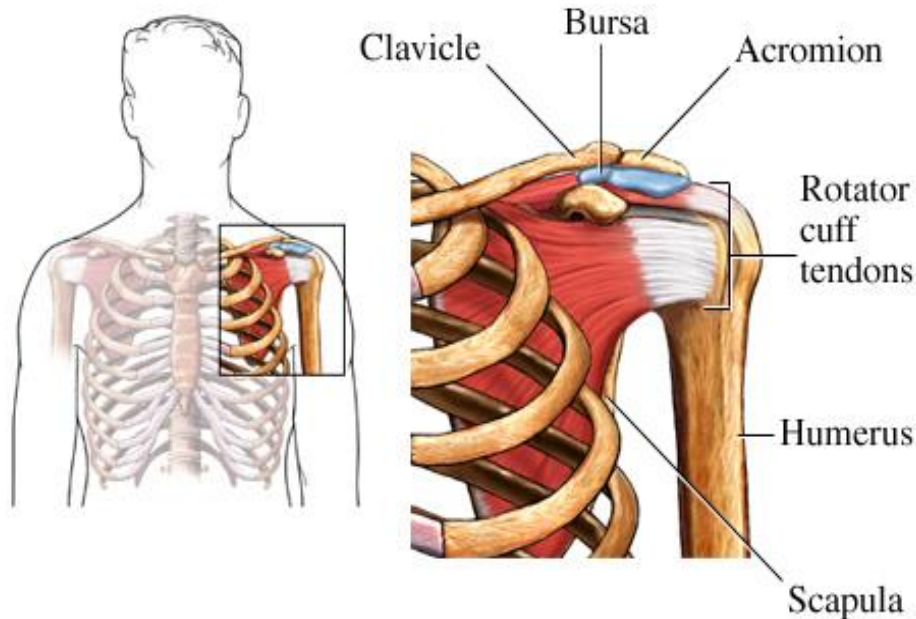


Information following a Shoulder Rotator Cuff Repair

The Shoulder Joint

Your shoulder is the most mobile joint in your body and is therefore dependent on strong muscles to move and stabilise it. The most important group of muscles for this purpose are the rotator cuff muscles. These muscles -**Supraspinatous, Infraspinatous, Teres Minor and Subscapularis**, 'originate from the shoulder blade and their tendons form a hood covering the ball of your shoulder joint. These muscles allows the arm to lift and rotate as well as stabilise the shoulder joint.



If one of these muscles is torn, movement is no longer smoothly controlled causing pain, weakness and inability to function normally. You may struggle to lift your arm and performing everyday activities such as brushing your hair may become very difficult. These muscles can be damaged either by an accident or by wear and tear that can happen over a period of time.

The Operation

The aim of surgery is to relieve pain and improve shoulder strength by repairing the torn tendon or tendons through key hole (Arthroscopic) surgery. Using 4 or 5 tiny incisions the repair is carried out. The joint and other rough or worn areas will also be tidied up; the bone on the underside of the acromion is trimmed and made smooth.

Guidelines & Time-scales

The guidelines below are written to enable you to get the best recovery following your surgery. It is important they are adhered to. The milestones should not be taken faster than specified, as the repair needs time to heal and withstand the stresses you place on it. The information below is intended as a guide.

Before your surgery

You will be seen at a pre-assessment nurse led clinic. The operation will be explained further and you will be asked to fill a general health questionnaire. You may then be sent for blood tests and other tests if required. An anaesthetic opinion, if felt necessary, may be obtained at this stage.

Surgery

Following the operation your arm will be supported in a sling that should be worn for between 3 and 6 weeks. Mr. Stanislas or physiotherapist can advise you on how long you should wear the sling for. This can be removed for washing and doing the exercises shown to you by the physiotherapist. You will probably be kept in hospital overnight and go home the day after your operation.

Pain Control

An Interscalene nerve block is often used during the operation, which produces pain relief and numbness of your arm. It wears off over a period of 12 hours. Immediately after the operation an icepack is used around your shoulder for pain relief. It is usual to experience some pain for a few weeks following surgery, this will increase after exercising. Pain may be controlled by taking regular painkillers and using the ice pack. You must keep the wound dry. Never apply ice directly to the skin, as this may cause ice burns. You may have some numbness around the scar but this will lessen with time.

Rehabilitation

Rehabilitation after leaving the hospital is divided into four phases. These phases and their goals are presented below. There are many different exercises available to achieve the goals and these are tailored to each individual by the Physiotherapy Team. Examples are outlined in each section.

These are guidelines and is not a strict protocol.

PHASE 1 (0-3 weeks)

The aim of this phase is to allow the repair to heal, it is vulnerable and requires rest. During this time your arm will remain in the sling except for washing. You may remove your arm from the sling every 2 hours to allow your elbow to straighten (it must be supported by the opposite side) and to keep your fingers and wrist moving. A two-week clinic appointment will be given to you when you are discharged from hospital after your operation. At clinic you will be assessed, your stitches will be removed and Out Patient Physiotherapy will be organised.

You should do the following exercises;

1. Lying on your back with straight elbows use the un-operated arm to lift the other arm up keeping it as close to the ear as possible. **Do not** try to lift the arm without the help of the other arm. Repeat 10 times



2. With your arm in the sling grasp wrist of involved arm and attempt to move it outwards resisting motion with the other hand. Hold for 5 secs and repeat 5 times. Then reverse the movement so you are resisting inwards motion. No movement should occur.



PHASE 2 (3-6 weeks)

At this stage the repair is becoming stronger but is still vulnerable. You must continue to wear the sling if you are advised to. You should not attempt to lift your arm without the assistance of the other arm. It is safe however to start the following exercises once you have been reviewed by Mr. Stanislas or his team. The physiotherapist will modify the exercises as you progress.

You should now add the following exercises:

1. Stand leaning on a table with the un-operated hand.

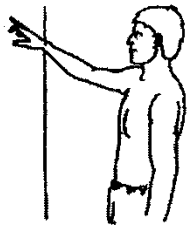
Allow the operated arm to hang by your side. By moving your arm like a pendulum allow it to gently swing.

- i) forward & back
- ii) side to side
- iii) in a small circle

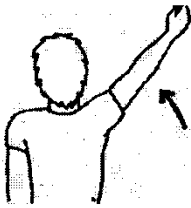
2. In standing or sitting clasp your hands together and raise both arms up in the air then slowly lower. Repeat 10 times

PHASE 3 (6-12 weeks)

The repair is now strong enough to start active exercises with the physiotherapist. Some are shown below. In addition to these exercises your physiotherapist may give you gentle strengthening exercises or other exercises. The physiotherapist will also help you correct any altered movement patterns which are common after shoulder surgery. The shoulder is not able to withstand stresses from the use of weights or resisted exercises at this stage.



1. Stand facing a wall.
‘Walk’ your fingers up the wall as high as possible.
Reverse down the same way.
Repeat 10 times



2. Lift your arm up sideways with your thumb leading the way.
Repeat 10 times



3. Tuck your elbows into your side. Turn your forearms outwards as if opening a newspaper.
Repeat 10 times

PHASE 4 (12 weeks onwards)

The shoulder should be functioning well at this stage. The exercises at this phase are designed to strengthen your shoulder so that you can resume all normal activities. Following discussion in clinic you may be able to start resistance/ weight training.

Normal milestones;

- By 6 weeks your shoulder should move the same amount as before the operation with help from your other arm or the physiotherapist.
- By 12 weeks your active movement should be equal to your pre-op level

You can expect continued improvement for upto 12 months following surgery.

Commonly asked questions

- **When can I begin driving?**

Mr. Stanislas or the Physiotherapist can advise you regarding your return to driving.

It is not advisable not to drive for at least 4-6 weeks after the operation, depending on the complexity of the operation.

The advice from the DVLA is that you should not drive until you are capable of controlling a vehicle and carrying out an emergency stop.

You should also check with your own car insurance company.

- **When can I return to work?**

Returning to work will depend on the type of work you do. Listed below are guidelines;

Light work is classified as a job with no lifting. This can usually be resumed at 6 weeks.

Medium work is classified as a job that involves lifting below shoulder level. This can usually be resumed at 12 weeks.

Heavy work can be resumed at 3- 6 months after discussion with your consultant.

- **When can I start sport?**

Return to sporting activities should be discussed with the physiotherapist and they can help plan your rehab.