Rotator Cuff Repair (Small–Medium Tear)

Patient Recovery & Exercise Guide

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This guide explains what to expect after your rotator cuff repair with Dr Mark Robinson — from leaving hospital, to caring for your shoulder at home, to the exercises that will help you get your movement and strength back. Please keep it handy and bring it to your appointments.

Everyone recovers at their own pace. Your surgeon and physiotherapist will tailor the timeframes to your surgery and your progress, so please don't move on to a new stage of exercises until your physiotherapist advises.

ABOUT YOUR SURGERY

The **rotator cuff** is a group of four muscles whose tendons wrap around the ball of your shoulder joint. They keep the ball centred in the socket and help you lift and turn your arm. A tear in one or more of these tendons can cause pain (often at night) and weakness, especially when lifting the arm out to the side or overhead. A small to medium size tear ranges from <1cm to 3cm and may involve 1-2 tendons.

In a **rotator cuff repair**, the torn tendon is reattached to the bone using small anchors and strong stitches. This is usually done through keyhole (arthroscopic) surgery. This may be combined with a long head of biceps tenodesis, acromioclavicular joint excision or augmentation of the rotator cuff repair with a patch.

A repaired rotator cuff reaches roughly 30% of intact tendon strength at 6 weeks, 52% at 12 weeks and 81% at 6 months.

The repair is held by stitches until the tendon heals back onto the bone. That is why your arm is protected in a sling, why your shoulder is only moved gently by your other arm at first, and why strengthening starts later. You will progress from passive range of motion (**PROM**) to active-assisted range of motion (**AAROM**) and finally to active range of motion (**AROM**) exercises correlating to tendon strength. Following these steps gives the repair the best chance of healing well.

BEFORE YOUR SURGERY

Prehabilitation / Physiotherapy

It is recommended that you consult a physiotherapist 4 weeks before your operation to optimise your core strength, strength of muscles about the shoulder blade and the residual rotator cuff.

Preoperative Wash / Skin care

Avoid activities that may result in cuts or abrasions to the operative limb for 2 weeks prior to the operative limb (such as gardening).

A Benzac AC Wash 5% shoulder be trialled two weeks prior to surgery (if skin irritation occurs, discontinue). If a rash or dry skin develops stop using the wash. A chlorhexidine pre-op wash will be provided to be used the night before and the day of surgery.

Diet / Vitamin C

In the weeks before and after your operation, Dr Robinson encourages you to eat a healthy, balanced diet rich in protein, vitamins and minerals. Include plenty of lean meat, fish, eggs, dairy, legumes, wholegrains, fruit and vegetables, and keep well hydrated.

Dr Robinson recommends taking 1000–1500 mg of vitamin C daily, starting 2 days before your surgery and continuing for 6 weeks afterwards. Vitamin C supports the body's natural healing processes, including the repair of bone, skin and soft tissue. Vitamin C supplements are available from your local pharmacy or supermarket.

No Smoking

Smoking significantly slows healing and increases the risk of complications, including wound infection, delayed bone healing and problems with anaesthesia. We strongly recommend that you stop smoking before your surgery and avoid smoking throughout your recovery. This includes cigarettes, vapes and other nicotine products. If you would like support to quit, speak with your GP or contact Quitline on 13 78 48.

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GOING HOME

Discharge

Most patients spend one night in hospital. Occasionally patients go home on the day of surgery.

Wound, Dressings & Showering

You will go home with a dressing over your shoulder wound. Leave them in place until your 2–3 week review, when we will remove it. The dressings are water resistant, not waterproof, so showering is fine but please try to keep them mostly dry until your post-op appointment.

Sling

Wear sling for 4-6 weeks. You may come out of sling when sitting in a chair & performing your exercises. The sling's main purpose is to assist with pain, prevent early stiffness & protect the repair.

Swelling / Ice

Swelling & bruising after shoulder surgery is normal and should gradually settle over a few weeks. Regular icing helps with both pain and swelling:

- Apply ice to your shoulder 3–5 times a day, for 20 minutes at a time.
- Keep icing for as long as the swelling lasts, which may be a few weeks.
- Moving your elbow, forearm, wrist and fingers regularly also helps reduce swelling in your arm and hand.
- Elevation will help to reduce swelling; place hand higher than elbow and elbow higher than the level of your heart.

Pain Relief & Medications (allergies permitting)

Your anaesthetist will prescribe a range of pain medications for you to take home. Please take them as prescribed. In general:

- Take **paracetamol** regularly.
- Add **anti-inflammatories** (Nurofen, Celebrex, Mobic) if they have been prescribed for you.
- Use **stronger pain relief** (such as palexia/tapentadol) as a top-up when needed.

Stop these medications as soon as your pain allows.

Vitamin C

Dr Robinson recommends taking Vitamin C 1000–1500 mg daily for at least 6 weeks after surgery.

YOUR FOLLOW-UP APPOINTMENTS

WHEN	WHAT HAPPENS
2–3 weeks	Your first post-op clinic review. A nurse will remove your dressing and check your wound.
3 months	Review with Dr Robinson to see how you are progressing.

You will also see your physiotherapist regularly throughout your recovery.

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KEY PRECAUTIONS — FIRST 6 WEEKS

- **Sling:** wear your sling for 4–6 weeks unless advised otherwise. You may take it off when sitting comfortably in a chair, using a computer, eating, showering and dressing, and doing your exercises. Wear it at all other times, including when walking around, out of the house and overnight.
- **Let the arm be moved for you:** in the early weeks, don't lift your operated arm using its own muscles. Your exercises use your other arm (or your physiotherapist) to move it.
- **No pushing or reaching:** don't push, pull, reach, or take your weight through your operated arm, for example when getting up from a chair or bed.
- **Light items only:** don't lift anything heavier than about 1 kg (roughly a cup of tea) with your operated arm until you are cleared.
- **Don't force it:** let pain guide you, and stop any exercise that is painful.

When to contact us

Please contact our clinic straight away, or see your local doctor, if you notice:

- Swelling that is getting worse rather than better
- Redness, warmth or discharge around the wound
- A fever, or feeling generally unwell
- Pain that keeps increasing or isn't controlled by your medications
- A sudden loss of movement, or a sudden pop or new weakness in your shoulder
- New numbness, pins and needles, or colour change in your hand

Phone (07) 5346 8000 · Email admin@balanceortho.com.au

After hours: go to your nearest urgent care clinic or hospital emergency department.

RETURNING TO WORK, DRIVING & ACTIVITIES

Work

A reasonable goal for returning to office or desk work is 2–4 weeks. You can come out of the sling while seated at your desk but put it back on at other times. For more physically demanding jobs, the usual target is 2–4 months on limited duties.

Driving

Driving can usually be resumed at around 8 weeks, once you are out of the sling and feel confident controlling the vehicle. Please check with your surgeon first. Your car insurance may not cover you if you are involved in an accident before you are cleared to drive.

Return to activities

These timeframes are a general guide. Please check with your surgeon or physiotherapist before starting an activity.

ACTIVITY	EXPECTED TIMEFRAME	NOTES
Walking / stationary bike	From 2 weeks	Keep your arm in the sling; you can keep up your fitness early
Desk / computer work	2–4 weeks	Out of the sling while seated at your desk only
Water walking	8 weeks	Once your wound has healed

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ACTIVITY	EXPECTED TIMEFRAME	NOTES
Driving	8 weeks	Once out of the sling and confident; confirm with your surgeon
Running	10 weeks	
Gardening / light housework	10–12 weeks	Below shoulder height; overhead tasks from 4–6 months
Physically demanding work	2–4 months	On **limited** duties; discuss your job with your surgeon
Swimming – breaststroke	3–4 months	
Gym-based exercise	4–6 months	With modification; upper body only once strengthening has started
Road / outdoor cycling	4–6 months	Wait until strength and balance return, to avoid a fall onto the shoulder
Golf	6 months	Graduated return; liaise with your physiotherapist
Swimming – freestyle	6 months	
Heavy lifting / manual labour	6 months	Below shoulder height; heavy or overhead work may take 6–9 months
Tennis, racquet & overhead sports	6–9 months	Graduated, sport-specific return; individual advice needed
Surfing	~ 9 months	Graduated return commencing with paddling board on flat water, progress to point wave small surf then when comfortable back to normal surfing

YOUR RECOVERY AT A GLANCE

WHEN	GOALS	WHAT YOU'LL BE DOING
Phase 1 **Day 1 – 4 weeks** Protection & PROM	• Protect the repair • Settle pain and swelling • Keep your neck, elbow, wrist and hand moving • PROM shoulder	• Sling on, including overnight • Maintain good posture and sling care • Ice and elevation for swelling • Shoulder – PROM - Shoulder Hangs, Pendulums, Passive forward elevation and passive external rotation • Scapular retraction & depression • Maintain core • Neck, Elbow, Forearm, Wrist and hand active range of motion

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WHEN	GOALS	WHAT YOU'LL BE DOING
Phase 2 **4 – 12 weeks** Early movement & AAROM	• Transition from PROM to AAROM • Commence reactivation of rotator cuff	• Wean the sling from 4 weeks • Maintain good posture and core strength • Shoulder – transition from PROM to AAROM - Shoulder Hangs, Pendulums, Active assisted shoulder flexion and external rotation, Shoulder Pulley • Scapular retraction & depression • Pool-based (aquatic) therapy from about 4 weeks, once your wounds have fully healed • Isometric deltoid and rotator cuff exercises
Phase 3 **12 – 18 weeks** Intermediate Strengthening & AROM	• Restore strength, endurance and neuromuscular control/activation • Return to normal daily functional activities	• 3 Month review with Dr Robinson • Improve posture – scapular retraction, core strength • Shoulder – Shoulder pulley to AROM • Isotonic strengthening – rotator cuff • Light tasks below shoulder height, but still no lifting or resisted work • Avoid sudden, fast movements
Phase 4 **18 – 26+ weeks** Strengthening	• Full movement • Maximise strength, endurance and power	• Advanced isotonic strengthening • Wall slide and wall ball exercises • Low-impact fitness such as walking and stationary bike
Phase 5 **26+ Weeks** Return to activity	• Maintain strength, power and endurance • Return to work, sport and recreation	• Progressive and sport- or work-specific strengthening • Gradual return to activities (see the Return to Activities table) • Keep up shoulder strengthening exercises, ideally for at least a year after surgery • Avoid sudden, repetitive overhead loading until cleared

Timeframes depend on the size of your tear and the quality of the repair. Exact exercises, sets and repetitions will be tailored to you by your physiotherapist.

YOUR EXERCISE PROGRAM

Physiotherapy starts the day after surgery. Let pain be your guide and don't continue any exercise that hurts. These exercises are a general guide, and your physiotherapist may give you a more specific program.

0–4 weeks after surgery

- Start these the day after surgery.
- Keep your fingers, thumb and wrist moving normally as comfort allows.
- Repeat each exercise **10 times**, **3 times a day**, unless shown otherwise.

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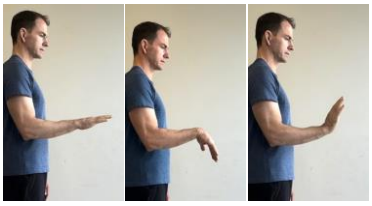
1. Wrist bends (flexion & extension) ▶ Watch the video

- Hold your arm out and bend your wrist back to about 90°.
- You can use your other hand to gently pull your wrist back by your fingers, holding the stretch for 10–30 seconds.
- Repeat 5 times. Wrist bends improve flexibility and help reduce scar tissue.



2. Assisted elbow bending ▶ Watch the video

- Sit or stand comfortably with your operated arm straight by your side.
- Use your good arm to support and lift your operated arm.
- Slowly bend your elbow up towards your shoulder, then lower it back down, using your good arm for support the whole time.

3. Neck range of motion ▶ Watch the video

- Stand, or sit comfortably in a chair.
- Look up, then down. Turn your head to look left, then right.
- Tilt your ear towards your left shoulder, then towards your right shoulder.

4. Shoulder blade exercises ▶ Watch the video

- Gently squeeze your shoulder blades together, hold for 5–10 seconds, then relax.
- Lift your shoulders towards your ears in a shrugging motion.
- Roll your shoulders in circles, both forwards and backwards.

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5. Shoulder hang ▶ Watch the video

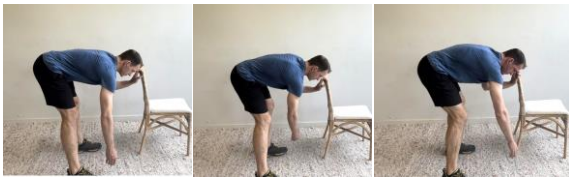
- Hold a chair or table with your other hand for balance and lean forward so your operated arm hangs towards the ground.
- Hold for 10–20 seconds, then stand tall again.
- Repeat up to 10 times, 3 times a day.

4–12 weeks after surgery

- Keep doing your earlier exercises and add these.
- Your sling stays on between exercises.
- Your other arm does all the work, so the repair is not strained.

6. Shoulder pendulum ▶ Watch the video

- Bend forward at the waist to about 90°, supporting yourself with your other hand on a table or chair.
- Let your operated arm hang relaxed. Gently rock your body so your arm swings in small circles.
- Circle 10 times clockwise, then 10 times anticlockwise. The circles should be about 30–60 cm wide.
- Keep your arm and shoulder relaxed the whole time. Do 3 sessions a day.



7. Assisted arm lift, lying down

- Lie on your back. Hold the wrist of your operated arm with your other hand.
- Gently guide your operated arm up and over your head, towards the pillow, as far as is comfortable.
- Slowly bring it back down.

8. Assisted shoulder rotation

- Keep your operated arm bent to 90°, with your elbow by your side.
- Use your other arm to gently move your operated forearm in towards your stomach, then out away from your body, as far as is comfortable.

You can also start bending and straightening your elbow on its own during this stage (see exercise 11).

6–12 weeks after surgery

- You can stop using your sling from 6 weeks, unless advised otherwise.
- Keep doing your earlier exercises and add these.
- Repeat each exercise **10 times**, **3 times a day**.

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9. Active assisted shoulder flexion ▶ Watch the video

- Lying, sitting or standing, hold the hand of your operated arm with your other hand, in front of your chest.
- Using your good arm to do the work, slowly raise both hands towards the ceiling.
- Gently bring your hands back down to the starting position.
- Once confident, lower your hands behind your head for an extra stretch.

Stage 1 — lying down

Stage 2 — sitting or standing (once comfortable)

10. Active assisted external rotation (with a stick) ▶ Watch the video

- Hold a broomstick in both hands. Keep your operated arm by your side with the elbow bent to 90°.
- Turn your operated arm outwards as far as it will comfortably go on its own.
- Then use your good arm to gently push the stick a little further.

11. Elbow bending and straightening ▶ Watch the video

- Sit or stand comfortably with your arm straight by your side.
- Slowly bend your elbow up towards your shoulder, then lower it back down to your side.

From 8–10 weeks after surgery

- Keep doing your earlier exercises and add the pulley.

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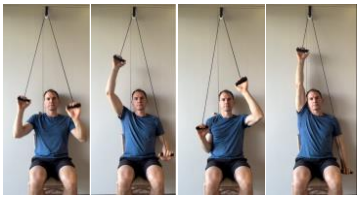
12. Shoulder pulley ▶ Watch the video

- Attach the pulley to the top of a door (or as directed in the pulley's instructions).
- Hold a handle in each hand, thumbs up.
- Pull down with your good arm to lift your operated arm forward and up.
- Hold for 5–10 seconds, then let your operated arm relax back down to your side.



Watch the exercises on YouTube

Most exercises in this guide are demonstrated in a short video on our YouTube channel. Tap "▶ Watch the video" next to an exercise or scan the QR code to see all of our videos.

youtube.com/@BalanceOrthopaedics

This guide has been developed with reference to published post-operative rehabilitation guidelines for arthroscopic rotator cuff repair. It is a general guide only and does not replace individual assessment and advice from your surgeon and physiotherapist.

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