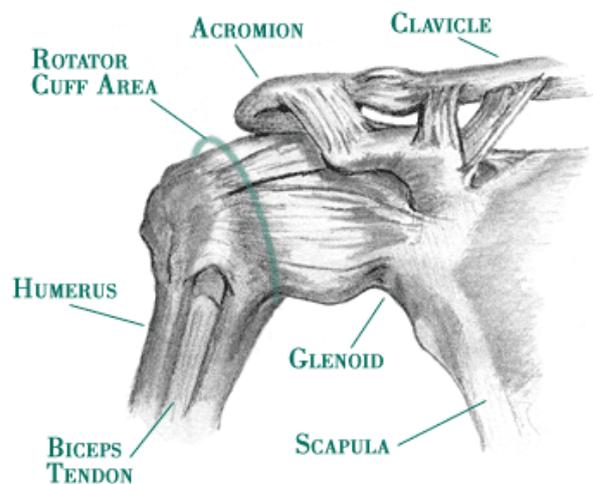
The rotator cuff consists of four muscles and their tendons, which surround the ball (humeral head) of the shoulder joint. The muscles fine-tune the movements of the shoulder and help keep the ball of the shoulder joint in its socket.

The tendons of the rotator cuff pass through a narrow space between the top of the arm bone and a prominent bone on the shoulder blade (the acromion). The cuff is very vulnerable to being pinched here when the arm is moved especially above the head. Over time this pinching can lead to tears. The chances of this happening increases with age.

When repeated tearing occurs, the fabric of the cuff becomes weakened and finally like the cloth at the knees of old trousers, splits. This leads to pain, which can be severe.

Weakness of the shoulder can occur and often clicking and crunching on movement.

Other forms of treatment such as injection and physiotherapy are available but sometimes it is necessary to repair the cuff. How well this does will depend upon the size of the tear. If we think about the trousers again, the bigger the split in the fabric, the more difficult is the repair and the more likely the repair is to tear. Your consultant will have discussed this with you.



General guidelines

Pain

A nerve block may be used during the procedure, which means that immediately after the operation the shoulder and arm can feel numb for a few hours. The shoulder will be sore when this wears off and this may last for a few weeks. It is important that you continue to take the painkillers as advised by the hospital. Ice packs may also help reduce pain. Wrap frozen peas / crushed ice in a damp, cold towel and place on the shoulder for up to 10 minutes. Allow at least 20 minutes between each application of the ice pack.

Wearing a sling

You will return from theatre wearing a sling and body belt. The sling is worn continuously for six weeks, as is the body belt. You will only remove the sling for specific exercises. Your physiotherapist will advise you of these.

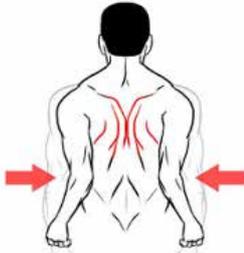
Hygiene

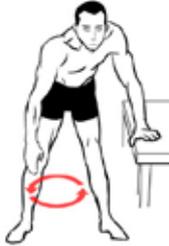
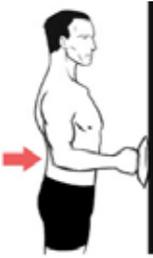
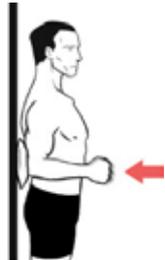
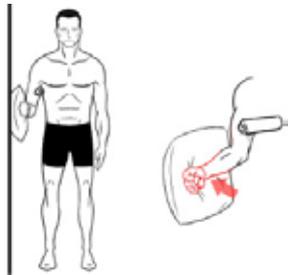
You will be unable to bath or shower for six weeks and will need to strip wash. It is possible, by leaning forward slightly, to get a baby wipe or face cloth under the armpit of the side in the sling. You are very likely to need assistance to wash your back so it is advisable to try and organise some help from family and friends beforehand. If this is not possible we can organise a package of home care for you before you leave hospital, if required.

Follow up

You will be expected to attend the 11am Shoulder Group at the Royal Berkshire Hospital on the first Friday following your surgery. This is for a wound check and to make sure you are comfortable and understand your exercises. Following this, a referral will be forwarded to your local Physiotherapy Department for further rehabilitation six weeks after surgery. You will be given a Shoulder Clinic appointment with your surgeon or specialist physiotherapist three months after surgery but this can be moved forward if you have any significant problems.

You must wear the sling for 6 weeks. Throughout your rehabilitation you must always be guided by your pain. Do not force, stretch or stress the repair before the timeframes in the following exercises.. The exercises should be done a minimum of ten times each, three times a day.

<u>Day 1 – 3 weeks</u>	
<p><u>Begin shoulder girdle exercises:</u></p> <ul style="list-style-type: none"> • Shrug the shoulders up to the ears. • Roll the shoulders backwards. • Squeeze the shoulder blades together. 	
<p><u>Begin elbow exercises:</u></p> <ul style="list-style-type: none"> • Bend and straighten the elbow. • With a bent elbow turn the forearm over in a clockwise and anti-clockwise direction. 	
<p><u>Begin wrist and hand exercises:</u></p> <ul style="list-style-type: none"> • Bend the wrist forwards and backwards. • Tilt the wrist from side to side. • Circle the wrist in a clockwise and anticlockwise direction. • Squeeze and make a fist. • Ensure you maintain a good upright posture in your sling. 	

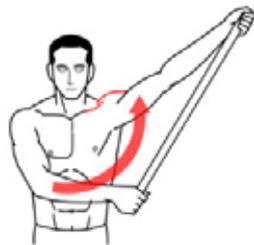
Day 1-2 weeks (Small) / Week 3 (Medium) / Week 6 (Large/Massive)	
<p>Continue elbow, wrist and hand mobility exercises. <u>Begin gentle pendulum exercises:</u></p> <ul style="list-style-type: none"> • In a standing position, lean forwards and allow the arm to hang pointing towards the floor. • Then gently circle the arm. 	
Week 3 (Small) / Week 4-5 (Medium) / Week 6 (Large/Massive)	
<p><u>Begin gentle cuff isometric exercises as pain allows</u> <u>Do not force or push into pain:</u></p> <ul style="list-style-type: none"> • Arm at your side, elbow bent to 90 degrees, stand facing the wall. • Apply pressure forwards through the wall. 	
<ul style="list-style-type: none"> • Arm at your side, elbow bent to 90 degrees, stand with your back to the wall. • Apply pressure back through the wall. 	
<ul style="list-style-type: none"> • Arm at your side, elbow bent to 90 degrees, stand next to the wall. • Apply pressure out through the wall as if turning the arm outwards. Using a pillow as shown in the picture may make the exercise more comfortable but is not essential. 	
<ul style="list-style-type: none"> • Arm at your side, elbow bent to 90 degrees, stand to the side of a door frame facing the wall. • Apply inward pressure against the door frame. 	

Begin passive shoulder exercises, progressing to active assisted, then active as comfort allows (remembering not to lift the arm above shoulder height):

- Laying on your back use the good arm to support the bad arm and lift it above your head as far as pain allows (see below left).
- Standing, slide the operated arm up the wall in front of you (see below right).



- Standing, holding a stick or broom, use the good arm to push the operated arm away from the body and upwards.



- Sitting or standing, tuck your elbows into your side, elbows bent and hold a stick or broom between your hands.
- Use the good arm to assist the operated arm in a movement away from the body keeping the operated arm's elbow tucked into the side.



- Standing, grasp a stick behind your back; use the good arm to assist the operated arm lifting the stick away from your bottom.



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Weeks 6+ (or as advised by your physiotherapist)

Gradually progress from assisted exercises to active exercises:

- Standing, slide the operated arm up the wall in front of you (see below left).
- Standing, lift the operated arm above your head unassisted (see below right).



- Sitting or standing, tuck your elbows into your side, elbows bent and hold a stick or broom between your hands (see below left).
- Use the good arm to assist the operated arm in a movement away from the body.
- Turn the arm away from the body unassisted (see below right).



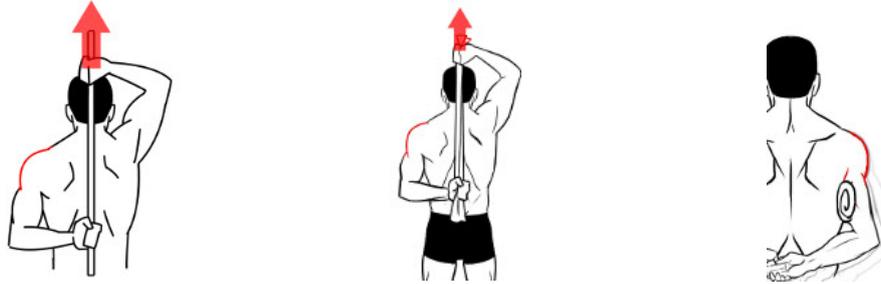
- Standing, holding a stick or broom, use the good arm to push the operated arm away from the body and upwards (see below left).
- Standing, lift the arm away from the body and upwards unassisted (see below right).



- Standing, lower the stick down your back using your good hand. Reach up behind your

back grasping the stick in your operated side's hand. Use the good arm to gently lift the hand up the back (see below left).

- Standing, lower a towel down your back using your good hand. Reach up behind your back grasping the towel in your operated side's hand. Lift the operated arm as much as possible up behind the back, using the good arm to assist it (see below centre).
- Standing, lift the operated arm up behind the back unassisted. A towel under the arm provides a small amount of traction and may make the exercise more comfortable but is not essential (see below right).



Note: These are guidelines only.

Further information

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Visit www.royalberkshire.nhs.uk www.readingshoulderunit.com

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