

Postoperative Instructions and Recovery Rotator Cuff Repair

This guide offers general milestones; however, your surgeon may adjust instructions based on your specific condition. Always follow the instructions given by your healthcare team.

Immediate Post-Op (0-2 Weeks)

1. Incision and Wound Care

- Keep your incision and dressing clean and dry.
- Heavy bandages may typically be removed after 24 hours unless instructed otherwise. If there is drainage, replace with a clean, dry dressing.
- Thin adhesive strips may be present over the incision. Do not remove them. They will fall off on their own.
- Do not apply ointments, creams, peroxide, alcohol, or antibacterial creams to the incision unless instructed.
- Check daily for redness, warmth, increased swelling, drainage, foul odor, or wound opening.
- Contact the office for fluid leaking from the wound, foul odor, increased redness or warmth, increased pain, or fever over 101°F.

2. Bathing

- You may usually shower 48 hours after surgery if the dressing can be kept dry.
- To wash under the arm, lean forward and let the operative arm hang gently in front of you. Do not actively lift the arm.
- Water may gently run across the protected incision, but do not scrub the incision.
- No baths, hot tubs, pools, or soaking until sutures are removed and the wound is completely healed and cleared by your surgeon.

3. Pain Management

- Take prescribed pain medication only as needed and according to the instructions.
- Ice frequently after surgery to reduce pain and swelling. Keep the dressing dry.
- Mild to moderate shoulder discomfort, swelling, and bruising are common. Bruising may travel down the arm and can change color as it fades.
- Hand swelling can occur. Opening and closing the hand and moving the wrist and elbow can help reduce swelling.
- If no restrictions, it is OK to use non-narcotic medications such as NSAIDs and Tylenol (Acetaminophen). Follow bottle instructions for dosing.
- Narcotic medication can cause constipation. Consider a stool softener, hydration, fiber, and walking to keep bowel function regular.
- Restart home medications as directed by your primary care physician or surgical team.

4. Sling / Shoulder Protection

- Asling with a small pillow is typically worn for 6 weeks after surgery.
- The sling may be removed for showering, therapy, deskwork, and approved exercises.
- Wear the sling when sleeping and in uncontrolled settings, including crowds, around children, pets, or any situation where the arm may be bumped or pulled.
- Do not actively raise the operative arm. Do not reach away from your body, behind your back, or overhead.
- Do not lift, carry, push, pull, or support body weight with the operative arm.

5. Therapy and Activity

- Therapy is generally started within 7 days after surgery unless your surgeon gives different instructions.
- Exercises should generally be performed once per day either at home or with a therapist, following the attached protocol.
- Phase 1 is passive motion from 0-4 weeks. The therapist moves the arm while you relax. You should not actively flex or use the shoulder muscles during passive motion.
- Pendulum exercises may be started during this period and can usually be performed twice daily.
- Scapula exercises begin within the first week and are performed with the arm in the sling from 0-6 weeks.
- Walk regularly after surgery to reduce blood clot risk. Move the ankles often and rise onto the toes periodically as tolerated.

6. Work

- Deskwork may be possible when comfortable while wearing the sling.
- Jobs requiring lifting, reaching, pushing, pulling, patient care, tool use, or manual labor require restrictions until cleared.

7. Driving

- Do not drive while taking narcotic pain medication.
- Driving is typically restricted until approximately 6 weeks after surgery and should only resume once you can safely control the vehicle and are cleared by your surgeon.

8. Concerning Symptoms

Call the office if:

- Fever over 101°F to 101.5°F or chills
- Increasing redness, warmth, swelling, foul odor, drainage, or wound opening
- Worsening shoulder pain despite medication
- Persistent nausea or vomiting that does not improve
- Increasing hand swelling, numbness, tingling, or inability to move the fingers
- Calf pain, calf swelling, warmth, redness, or tenderness

Present to the Emergency Department or call 911 if:

- Difficulty breathing or shortness of breath
- Chest pain
- Rapid breathing, sweating, confusion, or concern for blood clot traveling to the lungs
- Severe uncontrolled pain or concern for loss of circulation in the arm or hand

**We will see you back in the office 2 weeks after surgery for a wound check.
Please call the office to make or confirm this appointment.**

Early Recovery (2-6 Weeks)

1. Incision and Wound Care

- Continue to observe the incision for signs of infection or delayed healing.
- Once sutures are removed and the incision is healed, it may usually be left uncovered.
- Do not use creams, scar gels, lotions, or ointments until the incision is fully healed and cleared.

2. Bathing

- Continue to avoid baths, hot tubs, pools, and soaking until the wound is fully healed and you are cleared.

3. Pain Management

- You should gradually taper off stronger pain medications as pain allows.
- Continue ice, Tylenol, and NSAIDs if allowed by your surgeon or primary care physician.
- Swelling and bruising should gradually improve.

4. Sling / Shoulder Protection

- Continue sling use with pillow through 6 weeks unless instructed otherwise.
- The sling may be removed for therapy, hygiene, deskwork, and approved exercises only.
- Continue to avoid active shoulder use, lifting, carrying, pushing, pulling, reaching overhead, or reaching behind the back.

5. Therapy and Activity

- Continue Phase 1 passive range of motion until 4 weeks after surgery.
- At 4 weeks, Phase 2 active-assisted motion begins: the healthy arm, cane, stick, or therapist assists the operative arm.
- At 5 weeks, active-assisted motion may progress with the back propped on a pillow.
- At 6 weeks, active-assisted motion may progress to sitting or standing, and pulleys may be used if approved by therapy.
- Scapula exercises may be performed without the sling after 6 weeks, with the arm at the side.

- Using the arm for activities of daily living without weight is typically delayed until 6 weeks.

6. Work

- Desk or light-duty work may continue or resume if the shoulder is protected in the sling.
- Manual labor, lifting, pushing, pulling, overhead work, and patient-care duties remain restricted.

7. Driving

- Driving is generally not allowed until 6 weeks after surgery and only when off narcotic medication and able to safely control the vehicle.

**We will see you back in the office 6 weeks after surgery.
Please call the office to make or confirm this appointment.**

Mid-Recovery (6-12 Weeks)

1. Incision and Wound Care

- The incisions should be healed by this stage.
- You may usually keep the incisions uncovered.
- Over-the-counter scar creams or ointments may be considered around 8 weeks if the incision is fully healed and cleared.

2. Bathing

- You may usually return to baths, hot tubs, pools, and swimming once the wound is fully healed and cleared by your surgeon.

3. Pain Management

- You should be relying less on prescription pain medication.
- Over-the-counter medication and ice should usually be sufficient for soreness after therapy.

4. Activity and Restrictions

- Sling use is usually discontinued around 6 weeks unless instructed otherwise.
- Using the arm for light activities of daily living without weight may begin around 6 weeks.
- Do not use the arm to reach overhead or behind the back until approximately 12 weeks.
- Do not carry objects, push, or pull with the operative arm until approximately 12 weeks.
- Continue to avoid sudden jerking, lifting, forceful reaching, or supporting body weight with the operative arm.

5. Therapy Progression

- Active-assisted motion continues from weeks 5-8 as outlined in the attached protocol.
- At 8 weeks, Phase 3 active range of motion begins while continuing active-assisted motion as needed.
- Active motion should be controlled and should avoid shoulder hiking. A mirror or the opposite hand on the shoulder can help monitor this.
- Isometric exercises may begin at 8 weeks, including gentle push/pull and internal/external rotation isometrics with the arm tucked close to the body.
- Strengthening with bands or weights does not begin until 12 weeks unless specifically cleared earlier.

6. Work

- Desk work is usually reasonable if pain is controlled.
- Jobs requiring lifting, reaching, pushing, pulling, overhead work, patient transfers, or manual labor remain restricted.

**We will see you back in the office 3 months after surgery.
Please call the office to make or confirm this appointment.**

Strengthening Phase (12-16 Weeks)

1. Therapy Progression

- Phase 4 resisted exercises begin at approximately 12 weeks after surgery.
- Strengthening may include elastic bands and/or light hand weights as directed by therapy. Exercises are generally performed 3 days per week, with each exercise 10-15 repetitions, followed by 2 minutes of rest, repeated for 3-4 sets.
- Rotator cuff, deltoid, and scapular strengthening are progressed gradually.
- Do not perform full-can or empty-can exercises unless specifically cleared, as these can place excessive stress on the shoulder.
- Gentle shoulder stretching may be performed daily. Hold stretches for 15 seconds, rest 15 seconds, and repeat 5 times. Aggressive stretching is generally delayed until after 16 weeks if needed.

2. Activity

- Overhead reaching, reaching behind the back, carrying objects, pushing, and pulling may begin only after 12 weeks and should be progressed gradually.
- Avoid heavy lifting, sudden force, or high-demand activity until strength and mechanics are restored.
- Sport or heavy activity should wait until the therapy program is completed and you are cleared by your surgeon.

Long-Term Maintenance (4 Months and Beyond)

1. Ongoing Recovery

- Rotatorcuff healing and strength recovery take months. Improvement commonly continues for 6-12 months.
- Continue the therapy program and home exercises as directed.
- Progress strengthening, endurance, and shoulder mechanics gradually rather than all at once.
- Do not return to heavy labor, contact activity, throwing, overhead sport, or gym lifting until cleared.

2. Persistent Symptoms

- Some soreness, stiffness, weakness, or sleep discomfort may persist for several months.
- Persistent stiffness, worsening pain, weakness, catching, recurrent injury, or loss of function should be evaluated.
- Recovery may be slower with larger tears, revision surgery, poor tissue quality, diabetes, smoking, workers compensation injuries, or associated procedures.

3. Lifestyle Modifications

- Avoid smoking or tobacco use, as this can impair tendon and wound healing.
- Maintain good blood sugar control if diabetic.
- Maintain good nutrition, hydration, and adequate protein intake to support healing.
- Attend all follow-up visits and therapy appointments as directed.

**We will see you back in the office 6 and 12 months after surgery.
Please call the office to make or confirm this appointment.**

Key Reminders Throughout Recovery

- Wear the sling with pillow for the first 6 weeks unless instructed otherwise.
- Start therapy within 7 days after surgery unless your surgeon gives different instructions.
- Do not actively lift the operative arm during the early passive-motion phase.
- Passive motion occurs from 0-4 weeks; active-assisted motion begins at 4 weeks; active motion and isometrics begin at 8 weeks; resisted strengthening begins at 12 weeks.
- Avoid overhead reaching, reaching behind the back, carrying, pushing, and pulling until approximately 12 weeks.
- Do not perform full-can or empty-can exercises unless specifically cleared.
- Use ice, protect the incision, and call for increasing redness, drainage, fever, worsening pain, or concerning swelling.

- Keep and follow the attached therapy protocol and rehab diary if provided.

Contact Information

Dr. Andrew Meyers

Office Phone: (318) 323-8451

Call the office if:

- Fever over 101°F to 101.5°F or chills
- Increasing redness, swelling, warmth, foul odor, drainage, or wound opening
- Worsening pain despite medication
- New or worsening numbness, tingling, hand swelling, or inability to move the fingers
- Calf pain, calf swelling, warmth, redness, or tenderness

Present to the Emergency Department or call 911 if:

- Difficulty breathing or shortness of breath
- Chest pain
- Rapid breathing, sweating, confusion, or concern for a blood clot traveling to the lungs
- Severe uncontrolled pain or concern for circulation problems

Disclaimer: This timeline is a general guide. Individual recovery can vary based on tear size, repair type, associated procedures, age, overall health, and tissue quality. Always follow the personalized instructions provided by your surgeon, therapist, and healthcare team.

Post-Operative Rotator Cuff Repair Protocol

Patient Instructions

Immediate Therapy

Introduction

TheMOON Shoulder Group is a group of shoulder experts who study the best ways to treat patients with rotator cuff tears. The treatment program in this book is based on the best available evidence. When no information was available, the MOON Shoulder Group experts came up with an agreement for treatment.

Do not add or skip any part of this program. If you have concerns, please contact your surgeon.

General Instructions

Icing	Patients are urged to ice after surgery.
Sling Use	A sling with a small pillow is to be worn for six weeks after surgery. The sling may be taken off for showering, therapy, driving, and deskwork. The sling should be worn when in an uncontrolled setting: sleeping, around children, pets, and crowds during these six weeks.
Exercise Program	<ul style="list-style-type: none"> • Therapy is to begin within 7 days after surgery. • Exercises should be done once per day either at home or with a therapist. The exercise program is divided into four sections. Do not move into the next section until the correct time after surgery.
Wound Care	<ul style="list-style-type: none"> • After surgery, you will have heavy bandages that may be taken off after 24 hours. If you notice some fluid leaking, you may put on another bandage. Under the bandage, you may have thin strips of tape over your wound. Do not remove the strips. They will fall off by themselves. • You may shower 48 hours after surgery. To wash the underarm area, lean forward and let the arm hang in front of you. It is all right to allow water to run across your wound, which is protected by the strips. DO NOT get into a bathtub, pool, or spa until your sutures are removed and your wound is completely healed to lower the chance of skin infection. Always wash your hands before touching your wound. DO NOT use any anti-bacterial creams on your wound. • Please contact your doctor immediately if you notice any of the following as these could be a sign of an infections: <ul style="list-style-type: none"> ○ Fluid leaking from the wound ○ A foul odor from the wound ○ Any redness or warmth around the wound ○ Increased pain • In addition, please check your temperature if you begin to feel ill, warm, or if you have chills. Contact your doctor immediately if your temperature is above 101 degrees or you think you may have an infection anywhere in your body. It is common to have a low temperature within the first week of surgery. You should drink fluids and breathe deeply.

Swelling & Bruising	It is common to have swelling and/or bruising after surgery. This is caused by bleeding and is expected. The bruising may start out black-red-purple that will change to a yellowish-green color as it fades over a few weeks. The bruising may go down the arm. You may also have some swelling in your hand which should go away; squeezing a ball or making a fist repeatedly will help with this. In time, the swelling will go away.
Discomfort	You may need help with your daily activities, so it is a good idea to have family and friends around to help you. You will have some mild to moderate shoulder discomfort. Please take your pills as told by your doctor and remember to use your cooling device to help reduce pain. If you have pain that your pain pills do not take care of, please contact your doctor's office.
Nausea & Vomiting	It is common to have nausea and/or vomiting for the first 24 hours after surgery. Please contact your doctor's office about any nausea/vomiting that does not go away. You may eat whatever you wish, however, it is suggested that you start with fluids and bland food before moving to your regular diet.
Your Medications	You should start taking all your usual pills right after surgery. If there are exceptions to this, your doctor will tell you. If you have questions contact your doctor's office.
Blood Clots	<ul style="list-style-type: none"> • Surgery may slow the blood flow in your legs, which might (rarely) cause a blood clot to form in the leg. If a clot were to form, the leg is usually painful and swollen. Blood clots can be serious and if you have one, you will need to go to the hospital. Walking regularly early after surgery can prevent blood clots. Moving the ankle a lot and rising up on your toes can lower the risk of this problem. • Please contact your surgeon right away if: <ul style="list-style-type: none"> ○ You have swelling, tenderness, pain, warmth or redness in your thigh, calf, or ankle. • Call 911 if you have signs that might mean a blood clot that has moved to your lungs: <ul style="list-style-type: none"> ○ Chest Pain ○ Trouble Breathing ○ Rapid Breathing ○ Sweating ○ Confusion
Activity Limits	<ul style="list-style-type: none"> • Showering: 48 Hours • Deskwork: When comfortable with sling • Driving: 6 weeks • Using arm for Activities of Daily Living (no weight): 6 weeks • Using arm to reach overhead: 12 weeks • Using arm to reach behind back: 12 weeks • Using arm to carry objects: 12 weeks • Pushing/Pulling: 12 weeks • Sport/Heavy Activity: When finished with therapy program
Rehab Diary	Please keep track of therapy visits and exercises done at home in a Rehab Diary. Please bring the diary to each visit
Questions/Concerns	If you have questions or concerns, please contact your surgeon.

Phase 1

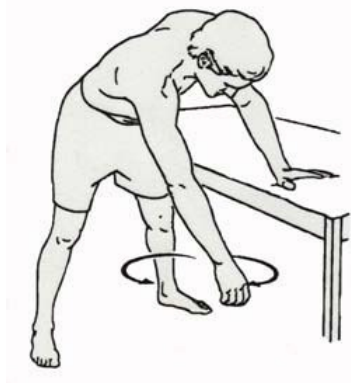
Passive Motion (0-4 Weeks after Surgery)

Passive range of motion starts within 7 days after surgery. The therapist will move the arm through a comfortable range of motion while the patient is lying down. Motions include raising the arm in front of the body, turning the arm out to the side of the body, and raising the arm up and to the side—all within a comfortable range. *These exercises are done with each therapy visit, three times each week.* Plus, pendulum exercises can be started during this time.

These can be done at home, twice each day.

PASSIVE RANGE OF MOTION

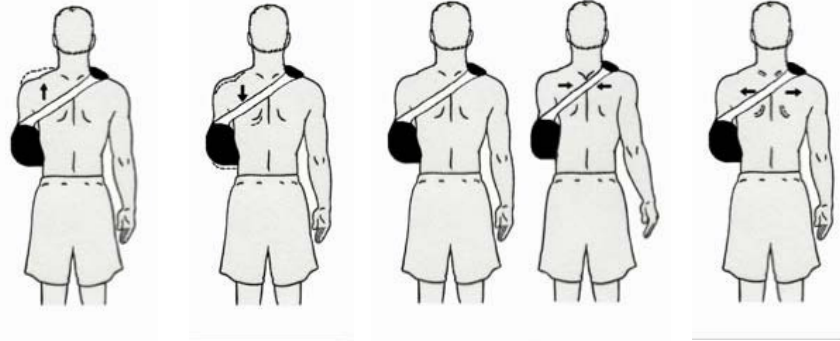
The patient lies flat and relaxes. The therapist will move the arm. The patient should relax and should not flex any muscles while the therapist moves the arm. *This should be done at each therapy visit, three times each week.*



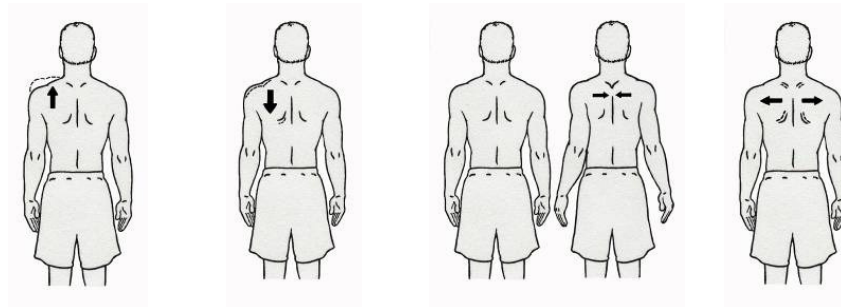
PENDULUM EXERCISES Use the upper body to move arm by rocking the body. Go in a clockwise direction then counter clockwise. *These exercises can be done twice each day.*

Scapula Exercises (0-12 Weeks after Surgery)

These exercises begin within 1 week, and are done while the arm is in the sling. These exercises should include raising the shoulders, lowering the shoulders, pressing the shoulder together, and apart. Six weeks after surgery, these can be done out of the sling until strengthening exercises begin, 12 weeks after surgery. *These can be done daily.*



SCAPULA EXERCISES WITH SLING – 0-6 WEEKS AFTER SURGERY While sitting or standing and wearing the sling bring shoulder up as you shrug, down as you lower the shoulder, together toward the spine, and apart. Practice upright posture. *These can be done daily.*



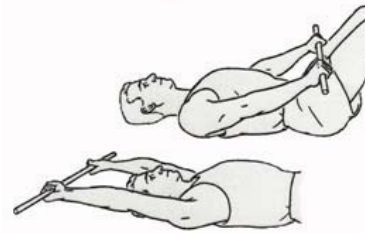
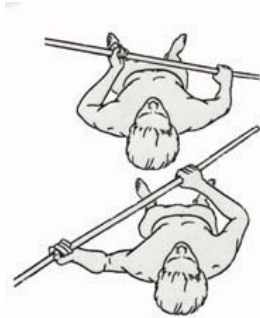
SCAPULA EXERCISES WITHOUT SLING – 6 WEEKS AFTER SURGERY After six weeks, these can be done without the sling, with the arm at the side. *These can be done daily.*

Phase 2

Active Assisted Motion (4 Weeks after Surgery)

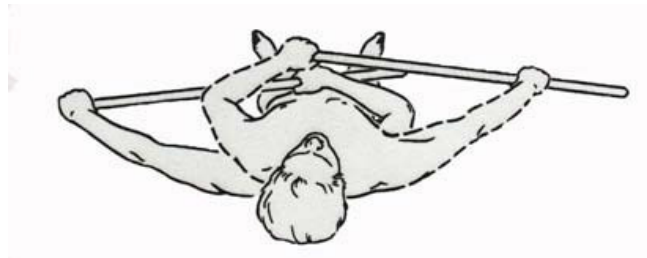
4 weeks after surgery the second phase starts with active assisted range of motion. The patient lies flat and uses the healthy arm (or a stick or cane) to move the injured arm up in front of the body, to the side beside the body, and up and to the side. *These can be done daily.*

LYING ACTIVE ASSISTED FORWARD ELEVATION Using a stick or cane, the healthy arm will move the injured arm over the head.



LYING ACTIVE ASSISTED EXTERNAL ROTATION

Keep the injured arm tucked close to the body. Bend the elbow so the hand is pointed to the ceiling. Using a cane, the healthy arm moves the injured arm away from the body.

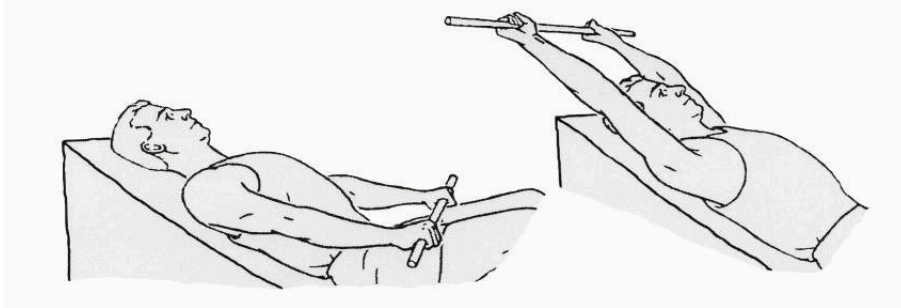


LYING ACTIVE ASSISTED ABDUCTION

While keeping the elbow of the injured arm straight, the healthy arm will move the injured arm out to the side of the body as high as comfortable.

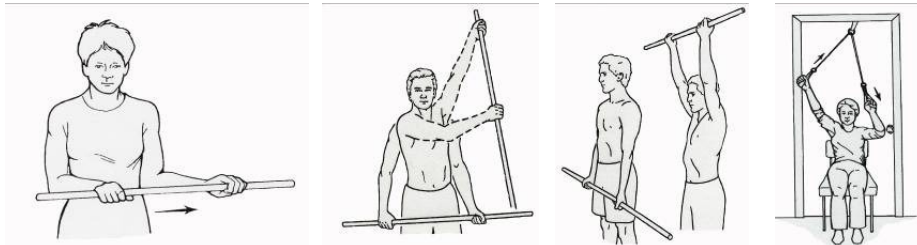
Active Assisted Motion (5-8 Weeks after Surgery)

Five weeks after surgery the patient's back is propped up on a pillow. Using the healthy arm to move the injured arm with a cane or stick, the arm is moved up and in front of the body, to the side of the body, and up and to the side. After six weeks, these exercises can be done while sitting up or standing. *These exercises can be done daily.*



45DEGREEACTIVEASSISTED RANGE OF MOTION

While propped on a pillow using a stick or cane, the healthy arm will move the injured arm over the head. The arm is moved in up and in front of the body, to the side of the body, and up and to the side. *This begins 5 weeks after surgery and is done daily.*



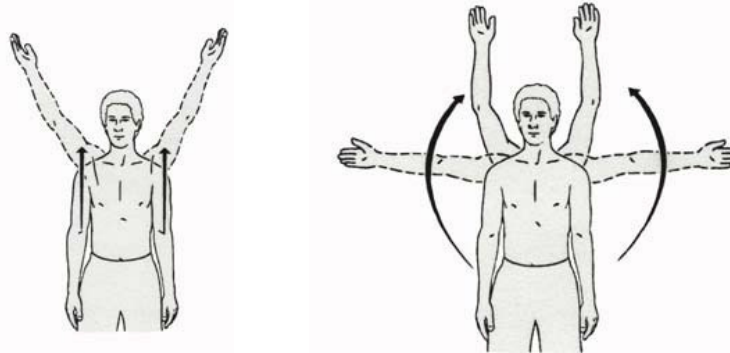
UPRIGHTACTIVEASSISTED RANGE OF MOTION

Six weeks after surgery using a stick or cane, the healthy arm will move the injured arm up and in front of the body, to the side of the body, and up and to the side while sitting up or standing. Using pulleys while sitting in a chair is also allowed at this time. *These exercises should be done daily.*

Phase 3

Active Motion (8-12 Weeks after Surgery)

While still working on active assisted range of motion, active range of motion begins. Raise the arm(s) up in front of the body and up and to the side. *These exercises can be done daily.*



ACTIVE RANGE OF MOTION

While sitting up or standing, move the injured arm in front of the body and to the side of the body.

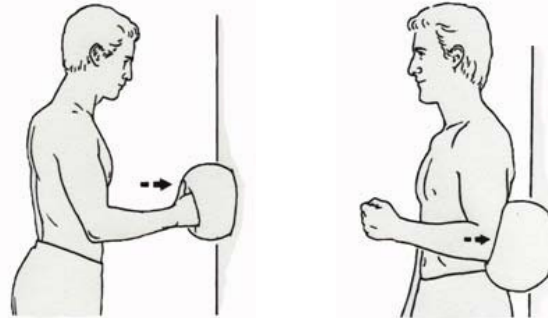


ACTIVE RANGE OF MOTION

It is important to not “hike” the shoulder. Place the hand from the healthy arm on the injured shoulder, or do these in front of a mirror to avoid this.

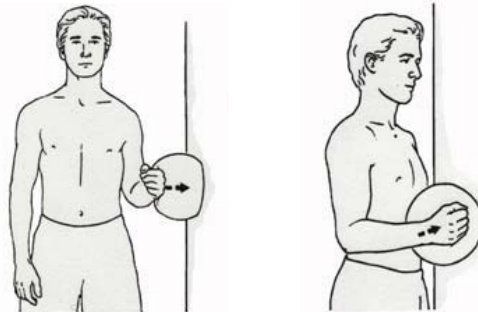
Isometric Exercise (8-12 Weeks after Surgery)

Beginning 8 weeks after surgery the patient can begin isometric exercises. Using a pillow or folded towel the patient pushes against the wall without moving the shoulder



ISOMETRIC PUSH AND PULL

With a pillow against the wall, and the arm tucked close to the body, push forward with the fist, and push backward with the elbow. *Hold while pushing for 15 seconds then rest for 30seconds. Repeat this 10-15 times. This can be done daily.*



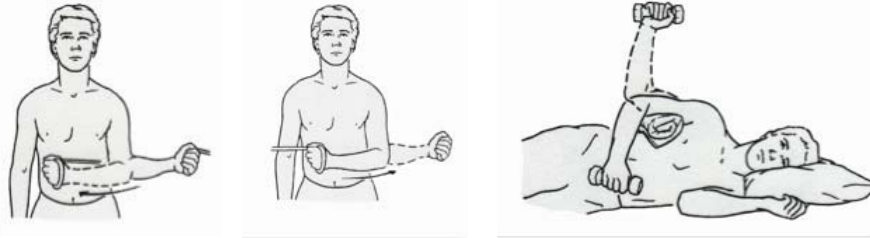
ISOMETRIC EXTERNAL AND INTERNAL ROTATION

With a pillow against a wall, and the arm tucked close to the body, push against the wall with the back of the hand, and with the palm of the hand. *Hold while pushing for 15seconds, then rest for 30seconds. Repeat this 10-15times. This can be done daily.*

Phase 4:

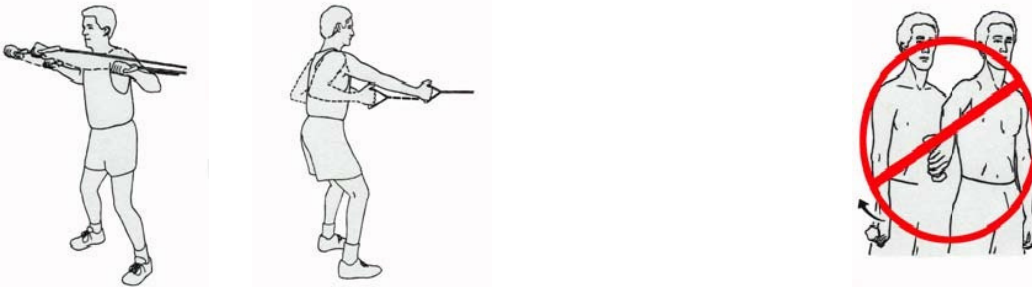
Resisted Exercises (12-16 Weeks after Surgery)

After 12 weeks, the patient can begin strengthening. Resisted exercise uses elastic bands and/or hand weights. *These should be done 3 days per week. Each exercise should be done 10-15 times followed by 2 minutes of rest, and repeated 3-4 times.*



ROTATOR CUFF STRENGTHENING

With the arm tucked close to the body, pull the rubber tubing across your stomach. Turn around to pull the tubing away from your stomach. You may also lie on your healthy side with your injured side arm up, and your elbow bent holding a hand weight; move your hand away from your belly. *Do 10-15 times, for 3-4 sets, for 3 days/week.*



DELTOID STRENGTHENING

With the arm tucked close to the body, pull rubber tubing while doing forward punches. Turn around pull the tubing to the body. *Do 10-15 times, for 3-4 sets, for 3 days/week.*

DO NOT DO FULL-CAN OR EMPTY-CAN EXERCISES!

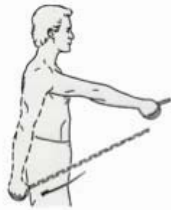
These place too much stress on the shoulder.

Resisted Exercises (12-16 Weeks after Surgery)

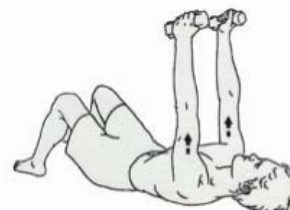
These exercises are for strengthening.

RESISTED SCAPULA STRENGTHENING

Strengthening exercises should be done *10-15 times, followed by 2 minutes of rest, and repeated as 3-4 sets. These should be done 3 days each week.*



Stand straight up. Keep your elbows straight while pulling the elastic band backwards, trying to reach behind you.



Lie on your back, elbow locked straight, arms stretched up towards the ceiling with weights in hand. Push arms up towards the ceiling as far as possible.



Fasten elastic to a stable object, pull elastic back and squeeze shoulder blades together.



Slightly bend hips and knees and support upper body with other arm as shown. Lift arm up, raising elbow to shoulder height.

Resisted Exercises (12-16 Weeks after Surgery)

These exercises include light stretching.

SHOULDER STRETCHING

Stretching should be *done daily*. Hold each stretch for 15 seconds, rest for 15 seconds, and repeat 5 times. Begin with gentle stretching. After 16 weeks, aggressive stretching may be used if needed.



Place hands or forearms at shoulder level in a corner of a room. Lean forward into corner and hold.



Hold injured arm over shoulder with towel. Hold bottom of the towel with healthy arm. Slowly pull downward with healthy arm until gentle stretch is felt in back of shoulder.



Bring injured arm across front of body. Hold elbow with other arm. Gently flex the bent arm which will pull the other arm across the chest until a stretch is felt in the back of the shoulder.



Lie on your side on a flat surface. Bring injured arm across the front of your body. Push down on hand towards table. Gently pull across chest until a stretch is felt in the back of shoulder.