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Preparing for Your Rotator Cuff Repair

Experts in post-surgical rehab and care

Rotator cuff surgeries are quite common, but being prepared can make the recovery process much smoother and can help you achieve your goals more readily.



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Pre-Op Preparation

- Factors to support recovery
- What to expect



The Surgery

- A brief overview of what to expect, what is involved, and more



Short Term After Surgery

- What to expect and what is normal immediately after surgery



Rehab and Long-Term Health

- Goals of care, what treatment should look like, and what to expect down the road



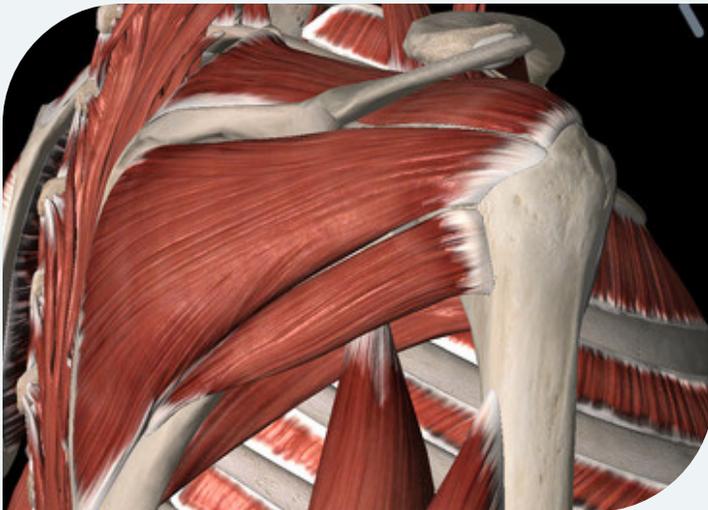
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The Rotator Cuff Basics



Understanding the Anatomy

The rotator cuff is comprised of four muscles – the supraspinatus, infraspinatus, teres minor, and subscapularis. It's important to recognize that "rotator cuff surgery" can actually be quite a wide spectrum of procedures, depending on what tissues are involved.



What does it do?

The rotator cuff collectively offers stability of the shoulder joint (where your upper arm, or humerus, interfaces with the shoulder blade's glenoid surface). It assists with control of the components of the joint, especially with overhead movement.



Why is it important?

For some, an insufficient rotator cuff may yield an inability to raise the arm (often above shoulder height) and may be associated with weakness of the arm when holding objects outstretched and away from the body.



Do all rotator cuff injuries need surgery?

Based on a preponderance of evidence, MRI findings suggesting rotator cuff involvement is actually quite common, and many diagnosed rotator cuff injuries and even tears can improve without having to have surgery. It is worth considering and trying conservative management in many cases.



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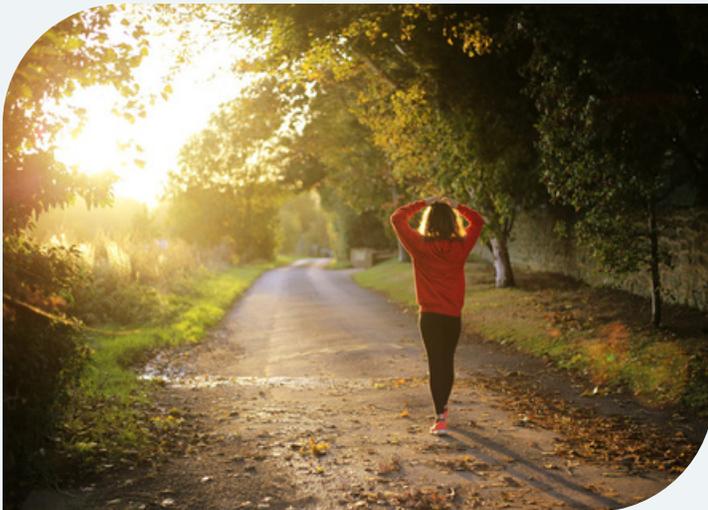
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Pre-Op Preparation



Setting yourself up for success

Rotator cuff surgeries are common orthopaedic procedures, and generally the long-term outcomes are good. However, there are things you can do **before** surgery that can help make your recovery easier and outcome better.



Exercise!

Activity levels, to a point, can be predictive of how you do after surgery. Maximizing your endurance, strength and overall health should be a priority **before** surgery.



Maximize (or Maintain) Range of Motion

-It's not uncommon to see some loss of motion before surgery. Maximizing, or at least preventing further loss, your mobility.

-Seeing a physical therapist, even for a visit or two, may offer insights as to how you can improve upon your range of motion prior to your surgery.



Prioritize Diet and Sleep

-With persistently painful conditions and pain in general, improved sleep, reduced or no alcohol intake and a diet low in processed sugar appear to be helpful for improvements in pain and function.



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Surgery and What Follows

Setting yourself up for success

It cannot be emphasized enough that there may be slight differences among surgeons for repair and fixation of the involved tissues, and there can be variability depending on what tissues specifically are involved. Some people may have a simple, single tendon repair, while others may undergo multi-tendon repairs. Ultimately, a true tendon repair (as opposed to a debridement, often called a "clean-up") will typically follow similar phases.



Early Protection and Mobilization

Most often people will be in a sling around 6 weeks (some may vary, but this is typical). Many will begin rehab shortly after surgery. It is important to recognize that this will involve your physical therapist passively mobilizing your arm. During this time, it is imperative to minimize active movement or use of your post-operative arm.

Initial Introduction to Movement

This phase typically begins around the 6-week mark and will involve a structured, graded approach to you actively moving your arm independently. Early resistance exercise is often appropriate and typical at this stage, but again it remains important to understand that you should be cautious with heavier activity.

Progressive Strengthening and Return to Function

In the later stages of your rehab, you will be able to progress into more demanding exercise and activity in line with your personal functional demands. This phase especially should be individually targeted and tailored – what someone needs to return to gardening and general housework may differ greatly from someone that works in a physically demanding job.

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Early Rehab

Understanding the "why" is half the battle

Some people may begin rehab immediately after surgery. Some may be delayed. This may be dictated by surgeon's preference, but there is published evidence that should help guide this decision-making process. In many cases, it is safe to begin rehab shortly after surgery. However, you should understand that starting your post-operative rehab does not mean jumping straight back to normal. The protective phase is important to allow the physiologic mechanisms associated with the repair to take place to allow for normalization of anatomy and potential for function.



Protect

The first several weeks require protection of the repaired tissues to ensure adequate healing and tissue remodeling. This is to prevent undue or excessive stresses that can compromise the integrity of the repair. Avoiding use of the surgical arm as much as possible is recommended by most guidelines.



Manual Interventions

Soft tissue and scar mobilization may offer some benefit, but ultimately your therapist should be spending a chunk of time manually working on the mobility of the shoulder joint. These interventions are intended to facilitate improvements in range of motion **before** you progress into the stages where active movement and resistance training are appropriate.



Short-Term Modifications

Especially if you had surgery on your dominant arm, learning how to more easily perform day-to-day tasks while you are in the early/protective phase is important.



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Late-Stage Rehab and Down the Road



Be realistic, and be prepared to work

Rotator cuff repairs are intended to restore normal anatomy. This does not, however, mean that function spontaneously recovers. Structured, progressive rehab is often necessary to regain the ability to use the arm as you would normally. Supervised rehab often extends to 12-16 weeks following surgery, often with more concentrated care early and a tapered frequency of care later.



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Restrictions

In the majority of cases, there often are no formal long-term restrictions as to what you can or cannot do, but expect for the first 6 weeks to be pretty low-key (i.e., in the sling, not doing much actively) and for the 6-12-week phase to still be pretty limited. Discussions early in care with your physical therapist regarding your goals for activity and function will help inform what to implement and how to progress with exercise prescription and programming.



Staying Active

You should explore what activity you plan to return to with your physical therapist. Gradual, structured work to get to those activities are often what is required, and exercise prescription can be created and provided to ensure that you can optimally perform. It will likely be **several months** before you "feel normal" or have established a new normal. This whole process is not a process of just a few weeks.

