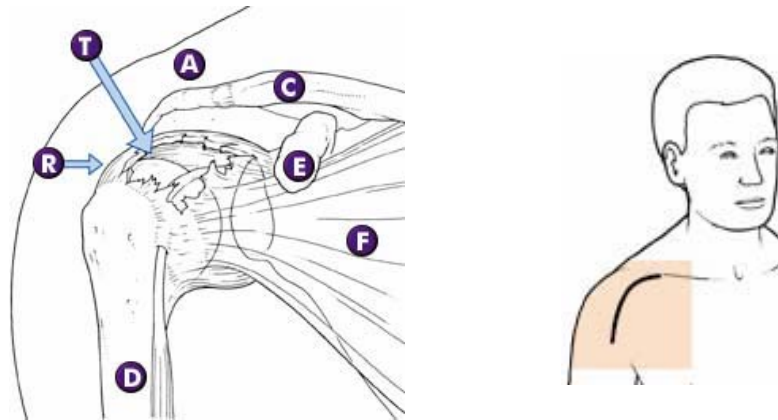


ROTATOR CUFF REPAIR (ARTHROSCOPIC)



KEY A Acromion C Clavicle D Humeral shaft E Coracoid F Scapula R Rotator cuff T Tear of rotator cuff

Patient to be seen within 3 weeks of discharge from the Orthopaedic Unit at Macclesfield District General Hospital

OPERATION

Purpose

To relieve pain and improve rotator cuff function.

Case profile

Patients with pain from reparable chronic rotator cuff tears or tears resulting from an acute traumatic event.

Portals

Posterior - Arthroscope.
Lateral (x2) - Instruments
Anterior – Suture management

Arthroscopic Procedure

Mobilise and debride cuff
Prepare bony bed
Suture anchors
Perform ASAD

Possible associated procedures

Arthroscopy.

Excision of the acromioclavicular joint.

Main possible complications

Impingement of the repair.

Recurrence of the tear.

Development of pain from degenerative gleno-humeral joint arthritis.

THERAPIST

In patient

- Polysling to be worn for 3 weeks - only removed for exercising or washing.
- Instructions given for the correct removal of sling for washing and dressing.
- Teach elbow, wrist and hand exercises.
- Gentle pendulum exercises
- Scapular setting and posture advice given.

3 weeks

- Wean off polysling
- Do not force or stretch
- Passive shoulder flexion, abduction, extension and internal rotation with therapist
- Begin active-assisted exercise – ensure glenohumeral movement and not scapulothoracic.

6 weeks +

- Active assisted exercises progressing to active ROM exercises.
- Proprioceptive re-education.
- Submaximal isometric rotator cuff exercises in scapular plane*
- Ensure scapula dynamic control through active ROM.
- Progress to resisted cuff exercise (theraband) if pain free

12 weeks

- Graded resistance exercises through range aiming for full function.
- Check scapula dynamic control through active ROM.

MILESTONES	
Week 4	Passive ROM at least 50% of the pre operative level
Week 6	Passive ROM equal to pre- operative level
Week 12	Active ROM equal to pre- operative level

* Isometric contraction <30% maximum voluntary contraction.