

Rotator Cuff Repair Analysis - 6 Weeks Post-Op

Watch

Watch these videos of Alice (018) that show her progress at 6 weeks post-op:

- Rotator Cuff Repair, Part 1: Initial Assessment
- Rotator Cuff Repair, Part 2: Measuring Range of Motion
- Rotator Cuff Repair, Part 3: Increasing ROM in shoulder flexion
- Rotator Cuff Repair, Part 4: Increasing ROM in shoulder abduction

Answer

1. How would you describe Alice's progress from the initial videos at 2 weeks post rotator cuff repair, if you were reporting to the medical team?

Alice has made some gains in passive shoulder flexion, about 25°-30° when compared to her performance at 2 weeks post-op. She can reach a maximum of 107° of passive shoulder flexion. No significant change has been noted in external rotation since the initial post-op period. She has been consistent in her home exercise program and knows how to manage pain. However she has just been cleared from using the sling so she is just beginning the active assisted and active motions. Currently, she is not able to use the right arm in functional activities that require shoulder active range of motion, such as ADLs, and IADLs. She is still using compensatory and one-handed techniques for functional tasks.

2. What impairments remain that you need to address, related to her musculoskeletal function (ie type of ROM, soft tissue tightening or shortening, strength?)

AAROM and AROM need to be addressed in all shoulder motions. Although shoulder flexion has improved in PROM, there is no change in external rotation. Active engagement will facilitate functional tasks.

Alice reports "stiffness" which is likely muscle and soft tissue shortening, that may be addressed by continued PROM, but this will need to be more aggressive stretching than in the prior post-op period. Bony limitations are not suspected, as this has been ruled out in x-rays.

Strengthening will need to be addressed once gains are achieved in AROM..

3. Alice describes significant pain without the support of the sling. How will this influence your intervention planning and instructions related to functional activities?

Pain will need to be included in daily assessments during therapy sessions. Rest may be required between therapeutic exercises and functional tasks to decrease tension on the rotator cuff. Other means of support may be included as well, such as supporting the right extremity in closed-chain positions during functional activities. Gradually increasing

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dominant RUE use into functional activities would be recommended, rather than immediately resuming full use.

4. Will you take a remediation or compensatory approach to intervention? Justify your answer.

Initially, a compensatory approach was necessary due to precautions for movement and use of the sling. Now that Alice is cleared for full activity, a remediation approach is appropriate. However, this will need to be monitored and graded carefully to prevent setbacks due to pain or strain.