



Figure 9. Immediate post-operative assisted active flexion exercises, with a stick (9A and 9B); Assisted active flexion with a stick (9C).

1 attempt conservative treatment, well organized with a
 2 competent physiotherapist and a motivated patient. The
 3 basic biomechanical principle is that the resultant R,
 4 instead of being horizontal, has become vertical due to
 5 the disappearance of the rotator cuff, and the predomi-
 6 nance of the upward force of the Deltoid over the force
 7 of the extrinsic depressors A of the humeral head. The
 8 humeral head comes to abut under the acromion; active
 9 anterior elevation is impossible, giving a picture of a
 10 pseudo-paralytic shoulder. The goal of rehabilitation is
 11 to reestablish a balance between the forces D and A,
 12 and to create an artificial resultant R whose path will
 13 become horizontal again, making anterior elevation pos-
 14 sible. After recovery of passive joint amplitudes, priority
 15 is given to assisted active mobility exercises (Figures 3–
 16 5) in conjunction with strength training exercises (Figures
 17 6, 7). With this protocol, we obtained 82.5% satisfactory
 18 results, eliminating the need for reverse shoulder
 19 arthroplasty.

Rehabilitation protocol for operated patients

Degenerative full-thickness rotator cuff tears

From October 1986 we repaired rotator cuff tears by open techniques with procedures learned in North America [1] using minimally invasive approaches and associated with anterior acromioplasty. The suture was protected postoperatively by a removable light splint with 30° abduction. From the beginning, two principles were applied: preoperative rehabilitation and early postoperative mobilization [2, 4, 5].

Active mobility was recovered at the end of the third postoperative month and professional and sports functional recovery within an average of six months postoperatively, based on a series of 100 cases, reviewed with a minimum follow-up of 24 months [2].

After 1992, we began repairing full-thickness rotator cuff tears by the arthroscopic technique, learned from Harvard Ellman and Stephen Snyder in Los Angeles, and Richard Caspari

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