

Day 1-3:

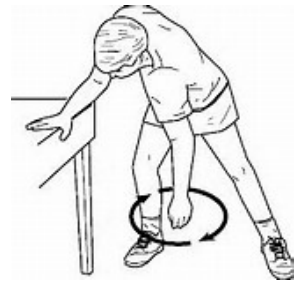
- Prior to leaving the operating room a shoulder immobilizer sling will be applied to your shoulder.
- Following discharge, you should go home and rest. Use ice to bring down swelling for 20 minutes, once per hour.
- You should have a prescription for pain medications. If you have pain, start by taking scheduled Tylenol and/or Motrin. You may add your prescription pain medication for more severe pain.

We can adjust your pain medication if needed. Feel free to call the office at **650-723-5256**. If it is after hours, contact Clinical Advice Services at **844-321-1235**.

Weeks 0-6:

- The sling should be worn 90% of the time. You must wear sling when walking and to sleep at night.
- Perform passive pendulum exercises 2-3 times daily for 5 minutes. Start passive elbow range of motion progressing to active elbow range of motion. Perform active wrist and digital range of motion to prevent stiffness. **No active shoulder range of motion is allowed.**
- After week 2 post op: Start formal physical therapy. Passive shoulder range of motion is allowed in physical therapy restricted to 100° passive FF/ABD and 45° passive ER, IR to stomach. Scapular motion is also allowed.
- Perform table slides and supine active-assisted range of motion with the other hand 2-3 times per day for no more than 5 minutes. These exercises can be demonstrated in physical therapy.

Pendulum



Weeks 6-12

- Discontinue arm sling. **Start active shoulder range of motion.** Use arm for light activities such as brushing teeth or getting dressed. **No rotator cuff strengthening allowed yet.**
- Forward flexion/Abduction: 90° to full as tolerated.
- Internal rotation: Full
- External rotation: 45° to full as tolerated.
- Range of motion exercises: Cane stretches, pulleys, etc.
- Isometrics and scapular stabilization exercises: To tolerance.

Weeks 12+:

- **Begin rotator cuff strengthening**
- **Range of motion goals:** Progress to fully functional range of motion.
- **Range of motion exercises:** Cane, pulley, internal rotation stretch.
- **Strengthening:** Isotonics in functional range of motion, integrate rotator cuff with scapular stabilization.
- **Scapular stabilization:** With resistance, integrate scapular stabilization and core strengthening.

Important: If you use the shoulder actively within the first 6 weeks of surgery you may re-tear the rotator cuff repair. The arm should feel better each week. If the pain becomes difficult to control or you notice increasing redness, swelling, or drainage—please contact us immediately. During the day, please call our clinic at (650) 723-5256. After hours call Stanford Hospital (650) 723-4000 to page the orthopedic resident on-call. If you cannot reach anyone, please go to the emergency room at Stanford Hospital or your nearest hospital.