

## Professor M. A. Imam

MD, D.SportMed, PhD, FRCS (Tr and Orth)

Subspecialist in Upper limb and Complex trauma reconstruction

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## **Secure/Small Rotator Cuff Repair**

	Rehabilitation	
On Discharge – 4 Weeks	<ul> <li>Sling for comfort only</li> <li>Advice on sling management</li> <li>Neck, elbow, wrist &amp; hand exercises</li> <li>Postural awareness and scapula control</li> <li>Active assisted closed chain ROM in safe zone</li> <li>Kinetic chain rehabilitation</li> <li>Thoracic spine ROM</li> <li>Avoid combined abduction and external rotation and hand behind back</li> </ul>	
4-6 Weeks	<ul> <li>Progress from active assisted to active ROM (short to long lever)</li> <li>HBB within limits of pain</li> <li>Begin cuff control exercises and sub maximal isometric strengthening approx. 30% through available range.</li> </ul>	
6-12 Weeks	<ul> <li>Commence open chain rotator cuff strengthening (short to long lever)</li> <li>Kinetic chain functional rotator cuff and scapula control</li> <li>Begin stretching into combined movement ranges</li> <li>Patient specific functional/sports training</li> <li>Full kinetic chain rehab</li> </ul>	



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Week 12	<ul> <li>Begin combined abduction and external rotation</li> <li>Manual therapy to address and ROM deficits</li> </ul>	
Milestones		
Week 4	Can return to driving as able and sedentary work	
Week 6	Active assisted movement at least 80% of normal, sling discarded.	
Week 12+	Full AROM, normal function, can consider return to contact sport, manual work and lifting	

Sling	Sling 4 weeks
Physiotherapy	Within 2 weeks post op
Follow Up	