



Musculoskeletal

Rehabilitation after arthroscopic rotator cuff repair

...delayed or early motion?

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To date, it remains unclear which rehabilitative approach after arthroscopic rotator cuff repairs leads to the most beneficial outcomes – especially on the duration of immobilization no consensus has been reached yet. Postoperative stiffness may be reduced when mobilization is initialized at an early stage, but a longer period of movement restriction may better facilitate tendon to bone healing.

In this systematic review with meta-analysis, four randomized controlled trials comparing delayed and early motion were included. Outcomes measures were the ASES scale, the Constant-Murley scale, Simple Shoulder test, the Western Ontario Rotator Cuff index and Disabilities of Arm, Shoulder and Hand questionnaire. On top of that, the number recurrent full-thickness tears and shoulder ROM (towards shoulder forward flexion and external rotation) were included in the analysis.



There were no significant differences in outcome scores, risk of recurrent tears or shoulder external rotation ROM between both approaches. Forward flexion was significantly (but not clinically relevant) greater in those who had undergone early mobilization. Based on these results, it can be concluded that no substantial differences exist in favour of either of the rehabilitation protocols.

> From: Chan et al., *J Shoulder Elbow Surg* 23 (2015-05-13 08:03:01) 1631-1639. All rights reserved to the Journal of Shoulder and Elbow Surgery Board of Trustees. [Click here for the online summary.](#)



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