



KUCHING SPECIALIST HOSPITAL SDN BHD (258493-K)

(Formerly known as PUTERI HEALTHCARE SDN BHD)

(A Member of KPJ Healthcare Berhad)

Lot 10420, Block 11, Tabuan Stutong Commercial Centre, Jalan Setia Raja, 93350 Kuching, Sarawak, Malaysia.

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LARGE ROTATOR CUFF REPAIRS

Indication: Rotator Cuff Tear

Post-Op Treatment:

Day 1: Arm will be in support or occasionally in abduction brace.

- a) Maintenance exercises for elbow, wrist and hand.
- b) chest checked and treated as required.

**Day 2 -
6 weeks**

1. Patients in Sling

- a) Active shoulder girdle exercises.
- b) Maintenance exercises for elbow, wrist and hand.
- c) Passive / auto-assisted flexion to 90°.
- d) Passive / auto-assisted lateral rotation.

(N.B. check notes - if subscapularis involved or if specified, rotation to neutral only).

2. Patients in Abduction Brace

- a) Active shoulder girdle exercises.
- b) Maintenance exercises for elbow, wrist and hand.
- c) Passive elevation from splint to 90°.
- d) Passive lateral rotation of shoulder with arm rested on splint.

(N.B. Do not internally rotate, extend or adduct from resting position. c) and d) may be done within limits of pain. Occasionally c) and d) will not be allowed - check first).

6 weeks: May discard sling.

- a) Auto-assisted exercises in all directions.
- b) Active exercises with patient supine, prone lying, side-lying, sitting or standing.
- c) Biofeedback.
- d) May use Isokinetics in passive mode for active-assisted exercise.

10-12 weeks: Passive stretch of any movements which remain restricted.

4 months: Gentle resistance may be used if necessary, using theraband

N.B.

- a) Do not exercise into abduction.
- b) Teach patient to lift using elbow flexion rather than shoulder muscles.
- c) Dead weight resistance is not encouraged



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ARTHROSCOPIC ACROMIOPLASTY

(Clinic: 2 weeks and 3 months post-op)

- Post-op:** In collar and cuff for comfort only, so can be removed as able.
- Shoulder girdle, elbow, wrist and hand exercises and encourage to use arm for activities of daily living. Avoid repetitive overhead movements and abduction
- 2-3 weeks:** Auto-assisted exercises to regain full range of movement.
- a) Flexion and lateral rotation in lying
 - b) Extension and medial rotation in standing
 - c) Biofeedback to re-educate scapulo-humeral rhythm.
- 3-4 weeks:**
- a) Passive stretch particularly of rotations if still limited, and horizontal flexion.
 - b) Active exercises through range particularly with patient in lying, prone lying. Avoid all repetitive overhead movements and abduction.
- 4-6 weeks:**
- a) Light theraband exercises in all directions, but particularly lateral rotation and medial rotation - small amplitude movements.
 - b) Biodex - passive or Isokinetic mode.
- NB:**
- a) Do not exercise into abduction
 - b) Avoid repetitive overhead movements
 - c) Advise patient to avoid repetitive overhead work until 3-4 months post-op.



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ANTERIOR SHOULDER STABILISATIONS

Post-op to 4weeks:

Patient immobilised in sling for comfort only. Must be worn at night with body strap but can be removed during the day as comfortable. Patient may use arm below shoulder level and wear sling outside clothes.

- a) Elbow, wrist and hand - active range of movement exercises.

4 weeks:

- a) Auto-assisted and active exercises to achieve full range of movement.
Progress to active movements in all directions.

- b) Avoid lateral rotation in abduction.

6 weeks:

- a) Strengthening all muscle groups, with theraband.
Gentle exercise only for medial rotators.

- b) Discard sling completely

10-12 weeks:

If movements remains significantly limited, passive stretching to regain it.

Increase strengthening of medial rotators.

Aim for normal scapulo-humeral rhythm - use Biofeedback if necessary.

12 weeks:

Isokinetics - start in neutral position or scapular plane.

May commence swimming .

4 months

May commence racket sports

6 months:

Return to contact sports and overhead weights.

NB: a)

Always avoid exercises or stretch in abduction with lateral rotation.

b)

Do not push for the last few degrees in rotations. As long as they have a good, functional range of movement, stability is more important.

c)

This regime is for uncomplicated stabilisations. In patients with hypermobility, they will be immobilised for 6 weeks in collar and cuff with body bandage. After this, can be treated similar to normal stabilisations.

U:\Phillips:\Standards

Christine Phillips, Senior I Physiotherapist, Princess Margaret Rose Orthopaedic Hospital



Rotator Cuff Exercises

Before you start

The exercises described below are to help you strengthen the muscles in your shoulder (especially the rotator cuff muscles). These exercises should not cause you pain. If the exercise hurts, stop exercising. Start again with a lighter weight.

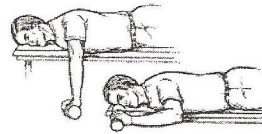
Look at the pictures with each exercise so you can use the right position. Warm up before adding weights. Stretch your arms and shoulders and do pendulum exercises: Bend from the waist, let your arms hang down. Keep your arm and shoulder muscles relaxed, and move your arms slowly back and forth. Perform each exercise slowly: Lift your arm to a slow count of 3 and lower your arm to a slow count of 6.

Keep repeating each exercise until your arm is tired. Use a light enough weight that you don't get tired until you've done the exercise about 20 to 30 times. Increase the weight a little each week (but never so much that the weight causes pain). Start with 2 ounces the first week, move up to 4 ounces the second week, 8 ounces the next week, and so on.

Each time you finish doing all 4 exercises, put an ice pack on your shoulder for 20 minutes. It's best to use a plastic bag with ice cubes in it, or a bag of frozen peas, not gel packs. If you do all 4 exercises 3 to 5 times a week, your rotator cuff muscles will become stronger and you'll get back normal strength in your shoulder.

Exercise 1

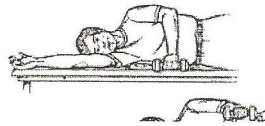
Start by lying on your stomach on a table or a bed. Put your left arm out at shoulder level with your elbow bent to 90° and your hand down. Keep your elbow bent and slowly raise your left hand. Stop when your hand is level with your shoulder. Lower the hand slowly. Repeat the exercise until your arm is tired. Then do the whole exercise again with your right arm.



Exercise 1

Exercise 2

Lie on your right side with a rolled-up towel under your right armpit. Stretch your right arm above your head. Keep your left arm at your side with your elbow bent to 90° and the





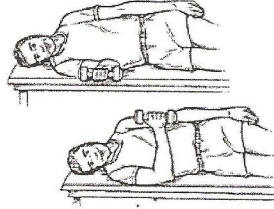
forearm resting against your chest, palm down. Roll your left shoulder out, raising the left forearm until it's level with your shoulder. (Hint: This is like the backhand swing in tennis.) Lower the arm slowly. Repeat the exercise until your arm is tired. Then do the whole exercise again with your right arm.



Exercise 2

Exercise 3

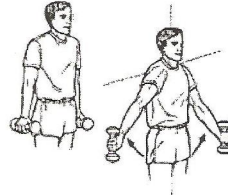
Lie on your right side. Keep your left arm along the upper side of your body. Bend your right elbow to 90°. Keep the right forearm resting on the table. Now roll your right shoulder in, raising your right forearm up to your chest. (Hint: This is like the forehand swing in tennis.) Lower the forearm slowly. Repeat the exercise until your arm is tired. Then do the whole exercise again with your left arm.



Exercise 3

Exercise 4

In a standing position, start with your right arm halfway between the front and the side of your body, thumb down. Raise your right arm until almost level (about a 45° angle). (Hint: This is like emptying a can.) Don't lift beyond the point of pain. Slowly lower your arm. Repeat the exercise until your arm is tired. Then do the whole exercise again with your left arm.



Exercise 4

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This handout provides a general overview on this topic and may not apply to everyone. To find out if this handout applies to you and to get more information on this subject, talk to your family doctor.

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