

SIX MONTH COMPARISON OF OUTCOMES: STANDARD SIZE VERSUS MASSIVE SIZE ROTATOR CUFF REPAIR REHABILITATION

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Purpose

Compare short-term outcomes for persons following rotator cuff repair surgery for two different size tears: single tendon vs. multiple tendon.

Subjects

Patients of St. Francis Orthopedic Institute who received rotator cuff repair surgery between 8/1/07 and 12/31/08 having fit into one of the two categories described. Surgery performed by two shoulder fellowship trained surgeons and categorized based on their surgical findings. Subjects must also have completed functional outcomes reporting and have been able to attend physical therapy in order to record objective measures.

Materials/Methods

Retrospective data analysis and comparison of a sampling of patients based on specificity and timeframe of surgery. Rehabilitation guidelines consistent with current research were applied for both groups of patients which included early PROM with functional immobilization for the first 6 weeks. Progressive AAROM into AROM and strengthening was initiated at 6 weeks for the single tendon RTC repairs while delayed until 12 weeks for the multiple tendon RTC repairs. ASES and PENN Shoulder scores along with PROM and AROM were reported pre-op, 6 weeks, 12 weeks and 24 weeks post op.

Results

Patients with single tendon tears demonstrated a Minimal Clinical Important Difference (MCID) of 11, 25 and 15 point improvement at all stages of measurement reaching ASES Score of 80 and PENN Score of 80 at 24 weeks. Patients with multiple tendon tears demonstrated a Minimal Clinical Important Difference (MCID) of 11, 20 and 12 point improvement at all stages of measurement reaching ASES Score of 72 and PENN Score of 75 at 24 weeks. There was no significant difference between the two groups at any point of data collection. Subjects Active and Passive ROM progression also demonstrated no significant difference between at any point of data collection.

Conclusions

Patients with multiple tendon arthroscopic rotator cuff repairs can achieve similar functional and objective short-term results compared to single tendon repairs with an appropriately modified rehabilitation program.