

**Bryan T. Kelly, MD**  
**Orthopedic Surgery and Sports Medicine**  
**The Hospital for Special Surgery &**  
**New York Presbyterian Hospital**  
**520 E 70<sup>th</sup> Street, Starr 2 NY, NY 10021**  
HSS: 212-606-1159    NYP: 212-746-5348    Fax: 212-746-8488

**POST-OPERATIVE INSTRUCTIONS**  
**ROTATOR CUFF REPAIR**

1. Please change the dressing on post-operative day #2.
2. Keep the wound covered with a bandage for 3 days. Do not remove the tapes on your incision. Please do not use bacitracin or other creams under the bandages. Apply the cryo-cuff(ice) 4 times each day for 30 minutes and after each time you do the exercises.
3. You may shower on post-operative day #4. Please do not soak the shoulder ( no baths, no hot tubs or swimming). Cover the shoulder with plastic wrap and secure it with tape. Wash the axillary area daily.
4. Passive movement of the shoulder should only be done. Active lifting of arm will cause undo strain on the repair. You should do pendulum exercises gently for 5 minutes three times a day, either in or out of the sling. Gentle passive supine elevation may be started if indicated by Dr. Kelly.
5. Your sling must be worn for approximately 4 weeks, to provide both comfort and support.  
You may take waist band off sling when out of bed. Waist band must be worn at night. The sling may be removed intermittently to allow range of motion of the elbow. You may exercise your hand by squeezing a tennis ball.
6. It will be helpful to sleep propped up with pillows and with a pillow supporting your elbow. This will prevent excessive pulling on the suture line.
7. Please call the office to schedule a follow-up appointment to have your sutures removed 7-10 days after your surgical date.
8. If you develop a fever (101.5F), redness or drainage from the surgical incision site, please call our office to arrange for an evaluation.
9. Enclosed are two prescriptions for you to use post-operatively. Naprosyn or Bextra, anti-inflammatory medications, are to be used twice a day with breakfast and dinner, for the first ten days after surgery. Percocet, a narcotic, or Vicodin, is to be used on an “as needed” basis for pain in addition to the Naprosyn or Bextra.

**If you have any questions, please feel free to call our office.**

**If you have any difficulty using anti-inflammatory medications or aspirin, or have a history of ulcer disease, you will only use the Vicodin post-operatively.**

**If you find that the Naprosyn is upsetting your stomach, please call our office to review the medications.**

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**Patient Name:**

**Date:**

**Diagnosis:** S/P Rotator Cuff Repair

**PHYSICAL THERAPY PRESCRIPTION:**

**1-2 WEEKS POST-OP:**

- \* Pendulum exercises
- \* Passive supine elevation using the opposite hand. Passive ER to neutral.
- \* Modalities, cryocuff, prn
- \* Hand, wrist, elbow, PRE's
- \* First 6 weeks is home program

**2-3 WEEKS POST-OP:**

- \* Continue pendulums, passive supine elevation, passive ER
- \* Pulley exercises for flexion, as tolerated. Use cane for ER; towel to increase IR.
- \* Begin scapular strengthening program, in protective range
- \* Deltoid isometrics

**3-5 WEEKS POST-OP:**

- \* Joint mobilization & PROM as necessary (passive supine elevation, passive ER)
- \* Deltoid isometrics
- \* Modalities as needed
- \* Begin submaximal IR / ER isometric exercises in neutral, arm at side (week 5)
- \* Continue scapular strengthening

**5-7 WEEKS POST-OP:**

- \* Begin Theraband IR / ER week 6
- \* ROM activities, emphasize flexion. Gentle passive stretch to 120° forward flexion
- \* Deltoid isotonic in plane of scapula, only after positive rotator cuff strength is determined (especially forward flexion)
- \* Continue with scapular PRE's. Begin biceps PRE's.
- \* Continue with modalities, prn.

**7-9 WEEKS POST-OP:**

- \* Progress Rotator cuff isotonic
- \* Restore full ROM by 12 weeks
- \* Continue with aggressive scapular exercises
- \* Upper extremity PRE's for large muscle groups, i.e. pects, lats, etc.
- \* Begin isokinetic program, IR / ER emphasize eccentrics
- \* Continue with flexibility activities

**9-16 WEEKS POST-OP:**

- \* Aggressive upper extremity PRE's
- \* IR / ER isokinetics, velocity spectrum
- \* Begin plyometric program for overhead athletes
- \* Continue with throwing and racquet program if appropriate
- \* Posterior capsule stretching after warm-ups
- \* Progress PRE's from side for overhead athletes
- \* Return to sports at approximately 16-20 weeks

**ADDITIONAL INFORMATION / INSTRUCTIONS:**

Please send progress notes.

**Physician's Signature:** \_\_\_\_\_

**Bryan T. Kelly, MD**