

PRINCIPLES OF POST OPERATIVE MANAGEMENT FOLLOWING ROTATOR CUFF SURGERY

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WHAT WE KNOW

- R.C. tears are very common with advancing age
- Natural history is that symptomatic and asymptomatic tears increase in size in 40% of cases over several years
- Post operative healing occurs in about 60% of cases only!



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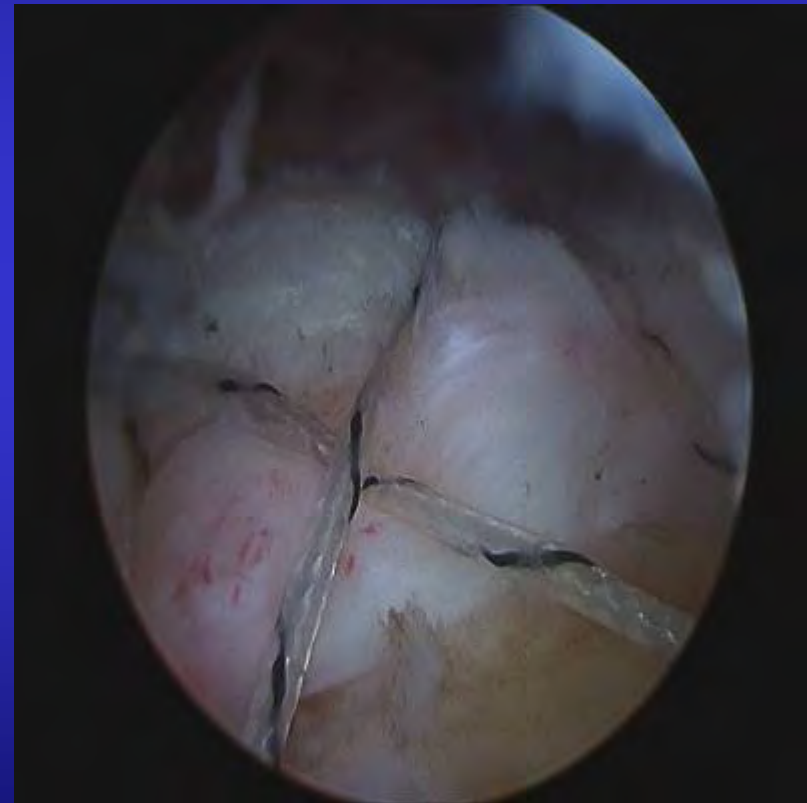
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WHAT WE KNOW

Factors affecting repairs

- Age of patient
- Size of tear
- Smoking
- Diabetes
- hypercholesterolaemia
- Cortisone injections
- patient compliance
- **Poor rehabilitation & post op care**

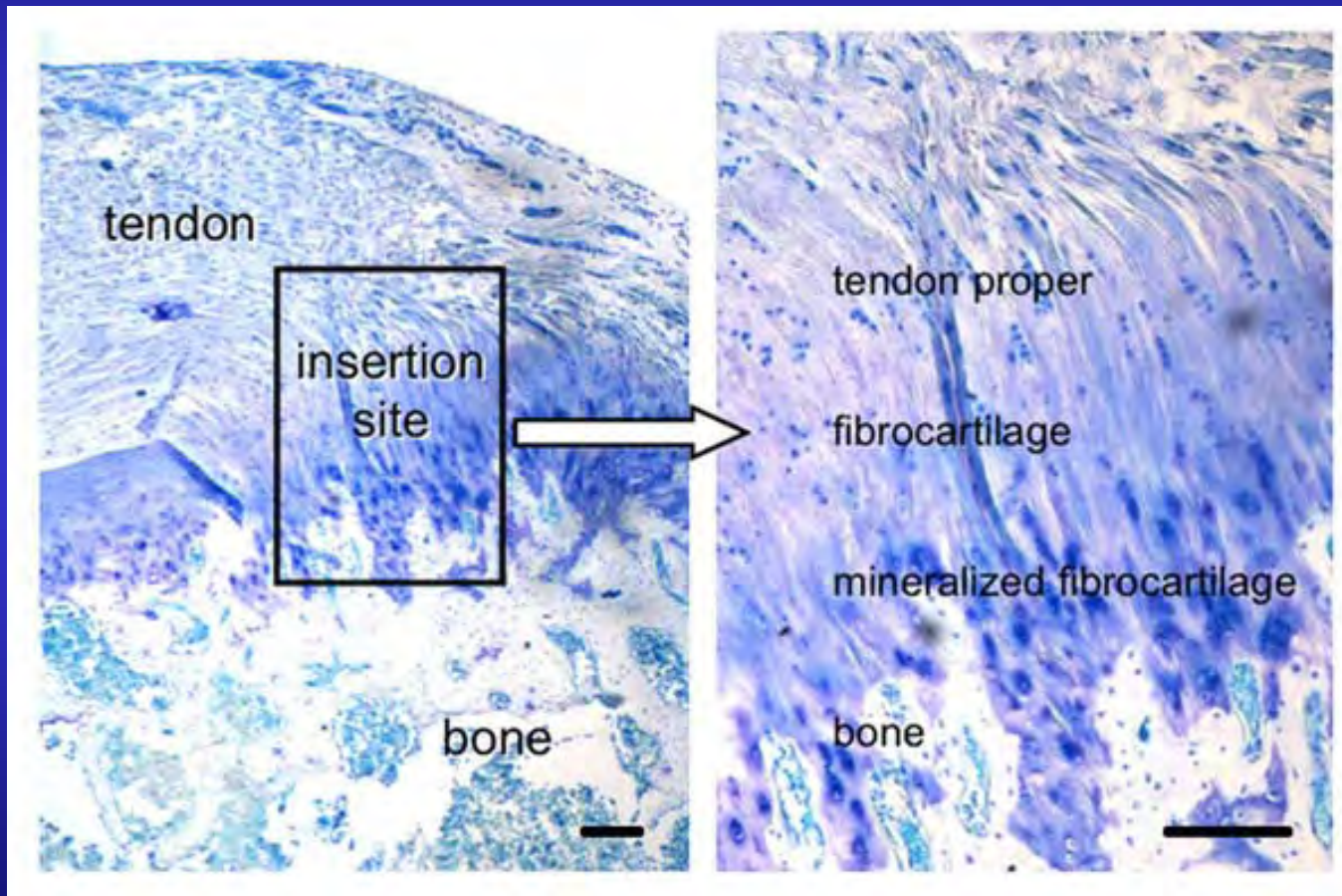


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TENDON TO BONE HEALING

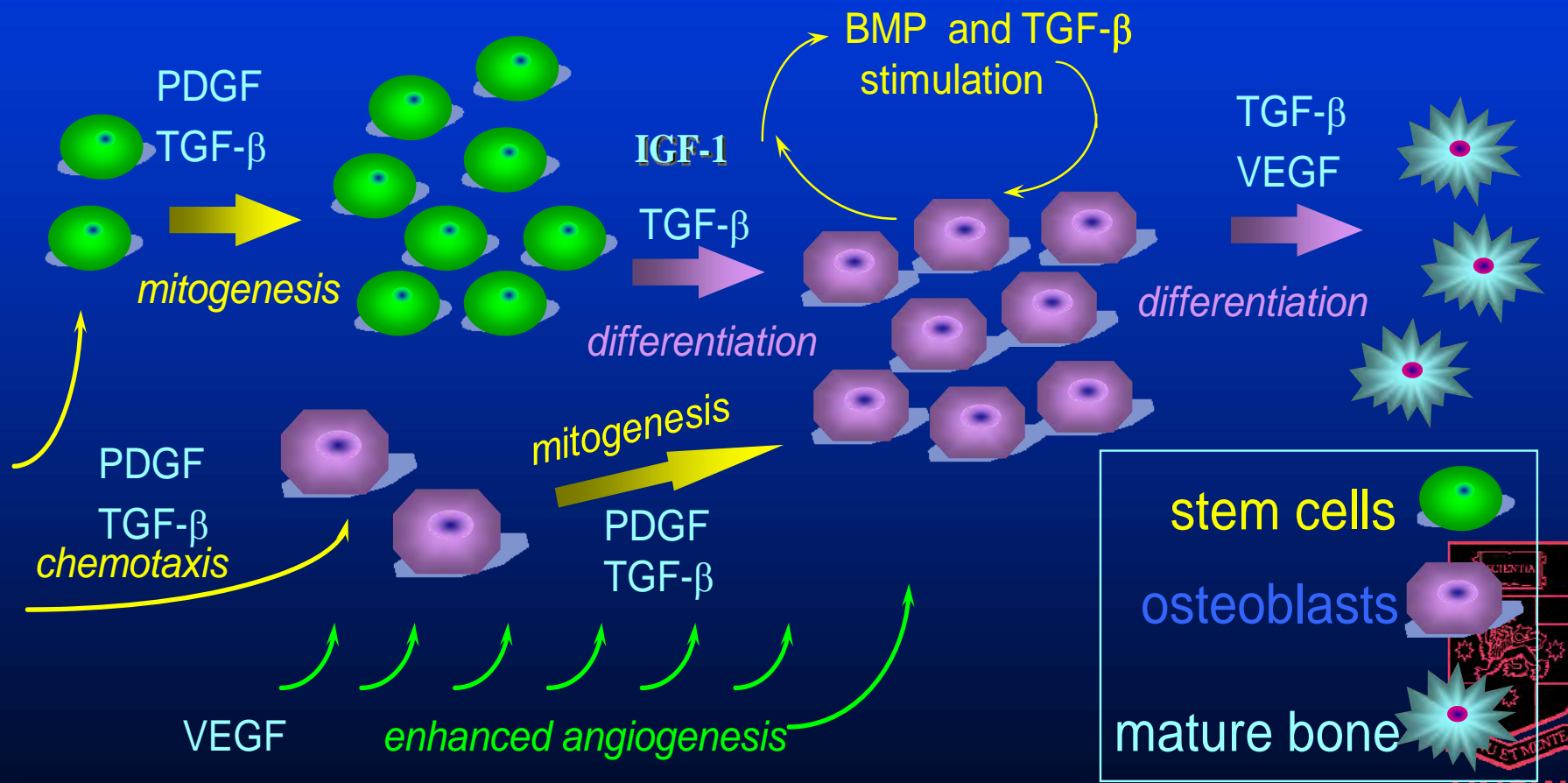


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REHABILITATION & POST OP CARE

- Surgeon
- Patient
- Employer
- **physiotherapist**



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SURGEON

CORRECT TECHNIQUE

- Single row
- Double row
- Open repair
- Acromioplasty
- AC surgery
- Biceps



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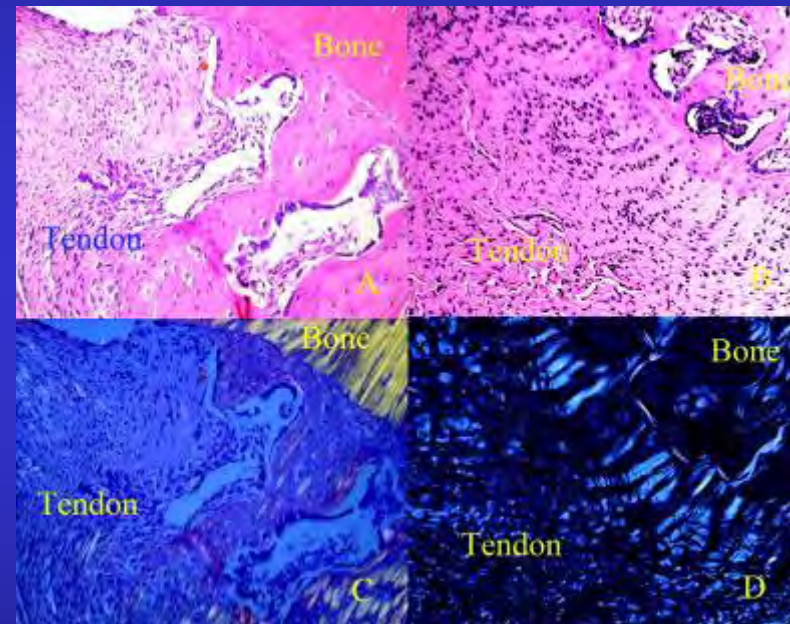
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SURGEON

PATIENT EDUCATION

- Never a normal shoulder
- Healing is by scar tissue
- First 3 months is the danger period – repair is very fragile
- 6 month rehab minimum
- Results improve for up to 18 months
- Can never return to activities that load the shoulder including some work & sport
- The post op rehabilitation is more important than the surgery
- NEEDS 1 YEAR OF REGULAR FOLLOWUP



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PATIENT

- Compliance/ compliance/
compliance
- Sling 6 weeks
- No lifting > 2kg for 6
months
- Self directed exercises 4 x
per day
- Permanent restrictions



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EMPLOYER

Sympathetic

1. Time off
2. Moderate pain for 3 months
3. Lifting restrictions
4. Time for exercises at work



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PHYSIOTHERAPIST

- Understanding of tendon to bone healing
- Communication with surgeon as each repair is different
- Communication with patient
- Recognise problems
- Encourage home exercise program 4 times a day



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INITIAL EXPECTATIONS

- First 6 weeks
 - Moderate to severe pain
 - Significant night pain
- 6 weeks to 12 weeks
 - Pain with movement and exercise
 - Mild night pain
- 12 weeks plus
 - Pain with exercise
- 25 weeks
 - Little pain

Note – this can vary with

- Type of repair
- Size of tear
- Biceps tenodesis
- Compensibility
- Personality factors



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IMMOBILISATION

- Immediate ROM
 - Better early ROM
 - Increased risk of re-tear or failure to heal
- 6 weeks immobilisation
 - Better chance of healing
 - High incidence of post op stiffness
 - Histologically better organised collagen
- Consider cryotherapy

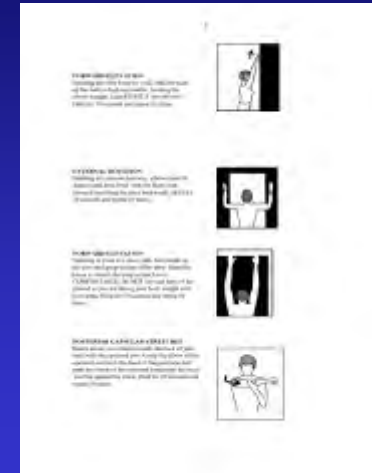


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RANGE OF MOTION FIRST

- GENTLE capsular stretches
- Never ABDUCTION



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DELAYING STRENGTHING

- Progressive increase
SLOWLY
 - Yellow 6 weeks (if solid repair only)
 - Red 10 weeks
 - Green 18 weeks
 - Blue 25 weeks
- NEVER free weights



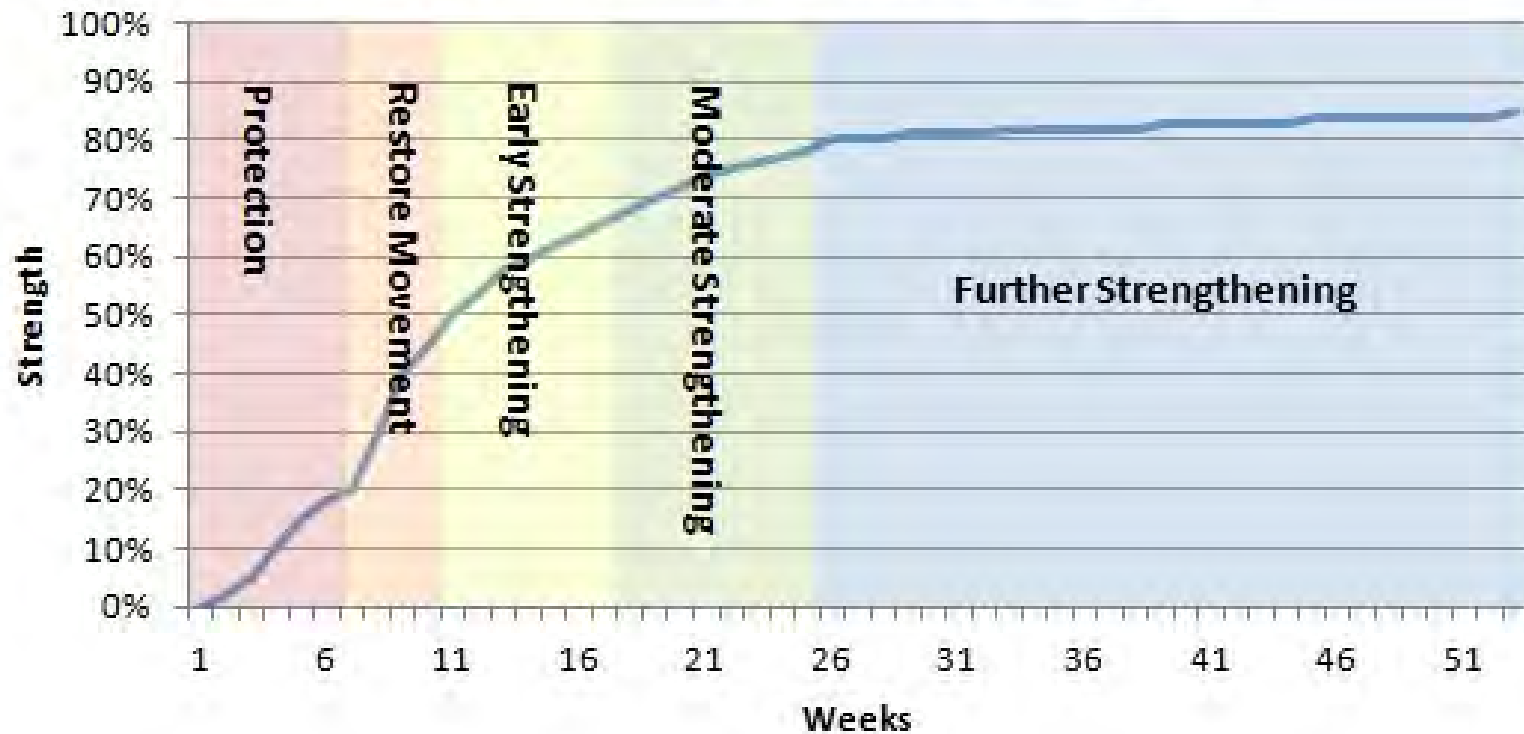
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Postoperative Management for RC Repairs



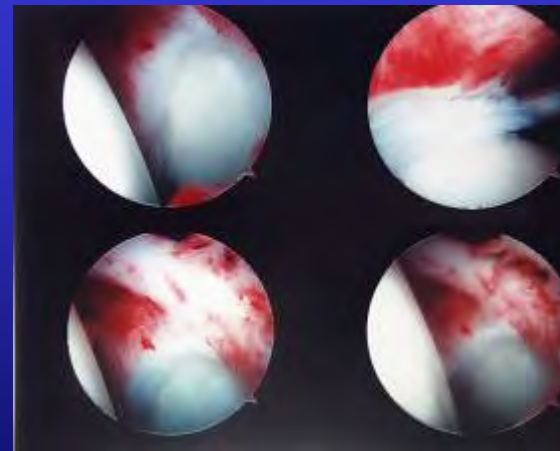
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POST OP CAPSULITIS

- High risk groups
 - Peri/ post menopausal woman
 - Endocrine disease
- NO NEED FOR CONCERN
- CAPSULITIS IS A FRIEND NOT A FOE!!!
 - Inflammatory cells are healing cells
 - Studies show patients with capsulitis get better long term results
- GENTLY push ROM
- Pain management
- ? NSAIDs
- Can delay ROM return for 12 to 18 months



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DANGER SIGNS

FIRST 6 WEEKS

- Infection

THEREAFTER

- Sudden loss of function
- Increase in pain
- Fall



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LONG TERM MANAGEMENT

THE SPORT REPORT



Older muscles need care

Older patients need to protect their shoulders when training with weights

As a part of resistance training, one later study reports, if performed correctly, three long-term studies have shown that resistance training can reduce risk of falls, improve cognitive health, decrease anxiety and prevent depression.

The most important, in particular, is support to age-related muscle loss and improvement of balance.

The greatest benefit of resistance training is its ability to improve muscle mass and strength, which are essential for maintaining independence in old age.

However, the literature and clinical practice indicate the same age-related changes. These changes increase the risk of injury when working weights, including, particularly in older people, increased risk of shoulder injury.

Older people are more likely to experience a significant increase of shoulder injuries, some of which require surgical intervention.

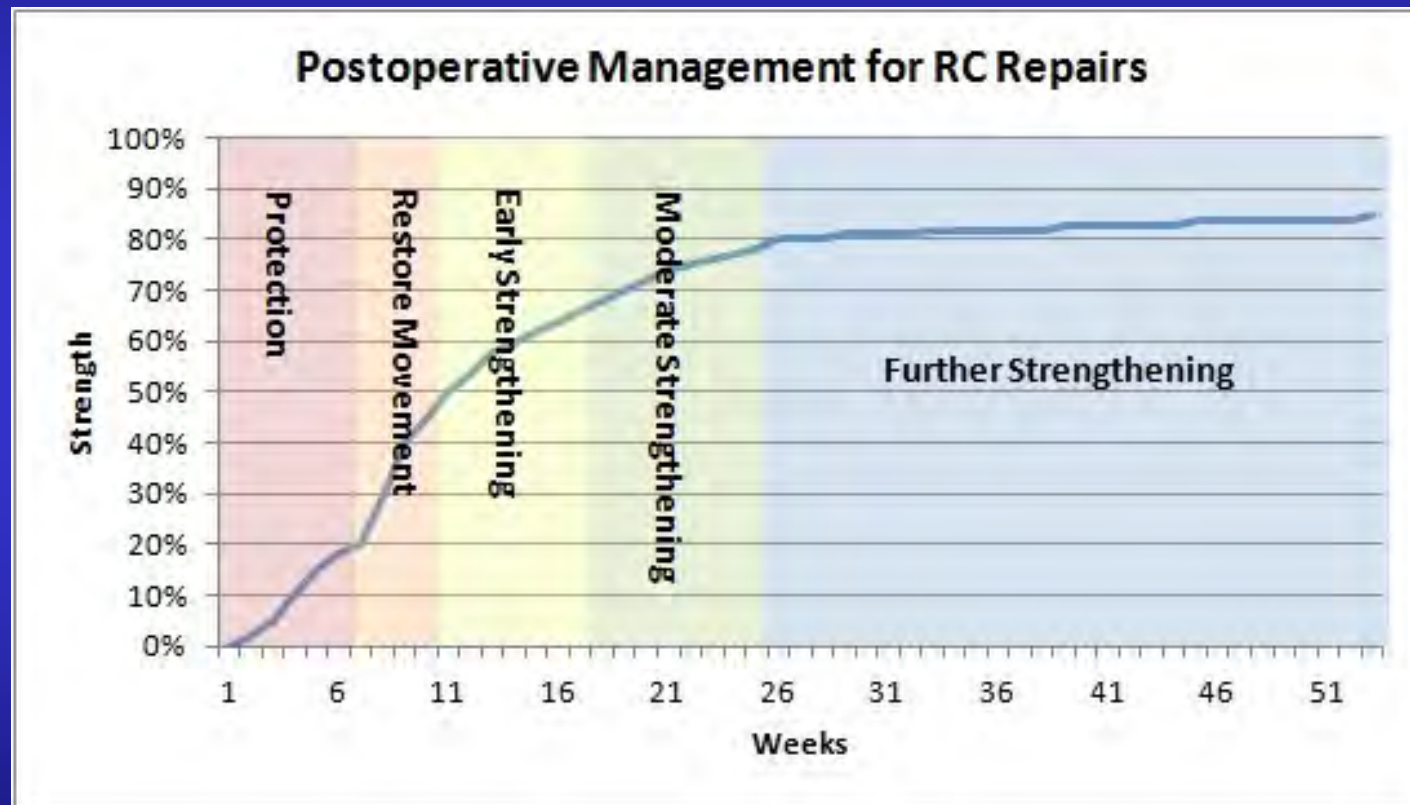
It is important to recognize that older people are more likely to experience a significant increase of shoulder injuries, some of which require surgical intervention.

Although the word health insurance often "sounds" as if it is a new concept, many seniors already are paying for it. The only way to get it is to pay for it.

The word "health insurance" is a bit of a misnomer. It is not insurance in the traditional sense. It is a way to get health care.

- Never a normal shoulder
- It is an “at risk” shoulder
- Power will never be normal
- Avoid heavy and overhead lifting
- Occupational advice
- Avoid overhead/racket sports
- Freestyle swimming a risk
- Modify activities in Gym

SUMMARY



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THANK YOU



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