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## Therapist Information and Guidelines

### Rotator Cuff Repair

### Standard Rehabilitation Program

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

All rotator cuff repairs will be placed in an Abduction Brace, normally for 6 weeks.

The standard rehabilitation program is used with patients who do not have excellent quality tendons, who have had a large RC tear repaired or do not have a robust repair. This is determined by Mr McKeown intra-operatively.

The abduction cushion should sit laterally on the trunk and should be worn at all times by the patient (night and day). Clothing should be applied over the brace for the 1st 3 weeks, some straps may be opened for hygiene requirements and certain exercises but the arm should not be removed from the sling.

After 3 weeks the patient can dress the affected arm. To do this the arm should be taken passively out from the sling by a carer and sleeve applied – the arm should be maintained in abducted position and returned to the sling afterwards.

Always be guided by the patient's pain. Do not force, stretch or stress the repair before 8 weeks.

Strengthening should not begin before 6 weeks.

Patients should not drive for 6-8 weeks.

Consideration should always be given to the individual patient's ability. The guidelines are based on maintaining range of movement in the 1st 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

### Post Op

#### Day 1 – 3 Weeks:

Patients arm within the brace

Finger, wrist & RU joint exercises.  
 Elbow flexion / extension (within sling).  
 Shoulder girdle exercises.  
 Commence Scapula setting.

#### 3 Weeks:

Commence pendular exercises along plane of the abduction cushion i.e. abduction cushion to remain in situ throughout exercises.

#### 6 Weeks:

Wean out of brace as able.  
 Commence passive ROM exercises in all directions.  
 Commence active assisted exercises and progress to active exercises as able.  
 Commence gentle isometric rotator cuff strengthening exercises in neutral, initially.  
 Encourage functional movements at waist level.

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Progress to isotonic strengthening as able, gradually increasing resistance and range.  
 Commence anterior deltoid strengthening as ROM allows.  
 Commence proprioceptive exercises.  
 Scapular control and core stability.  
 Commence stretching of limited movements if necessary.  
 Encourage functional movements as able.

### 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 should commence.*

*Driving: 6-8 Weeks*

*(Patient must feel safe to drive).*

*Swimming: Breaststroke: 8 Weeks.*

*Freestyle: 3 Months.*

*Golf: 3 Months.*

*Lifting: No heavy lifting for 3 months. After this be guided by the strength of the patient.*

*Return to work: Dependent upon the patient's occupation.*

*Sedentary job: 6 Weeks.*

*Manual workers: Should be guided by Mr McKeown at least 3 months.*