DR. CARLOS MORENO CASTILLO
Shoulder and elbow surgery

PATIENT GUIDE

Your rotator cuff surgery, step by step

From deciding to have surgery to getting back to your activities.



BEFORE YOU START

How to use this guide

This guide brings together what we discuss in the office and what you will go through at each stage: the decision, the preparation, the day of surgery, the first days at home and rehabilitation. Read it calmly, share it with the person who will be with you, and write down your questions so you can go over them with the team.

Rotator cuff repair is one of the most common shoulder surgeries. Every patient comes to it with a different injury, which is why several time frames in this guide are ranges. Your personal instructions are always the ones your team gives you.

OUR TEAM'S FIVE MILESTONES

1. **Day of surgery.** You leave the operating room wearing a shoulder immobilizer and go home with a prescription for pain.
2. **At one week.** First wound check and dressing change.
3. **At 14 days.** Stitches come out.
4. **At 14 days.** Physical therapy begins.
5. **Between weeks 2 and 3.** The immobilizer is gradually removed, depending on your injury.

Your contact throughout the process

Pamela Yáñez, the team's head nurse, coordinates your tests, your wound care and your follow-up visits. Message her on WhatsApp at +56 9 6684 7103.

Two kinds of boxes

Dark blue boxes, like the one above, contain our team's instructions. White boxes summarize what scientific studies show, with the reference number in brackets. The full list is at the end.

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PART 1 · THE DECISION

Deciding to have surgery

Having surgery is a decision we make together in the office. To get there we review your history, the examination of your shoulder and your imaging, and we talk about what you want to get back: sleeping without pain, returning to work, taking up a sport again.

A good decision answers three questions: what injury you have, what each treatment offers in your case, and what each one asks of you. The following pages help you answer them with your doctor.

What the rotator cuff is

The rotator cuff is a group of four tendons that surround the head of the humerus: supraspinatus, infraspinatus, subscapularis and teres minor. They keep the shoulder centered and let you lift and rotate your arm.

How it tears

A tendon can tear partially, when part of its thickness is damaged, or completely, when the tear goes through the full thickness of the tendon. Some tears appear after a fall or a sudden effort. Many others develop gradually, as part of a degenerative tendon injury, and cause symptoms over time.

What it feels like

- Pain on the outer side of the shoulder and arm.
- Pain that wakes you at night or keeps you from sleeping on that side.
- Less strength to lift your arm, comb your hair or reach for things overhead.

How it is confirmed

The diagnosis is based on the physical examination and on imaging. Ultrasound and magnetic resonance imaging (MRI) show which tendons are involved, the size of the tear, how far the tendon has pulled back and the condition of the muscle. That information defines the treatment options.

A detached tendon does not reattach to the bone on its own. Even so, many people regain satisfactory function with physical therapy, and others need the tendon repaired to achieve it. The next page explains how the decision is made.

When surgery makes sense

Situations in which surgery is usually recommended

- A full-thickness tear in an active person.
- A tear caused by a traumatic injury, especially with loss of strength.
- Pain or weakness that persists after a well-conducted course of physical therapy.

Situations in which it makes sense to start without surgery

- Partial tears and tendinopathy.
- Some small full-thickness tears, without a traumatic injury, in people with lower physical demands. They are well controlled with guided exercise, pain medication and injections.

When the tendon can no longer be repaired

Some large, long-standing tears do not allow the tendon to be brought back to the bone. Other operations exist for them, chosen case by case.

WHAT THE STUDIES SHOW

- In small and medium tears, a clinical trial with 15 years of follow-up found better results with repair than with physical therapy alone. Tears that were not operated on grew over time [2].
- In people over 55 with small supraspinatus tears and without a traumatic injury, another trial found no advantage of surgery over conservative treatment at more than five years [3]. A Cochrane review describes similar results between both treatments in the short term [1].
- Current clinical guidelines and consensus statements recommend deciding according to the injury, age, activity and goals of each person [4, 5].

That is why the recommendation is individual. Your surgeon will explain which group your injury belongs to and what you can expect from each path.



PART 1 · THE DECISION

Why every surgery is different

Two people with the same diagnosis may need different operations and different recoveries. A rotator cuff tear is described by its size, the tendons involved, its thickness, the retraction and the condition of the muscle [5].

With that information, plus your age, your health and your activity, the surgeon defines the technique, the time in the immobilizer and the pace of your rehabilitation. The next page explains each factor.

The factors that shape your plan

Your age	The tendon's ability to heal decreases with age. In studies, healing is more frequent before age 50 and declines gradually afterwards [8].
The torn tendons	An isolated supraspinatus tear is different from one that also involves the infraspinatus or the subscapularis.
Size and retraction	When the tendon detaches, the muscle pulls it back. The larger and more retracted the tear, the more tension the repair has to bear.
Tendon quality	A thick, firm tendon holds sutures better than a thin or fragile one.
Fatty infiltration	When a muscle goes a long time without working, some of its fibers are replaced by fat. It shows on MRI and is not reversed by surgery.
Time since the tear	A recent tear is usually easier to repair than one that is several years old.
Your health	Diabetes and smoking are associated with more difficult healing [9, 10].
The procedure	Based on all of the above, the repair may be complete or partial, use one or several anchors, and include work on the biceps tendon or other structures.

WHAT THE STUDIES SHOW

Tear size, retraction and fatty infiltration are the factors that most often predict whether the tendon heals [6, 7]. They are always weighed together, along with your age and your health.

What you can expect from the result

Surgery fixes the tendon to the bone so that it can heal. The aim is to relieve pain, regain motion and strength, and protect the shoulder in the long term.

Pain and sleep

Night pain improves gradually. In a study of close to a thousand patients, 88 out of 100 slept poorly before surgery. At six months it was 37 out of 100, and at one year, 22 out of 100 [27].

Motion and strength

Motion returns during the first months and strength takes longer. Improvement continues until about one year after surgery [26].

Tendon healing

It depends on the factors on the previous page. In some people the tendon does not heal completely or tears again. Many of them keep their pain relief, although with less strength [31]. That is why follow-up is based on your pain, your motion and your strength.

What depends on you

- Respecting the immobilizer and the time frames.
- Completing your rehabilitation, including the exercises at home.
- Avoiding tobacco before and after surgery [9].
- Keeping your medical conditions well controlled, especially diabetes [11].

These figures describe groups of patients. Your personal outlook is something you discuss with your surgeon, who knows your injury.



PART 2 · YOUR TEAM

A team behind your surgery

Rotator cuff surgery is teamwork. Before, during and after the operation you are cared for by professionals with different tasks and one shared plan.

Knowing who does what lets you take each question to the right person and arrive at the day of surgery with everything settled.

Who is who

The surgeon Dr. Carlos Moreno Castillo	Helps you decide whether surgery is right for you, performs the surgery and directs your follow-up and the time frames of your recovery.
The head nurse Pamela Yáñez	Coordinates your tests and the paperwork with the clinic and your insurer. She is your direct contact before and after surgery, and organizes your wound care and follow-up visits.
The anesthesiologist Usually Dr. Vicente Béjar	Reviews your tests before surgery, looks after you throughout the operation and takes care of pain control in the first hours.
The physical therapists Jorge Ocampo, Javiera Guajardo and Benjamín Olivari	Guide your rehabilitation from the second week, stage by stage, with the protocol that matches your injury.
The clinic	The admissions, operating room and recovery staff receive you and care for you on the day of surgery.
Your support person	A relative or friend who receives the instructions with you, takes you home and helps you during the first days.

How to communicate with the team

- Tell us everything you take: medications, vitamins and natural products.
- Let us know about any change in your health before surgery: fever, a cold, a wound or skin infection, a dental problem.
- Write down your questions as they come up and send them by WhatsApp or bring them to the office.
- If your physical therapist is at another center, ask them to coordinate with our team. Doctor, physical therapist and patient work with the same plan.

CONTACT

WhatsApp (written messages) and phone: +56 9 6684 7103. Email: contacto@drmorenocastillo.com. Appointments: drmorenocastillo.com/en/agendar

Useful questions for your visit

Bringing your questions in writing helps you make the most of the visit. These are the most useful ones before rotator cuff surgery.

About your injury

- Which tendons are torn and how large is the tear?
- How much retraction and fatty infiltration does my MRI show?
- What happens if I decide to wait?

About the surgery

- What procedure are you planning in my case?
- Where will I have surgery and how long will I be at the clinic?
- What type of anesthesia and nerve block will I receive?

About recovery

- How long will I wear the immobilizer?
- When do I start physical therapy, and where?
- When will I be able to drive, return to work and resume my sport?

About preparation

- Which medications do I need to adjust before surgery?
- From what time should I fast, and at what time should I arrive?
- What paperwork do I need to complete with my insurer?

A TIP

Ask your support person to listen to the answers with you. Two people remember better than one, especially on the day you go home.



PART 3 · GETTING READY

The weeks before

Preparation starts several weeks ahead. During this time your tests are completed, your medications are reviewed and the paperwork with the clinic and your insurer is put in order.

Arriving with everything settled reduces surprises on the day of surgery and lets you focus on your recovery.

Tests, medications and health

Tests

The nurse coordinates your preoperative tests. The anesthesiologist reviews them before surgery to confirm that you are fit for the operation.

Medications

Bring to the office a complete list of what you take, with doses and times. These groups may need an adjustment before surgery:

- Anticoagulants and antiplatelet drugs, including aspirin.
- Anti-inflammatory drugs.
- Diabetes medications.
- Injectable or oral medications for diabetes or weight loss, such as semaglutide [12].
- Vitamins, supplements and natural products.

YOUR TEAM'S INSTRUCTION

Do not stop or change any medication on your own. The team will tell you what to do with each one, and from which day.

Diabetes

Arriving at surgery with well-controlled blood sugar, and keeping it that way afterwards, favors tendon healing [10, 11].

Tobacco

Smoking is associated with a higher risk of the tendon tearing again [9]. Quitting before surgery and during recovery is one of the measures that depends most on you.

Skin

Take care of the skin of your shoulder and armpit. Avoid shaving the area yourself and tell us if a wound, an insect bite or any lesion appears near it.

Paperwork

Pamela guides you through the informed consent, the admission order and the Fonasa PAD voucher (Chile's fixed-price surgical care program) or your private health insurance documents.

Your home and your support person

During the first weeks you will do almost everything with one hand. Getting your home ready before surgery saves you effort and pain.

- [ ] A place to sleep semi-reclined: stacked pillows, a backrest or a recliner.
- [ ] Loose clothing that buttons or zips at the front.
- [ ] Meals that are ready or easy to heat for the first days.
- [ ] Everyday items at waist height and on your non-operated side.
- [ ] Cold packs or ice bags in the freezer.
- [ ] Slip-on shoes and a non-slip surface in the shower.

Your support network

- [ ] An adult to be with you on the day of surgery and during the first 24 hours.
- [ ] Someone to take you to wound checks and follow-up visits. You cannot drive while you wear the immobilizer.
- [ ] Help with shopping, cooking and caring for children or pets during the first weeks.

A rehearsal before surgery

Spend one day doing everything with the hand on your non-operated side: dressing, eating, washing, using your phone. You will find out what you need to keep within reach and which tasks are best delegated.

WORK AND TIME OFF

Talk to your employer before surgery. Time off depends on your job, and your surgeon defines it at the follow-up visits.

The day before

YOUR TEAM'S INSTRUCTION

- **Fasting.** At least 8 hours before surgery with nothing to eat or drink. The nurse confirms from what time, according to your operating room schedule.
- **Medications.** Take only the ones the team authorized, with a small sip of water.
- If the anesthesiologist gives you a different instruction, follow theirs.

Fasting protects your lungs during anesthesia: with an empty stomach there is less risk of its contents reaching the airway [13, 14].

The afternoon and evening before

- Have a light dinner within the time you were given.
- Shower with soap and water. Leave your shoulder and armpit free of creams, deodorant and perfume.
- Remove nail polish, jewelry and piercings.
- Pack your bag and confirm the departure time with your support person.
- Sleep as well as you can.

The morning of surgery

- Keep fasting. If you ate or drank outside the instructions, tell the team before you leave.
- Take your authorized medications with a sip of water.
- Wear comfortable clothing that opens at the front. Leave contact lenses at home.
- Arrive at the clinic at the time you were given.

LET US KNOW BEFORE LEAVING HOME

Message the team if you wake up with fever, cough, vomiting, a wound on your shoulder or any new discomfort. Sometimes it is better to reschedule surgery, and it is best to know before you get to the clinic.

What to bring to the clinic

- [ ] ID card or passport.
- [ ] Preoperative tests and MRI, with the report and the images.
- [ ] Signed informed consent.
- [ ] Fonasa PAD voucher or your insurer's documents.
- [ ] List of your medications, with doses and times.
- [ ] The shoulder immobilizer, if the team asked you to bring it.
- [ ] Loose clothing with buttons or a front zipper, and comfortable shoes.
- [ ] Basic toiletries, in case you stay overnight.
- [ ] Charged phone and its charger.
- [ ] This guide, with your questions written down.

What stays at home

Jewelry, watches, cash and valuables.

Arrival

Check in at the clinic at the time given by the team or by the clinic itself. That time is earlier than the operating room time: admission, changing clothes and the nursing assessment take a while.

Your support person

Come with an adult who can wait for you and take you back. After anesthesia you cannot drive or go home alone. If you leave the same day, that person must stay with you for the first 24 hours.

IF YOU HAVE SURGERY WITH A FONASA PAD VOUCHER

Pamela goes over the steps and the voucher paperwork with you before admission. More information at drmorenocastillo.com/en/padfonasa



PART 4 · THE DAY OF SURGERY

The day of surgery, step by step

That day you will go through several stages with different professionals. Each one has an order and a purpose. At each stage you will be asked your name, the surgery and the side being operated on: it is part of the safety checks.

The next page shows the full path, from admission to discharge.

The full path

1. **Admission.** You hand in your documents and are assigned a room or a preparation bay.
2. **Nursing.** You change clothes, your vital signs are checked and an intravenous line is placed.
3. **Confirmation.** The team checks your identity, the surgery and the side with you. The shoulder to be operated on is marked.
4. **Anesthesia.** The anesthesiologist talks with you, answers your questions and performs the nerve block for your arm.
5. **Operating room.** You are placed in the position the surgery requires, with your body and arm protected. The repair takes between 1 and 2 hours.
6. **Recovery.** You wake up in the recovery room wearing the immobilizer, with your arm numb from the block. Your blood pressure, breathing and pain are monitored there.
7. **Room.** When you are awake, free of nausea and with your pain under control, you return to your room. The surgeon talks with you and your support person about what was found and what was done.
8. **Discharge.** You go home the same day or the next day, depending on the time of your surgery and how you feel.

FOR YOUR SUPPORT PERSON

Several hours usually pass between entering the operating room and returning to the room. That time includes anesthesia, surgery and recovery. A long wait is the norm.



PART 4 · THE DAY OF SURGERY

Anesthesia and the nerve block

Surgery is usually done under general anesthesia, meaning asleep, plus a brachial plexus block.

The brachial plexus is the group of nerves that gives feeling and movement to the shoulder and arm. The anesthesiologist locates those nerves with ultrasound and injects local anesthetic around them. The block helps control pain during surgery and in the hours that follow.

The block: types, duration and care

Types of block

The one most used in shoulder surgery is the interscalene block, performed at the base of the neck [15, 16]. Other techniques act near the collarbone or on the suprascapular and axillary nerves. The anesthesiologist chooses the technique and the medications according to your case.

How long it lasts

Your arm may stay numb for 8 to 24 hours, depending on the anesthetic and the medications given with it. In studies, the greatest pain relief is concentrated in the first 8 hours [17] and can be prolonged with medications such as dexamethasone [32]. Your anesthesiologist will tell you how long yours is expected to last.

What is normal while it lasts

- A numb, heavy, weak arm, sometimes down to the hand.
- A slightly hoarse voice or a drooping eyelid. These are temporary effects of the anesthetic on nearby nerves and go away when the block wears off.
- Somewhat shallower breathing, which is also temporary [18]. If you feel short of breath, tell the staff right away or go to an emergency department.

WHILE YOUR ARM IS NUMB

- Keep it inside the immobilizer. You cannot feel it and you cannot protect it.
- Keep it away from heat and intense cold. Wait until feeling returns before applying ice.
- Avoid leaning or sleeping on that arm.
- Take the first pain medication on your prescription at the scheduled time, before the block wears off, even if you do not feel pain yet.

When the block wears off

Feeling returns gradually, with tingling. At that point pain can appear with some intensity for a few hours. It is known as rebound pain, it is expected, and it is better controlled when the pain medication is already working [17, 19].



PART 4 · THE DAY OF SURGERY

What is done inside your shoulder

Our team repairs the rotator cuff by arthroscopy. The word means looking inside the joint: through incisions of less than one centimeter (about 0.4 inches), called portals, a camera the width of a pencil and the working instruments are introduced. The surgeon operates while watching a screen.

Throughout the surgery, pressurized saline flows into the shoulder. The fluid expands the joint and keeps the view clear. That is why your shoulder may look swollen at the end and the dressing may get damp during the first hours.

The repair, step by step

1. **Explore.** The arthroscope travels through the joint and the space above the cuff. The size and shape of the tear and the quality of the tendon are confirmed.
2. **Clean and prepare.** The shaver, a small powered instrument that cuts and removes tissue, clears away the inflamed tissue. Radiofrequency cuts and seals with precision. Both are used to prepare the bone where the tendon will be fixed.
3. **Place the anchors.** Anchors are small implants fixed inside the bone that carry high-strength sutures.
4. **Pass the sutures.** A suture passer takes each thread through the tendon. Small graspers, called suture retrievers, bring the threads out through the portals.
5. **Fix the tendon.** The sutures are tied or tensioned until the tendon rests on the bone, in its place.
6. **Treat associated problems.** If needed, the biceps tendon is treated or the bone rubbing against the cuff is smoothed.

Surgery takes between 1 and 2 hours on average. The anchors stay inside the bone and are not removed. The wounds are 2 to 4 small incisions closed with stitches.

Open surgery

Some surgeons repair the cuff with open surgery or through a small incision. Studies comparing both techniques show similar results in the medium and long term [20, 21]. Arthroscopy also makes it possible to check the whole joint and treat associated injuries through small incisions.

WHAT CHANGES WITH YOUR INJURY

The number of anchors, the way the sutures are passed and any additional steps are decided during surgery, once the tendon is seen. When it is over, the surgeon explains what was found and what was done.

The first hours and going home

When surgery ends you go to the recovery room and then to your room. The block is still working, so these hours are usually calm.

WHEN YOU GO HOME

- If you have surgery in the morning, you can often go home that same day.
- If you have surgery late in the afternoon, the usual plan is to spend one night at the clinic.
- The final decision is made by the team according to how you feel and your medical history.

To go home you need to

- Be awake and oriented.
- Tolerate liquids without nausea.
- Have your pain under control.
- Have an adult to stay with you for the first 24 hours.

You leave with

- The shoulder immobilizer on.
- A prescription with your pain medications and their schedule.
- Written discharge instructions.
- A medical certificate for time off work, if applicable.

The first step at home

You or a relative message Pamela Yáñez to arrange the first wound check and the follow-up visits.

THE FIRST NIGHT

Contact the team if the pain does not ease with the prescribed medications, if vomiting keeps you from taking them, or if the dressing becomes heavily stained with blood.

Go to an emergency department if you have difficulty breathing, chest pain, or a cold, pale or bluish hand. The full list is on page 35.



PART 5 · AT HOME

The first days at home

The first weeks at home have three tasks: controlling pain, protecting the repair with the immobilizer and caring for the wounds. This part explains each one and how to adapt your daily life while the shoulder heals.

In the picture, a well-fitted shoulder immobilizer: the forearm rests in the support, the elbow sits at the back and a strap goes around the trunk to keep the arm against the body.

Pain at home

The shoulder hurts after this surgery, especially in the first days and at night. This is expected and it can be treated. The goal is for the pain to be tolerable and to let you rest and do your exercises.

What helps most

- **Follow the prescription on schedule.** In the first days take your pain medication at the set times, without waiting for the pain to become intense.
- **Trust the combination.** The prescription brings together medications that work in different ways. Together they control pain better and allow less use of strong medications [15].
- **Use local cold.** A cold pack wrapped in a cloth, 15 to 20 minutes, several times a day, once feeling has returned.
- **Position your arm.** A well-fitted immobilizer and a pillow under the elbow relieve tension.
- **Move.** Walking around the house several times a day helps your circulation and your mood.

Effects of pain medication

Some cause nausea, constipation or drowsiness. Drink fluids, eat fiber, and avoid alcohol and driving while you use them. Tell the team if the discomfort persists.

YOUR TEAM'S INSTRUCTION

Take only the medications on your prescription, at the doses and times indicated. Check with the team before adding another pain reliever or an anti-inflammatory.

Pain decreases gradually over the first weeks. Night is usually the most uncomfortable time for a while, and sleep improves month by month [27].

The shoulder immobilizer

After a rotator cuff repair you need a shoulder immobilizer. It supports the forearm and, with a strap around the trunk, keeps the arm against the body. A simple sling only hangs the forearm from the neck and lets the shoulder move.

YOUR TEAM'S INSTRUCTION

- You will wear it for 2 to 3 weeks, day and night.
- In large or massive tears it may be needed for up to 6 weeks, and when the subscapularis is repaired, for about 4.
- It is removed gradually, as directed by the surgeon.

How to wear it

- Adjust it so that the elbow sits at the back of the pouch and the shoulder is relaxed. The weight of the arm rests on the immobilizer and on the trunk strap.
- The hand sits level with the elbow or slightly higher.
- Take it off only to wash, dress and do the exercises you were given.
- Several times a day, move your fingers and wrist, and your elbow as you were instructed. This prevents stiffness and swelling of the hand. If the biceps tendon was treated, the team may limit some elbow movements for a time.

What to avoid

- Lifting the operated arm with its own strength.
- Carrying weight, pushing, pulling or leaning on that arm.
- Reaching behind your back.
- Driving.

WHAT THE STUDIES SHOW

Trials comparing immobilizers with and without an abduction pillow find similar results in pain, function and healing [22]. The model and the time frame are defined by the surgeon according to the repair.



PART 5 · AT HOME

Sleeping in the first weeks

In the first weeks it is usually more comfortable to sleep semi-reclined, with the backrest raised or in a recliner, and with a pillow under the operated arm. Keep the immobilizer on at night as well.

This is a comfort recommendation. If you find another position that is pain-free and you keep the immobilizer on, that works too. Sleep improves gradually, month by month [27].

Washing, dressing and daily life

Washing

- Keep the dressings dry until your wound check.
- To wash your armpit, lean your trunk forward and let the arm hang relaxed. The arm moves away from the body by gravity, with no effort from the shoulder.
- Dry yourself well before putting the immobilizer back on.
- Bathtubs, pools and the sea wait until the team gives the go-ahead.

Dressing

- To get dressed, the operated arm goes first and then the other.
- To undress, the healthy arm goes first.
- Clothes that open at the front make everything easier.

Eating, writing and using your phone

With the team's approval, you can use the hand on the operated side for light tasks at table height, with the elbow supported and the arm inside the immobilizer.

Day to day

- Walk every day, first indoors and then outside.
- Sit in chairs with a backrest and rest your arm on a cushion.
- Ask for help with cooking, carrying bags and opening jars.

Wound care, stitches and follow-up

YOUR CALENDAR WITH THE TEAM

At discharge	You or a relative message Pamela Yáñez.
At one week	First wound check and dressing change.
At 14 days	Stitches come out.
At 14 days	Physical therapy begins.
At follow-up visits	The surgeon reviews your progress and defines each change of stage.

Pamela arranges your appointments according to the date of your surgery. Keep her messages: your dates and instructions are there.

Your wounds

The portals are small incisions covered by dressings. In the first days it is normal to see a swollen shoulder, a bruise that travels down toward the arm or chest, and a lightly stained dressing.

How to care for them

- Keep the dressings clean and dry.
- Change them only if the team told you to, and the way you were shown.
- Leave the wounds free of creams, alcohol and other products.
- After the stitches come out, the team will tell you when you can get the area wet.

When to write before your wound check

Message the team if the wound becomes red, warm or more swollen, if cloudy fluid comes out or if you develop a fever. A photo of the wound helps guide the consultation.



PART 6 · REHABILITATION

Rehabilitation, stage by stage

The repaired tendon needs time to attach to the bone. That attachment gains strength progressively and reaches useful firmness at around 3 to 4 months. Rehabilitation moves at the pace of that healing: first it protects, then it restores motion and finally it brings back strength [23].

Our team works with protocols defined by type of injury, based on those of Massachusetts General Hospital [30].

WHAT THE STUDIES SHOW

Trials comparing earlier and later motion find similar results in pain and function [24]. Starting earlier restores motion faster and reduces stiffness [25]. In large tears the repair is protected for longer [23].

The five stages

Stage 1 · Protection From surgery to about week 3	You wear the immobilizer. From the second week the physical therapist moves your shoulder without the repaired muscle working. Hand, wrist and elbow move as instructed.
Stage 2 · Assisted motion Weeks 4 to 6	You move the shoulder with the help of your other arm, a stick or pulleys.
Stage 3 · Active motion Weeks 7 to 10	You move the shoulder on your own. Still no weights and no force with the operated arm.
Stage 4 · Strengthening From week 11 or 12	Elastic bands and light loads that increase gradually, with the surgeon's approval.
Stage 5 · Return to activity Between months 4 and 6	Heavy work and sport, according to the demands of each activity. Full strength can take up to a year.

Adjustments according to your injury

- **Small and medium tears.** They follow the general scheme.
- **Partial tears.** The same or slightly faster.
- **Large and massive tears.** Immobilizer for up to 6 weeks, active motion later, strengthening around the fourth month and demanding sports between the sixth and seventh month.
- **Subscapularis repair.** External rotation is limited in the first weeks, the immobilizer is worn for about 4 weeks and strengthening starts around week 8.

YOUR TEAM'S INSTRUCTION

These are our team's usual time frames. When surgery combines several repairs or includes the biceps tendon, the surgeon adjusts them and lets you know at the follow-up visits.

Doctor, therapist and you: one plan

Rehabilitation works when all three parties are aligned.

The surgeon	Knows what was repaired and how firmly. Defines the time frames and authorizes each change of stage.
The physical therapist	Knows the protocol, guides the exercises, measures your progress and reports to the surgeon.
You	Do the exercises at home, respect the limits of each stage and report what you feel.

If you do your physical therapy at another center

Give this guide to your physical therapist and ask them to coordinate with our team. They need to know which tendons were repaired, how large the tear was and what time frames the surgeon set.

Rules that apply at every stage

- The exercises at home count as much as the sessions.
- Mild discomfort during exercise is expected. Intense pain, or pain that lasts for hours, is a reason to stop and ask.
- Time frames are moved forward or back only on the surgeon's instruction.
- Do your exercises every day, even if only for a few minutes.

Signs of good progress

- Night pain decreases week by week.
- Each follow-up visit shows a little more motion.
- You regain simple tasks: dressing, combing your hair, reaching for a glass.

Each person's pace is different. Your point of comparison is your own progress from one visit to the next.

Work, driving and sport

Driving

You return to driving when you no longer wear the immobilizer, you have the motion and strength to control the steering wheel, and the team authorizes it. Driving with the arm immobilized is not safe. Do not drive while you are taking medications that cause drowsiness either.

Work

- **Office work or low physical demand.** Many people return within a few weeks, with the arm protected, depending on their pain and their approved time off.
- **Lifting or physical effort.** Jobs that require strength, carrying weight or working with the arms overhead are usually resumed between the fourth and sixth month, and in some cases take longer.

Sport

- Walking, from the first days.
- Stationary bike and gentle jogging, when the surgeon authorizes it.
- Racket sports, throwing, swimming and weights, between the fourth and sixth month, progressively.
- Contact and high-demand sports, according to your injury and your progress.

WHAT THE STUDIES SHOW

- Most people return to work after surgery. Return is more frequent in jobs with lower physical demand [28].
- Most recreational athletes return to their sport at the same level [29].
- Improvement in pain, motion and strength continues until about one year [26].

Your time off work and your return dates are defined by the surgeon at the follow-up visits, according to your job and your progress.

When to contact the team

Complications after this surgery are uncommon. Knowing these signs lets you act in time and with peace of mind.

MESSAGE OR CALL THE TEAM THE SAME DAY IF YOU NOTICE

- Fever above 38 °C (100.4 °F).
- A red, warm, more swollen or draining wound.
- Pain that increases instead of decreasing, or that does not ease with the prescribed medications.
- Tingling or numbness in the hand that continues after the block has worn off.
- Nausea or vomiting that keeps you from taking your medications.

GO TO AN EMERGENCY DEPARTMENT IF YOU HAVE

- Difficulty breathing or chest pain.
- A cold, pale or bluish hand.
- Heavy bleeding that does not stop with pressure.
- Swelling or pain in a calf, for a medical evaluation that same day.

How to reach us

Team WhatsApp (written messages) and phone: +56 9 6684 7103. Describe what you notice, since when and, if it is about the wound, send a photo.

Outside office hours, go to the emergency department of the clinic where you had surgery and tell them you were operated on by our team.

What is expected and does not need a call

- Swelling of the shoulder and bruising that travels down toward the arm or chest during the first weeks.
- Pain that is more noticeable at night.
- Lightly stained dressings in the first days.
- Tiredness and disturbed sleep in the first weeks.

Frequently asked questions

When will I be able to sleep lying flat?
When it feels comfortable and pain-free. It usually happens gradually over the first weeks.

Does it hurt when the stitches come out?
It is a brief discomfort. The incisions are small and removal takes a few minutes.

Will I need a follow-up MRI?
Usually not. Follow-up is based on your pain, your motion and your strength. The surgeon orders imaging when your progress calls for it.

Can I have an MRI with the anchors?
The anchors used today are, in general, compatible with MRI. Always tell the imaging center that you have implants in your shoulder so they can confirm it.

What should I do if I fall or make a sudden movement?
Keep the immobilizer on, apply cold and contact the team that same day to decide whether you need to be seen.

Can I drink alcohol?
Avoid it while you are taking pain medication.

When will I see the final result?
Most of the recovery happens in the first six months and improvement continues until about one year [26].

What if the rotator cuff of my other shoulder is also torn?
Each shoulder is assessed separately. When both need surgery, they are operated on at different times.

Where can I find more information?
At drmorenocastillo.com/en you will find the pages on preparation, recovery and frequently asked questions, along with other guides from the team.

My surgery: a sheet to fill in

Date of surgery _____

Clinic _____

Arrival time _____

Shoulder to be operated on _____

Fasting from _____

Medications I must adjust, and from when _____

_____

Medications I do take on the morning of surgery _____

My support person and their phone number _____

After surgery

First wound check _____

Stitches out _____

Start of physical therapy _____

Physical therapist _____

Follow-up with the surgeon _____

Time in the immobilizer _____

Special restrictions set by my surgeon _____

My questions

_____

_____

_____

_____

Checklists to print

The week before

- ☐ Tests done and handed in.
- ☐ Medications reviewed with the team.
- ☐ Insurance paperwork and consent signed.
- ☐ Home prepared and support person confirmed.

The night before

- ☐ Light dinner within the time given.
- ☐ Shower with soap and water.
- ☐ No nail polish, jewelry or piercings.
- ☐ Bag packed with documents, tests and MRI.
- ☐ Departure time agreed with your support person.

The morning of surgery

- ☐ Fasting completed.
- ☐ Authorized medications taken with a sip of water.
- ☐ Clothing that opens at the front.
- ☐ Arrival at the clinic at the time given.

Back home

- ☐ Message to Pamela Yáñez to arrange the wound check.
- ☐ Pain medication on schedule, starting before the block wears off.
- ☐ Arm always in the immobilizer.
- ☐ Place to sleep semi-reclined ready.
- ☐ Team phone number at hand: +56 9 6684 7103.



PART 7 · SAFETY AND WRAP-UP

About this guide

Dr. Carlos Moreno Castillo is an orthopedic surgeon specializing in shoulder and elbow surgery. He practices in Los Ángeles and Angol, in south-central Chile, together with his nursing, anesthesia and physical therapy team.

This guide brings together the team's protocols and the scientific evidence available as of November 2026. It provides general information and does not replace a consultation or the personal instructions of your treating team.

More guides, articles and appointments: drmorenocastillo.com/en

First edition, November 2026. Photographs: archive of Dr. Carlos Moreno Castillo. The pictures on pages 25 and 28 are illustrative scenes created for this guide.

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