

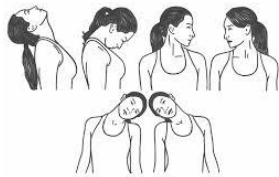
Patient Name: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

## Shoulder Rotator Cuff Repair

You will be required to wear a sling for 3-5 weeks depending on the extent of your surgery, this will be explained to you by your surgeon/physiotherapist. During this period, it is important to maintain mobility of the surrounding joints to prevent stiffness. You will be guided on weaning off your sling at your 4 week review with Prof. Moran. It is recommended that you arrange to see your physiotherapist 10-14 days post-surgery to commence your rehabilitation. The following exercises should be carried out 3-4 times daily.

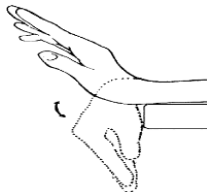
### 1. Neck Range of Movement



Turn your head to one side, then the other. Repeat 10-15 times Tilt your head towards one shoulder, then the other.

*Repeat 10-15 times.*

### 2. Wrist Range of Movement



Move your wrist up and down. Rotate it in circles, clockwise and anti-clockwise.

*Repeat 10-15 times.*

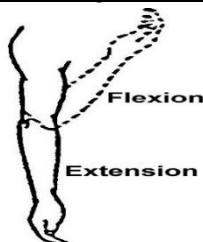
### 3. Shoulder Blade Exercise



Keep your arms relaxed. Square your shoulder blades (pull them back and slightly down). Do not let your back arch. Do not let your elbows move backward. Hold for 10seconds.

*Repeat 10-15 times.*

### 4. Elbow Range of Movement



Take your arm out of the sling. Keep your arm by your side. Straighten your elbow fully and bend it fully.

*Repeat 10-15 times.*

## Physiotherapy Rehabilitation Guidelines: Rotator Cuff Repair

Phase 1	Mobilisation	Range of Movement	Exercises / Strengthening	Precautions
Week 0-4	Sling at all times unless specified	Minimal active ROM	AROM to wrist & elbow / Scapula setting / Postural Alignment / Scapula Mobilisation	No active ROM to the shoulder
Week 4-6	Gradual weaning from sling	Begin gentle passive / active assisted ROM	Passive supine ExtRotn / IntRotn / Passive FwdFlexion in scapular plane / Pendular Exercises / AROM to wrist / elbow / RC Isometrics / Scapula Setting / Retractions / Postural Alignment / Abdominal Activation	ROM within painfree range

Phase 2	Mobilisation	Range of Movement	Exercises / Strengthening	Precautions
Week 6+	No immobiliser	Begin gentle AROM & AAROM excs	PROM / AAROM FwdFlex / ExtRotn / IntRotn / Wand excs / Gentle AROM excs / Shoulder Pulleys / Scapular stabilisation / Wall Slides / Posterior Capsule Stretching / Gentle Theraband excs – IR / ER / Proprioceptive excs (gym ball) / Closed Chain excs / Manual mobilization / Pool therapy for ROM / Address the kinetic chain – trunk / lower extremity	No heavy lifting  Avoid repetitive arm behind back movements  Emphasis on correct exercise technique
Week 10+	No immobiliser	Aim for full AROM / AAROM	Gentle Theraband excs – IntRotn / ExtRotn / Humeral head stabilization / Scapular stabilization / Prone Ts & Ys / Prone Rows / Latissimus strengthening / Wall push ups / Shoulder Press / Lat Pull Downs / Upper Limb Flexibility / Pool therapy / Posterior capsule stretching / Address kinetic chain / trunk / lower extremity	Full pain free ROM  Normal scapulo-humeral rhythm
Week 16+	No Immobiliser	FROM	Progression of upper extremity strengthening / flexibility / Bench press / Chest Press / Activity specific plyometrics / Overhead / throwing programme (20weeks+)	Symmetrical RC strength

**Note:** As everyone progresses at different rates, the rehabilitation programme should focus on criteria based progression, rather than timeline based progression. For each exercise, it is imperative to have consistent sequential progressions. Once the patient / athlete is proficient with execution of a particular exercise, the exercise can be increased in complexity, with emphasis on technique efficiency.

Please contact [rehab@cathaljmoran.com](mailto:rehab@cathaljmoran.com) if you have any questions.