CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

REHABILITATION PROTOCOL

# Calcific Tendinitis — Rehabilitation Protocol

This protocol covers the rehabilitation after **arthroscopic excision of a calcific deposit** with Dr Kieran Hirpara at Mater Private Hospital Rockhampton — keyhole surgery to remove the calcium deposit from the rotator cuff tendon, sometimes combined with a subacromial decompression to make more room for the tendon. Bring this page or its PDF to your first physiotherapy visit so your rehabilitation stays coordinated. Your rehabilitation is progressed individually by your physiotherapist through the phases below, depending on how your shoulder progresses.

If you have any concerns about your wound after surgery, get in touch with the rooms. It is often helpful to take a photo of the wound and email it for review.

**If removing the deposit required a rotator cuff repair** — the deposit sometimes leaves a defect in the tendon that needs to be stitched closed — your recovery follows rotator cuff repair rules instead, and the rotator cuff repair protocol takes priority over this page. Dr Hirpara will tell you after the operation if this applies to you.

## What to expect

Both pathways are early-movement pathways. Unless the rotator cuff needed a repair, nothing has been stitched that needs months of protection — the aim of treatment is to remove the source of pain, and the aim of rehabilitation is to settle the post-treatment flare, keep the shoulder moving so it does not stiffen, and then rebuild strength.

- **After arthroscopic excision** a sling is provided for comfort only. It is worn briefly — typically days, rarely beyond two weeks — and should be left off as much as possible. You do not need to sleep in it. Recovery to full, unrestricted activity typically takes around three months.

**Do not drive while wearing a sling.** Driving typically resumes from about two weeks, once you are out of the sling, comfortable, and able to perform an emergency stop safely.

With either treatment, the shoulder can take time to settle completely. Discomfort often improves in stages rather than all at once, and after surgery it can take several months — occasionally up to nine — for the pre-treatment symptoms to fade fully. Steady improvement, not instant comfort, is the expected pattern.

This is keyhole day surgery through several small incisions. The calcific deposit is located within the rotator cuff tendon and removed, and a subacromial decompression is often performed at the same time to give the tendon

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

more room. The dressings can usually come off after about two days, and the wounds are checked at your first post-operative appointment about a week to ten days after surgery.

## Phase I — Early movement (weeks 0–2)

You will wake from surgery with your arm in a sling, but the sling is for comfort only — try to do without it as much as you can, and most people are out of it within days. You can use the arm without restriction below shoulder height from the start. Lifting the arm above shoulder height is allowed and safe, although it will be uncomfortable at first; several times a day, use your good arm to help lift the operated arm above shoulder height as a gentle stretch, so the shoulder does not stiffen. Avoid carrying anything heavier than about two kilograms with the operated arm in these first weeks, as this will be painful. Start your exercises as soon as possible, aiming for ten repetitions of each, three times a day. Take pain relief before your exercises, and use ice for comfort. Do not drive while you are wearing the sling.

**For your physiotherapist:**

**Goals**

- Settle post-operative pain and swelling
- Early restoration of range of motion — the priority is preventing stiffness, to which calcific tendinitis patients are prone
- Normal use of the arm below shoulder height

**Management**

- Sling for comfort only — wean as quickly as comfort allows, typically within days
- Unrestricted active use of the arm below shoulder height from day one
- Active elevation above shoulder height as tolerated
- Passive and active-assisted elevation above shoulder height several times daily (using the other arm) to prevent stiffness
- Home exercise program ten repetitions each, three times daily
- Analgesia before exercises; cryotherapy for pain relief as needed

**Precautions**

- No carrying or lifting beyond approximately two kilograms with the operated arm
- No driving while in the sling

**Criteria to progress**

- Wound review satisfactory at the first post-operative appointment
- Out of the sling and using the arm comfortably below shoulder height

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# Phase II — Regaining your range (weeks 2–8)

You will be reviewed in the rooms at about two to three weeks, where your wound and your passive range of motion are checked. The work of this phase is range: progress your forward elevation stretches and add movements out to the side, with physiotherapy guiding the progression. The typical aims are to lift the arm actively to horizontal by six weeks, with the assisted (passive) range — forward, out to the side and in rotation — back to normal by six weeks. Driving can resume from about two weeks once you are out of the sling, comfortable, and able to perform an emergency stop safely.

**For your physiotherapist:**

**Goals**

- Active forward flexion and abduction to horizontal by six weeks
- Passive flexion, abduction and external rotation to normal by six weeks
- Independence with daily activities

**Management**

- Progress passive and active-assisted forward flexion; introduce and progress abduction
- Progress to active range of motion in all planes as comfort allows
- Continue scapular setting and postural work
- Continue analgesia before sessions, and heat or ice around stretching as preferred

**Precautions**

- Keep lifting light while range is restored; progression remains symptom-guided
- Stretching to firm discomfort is acceptable; forced, severely painful stretching is not

**Criteria to progress**

- Passive range of motion at or near normal
- Active elevation to horizontal or better, with pain settling

# Phase III — Strengthening and return to full activity (weeks 8–16)

You will usually be reviewed again at about eight weeks. With your range restored, rehabilitation turns to strengthening the rotator cuff, typically under your physiotherapist's supervision, and to using the arm freely above shoulder height. The aim is full active forward elevation and abduction by about twelve weeks. Recovery from removal of the deposit alone typically takes about three months, after which there are no restrictions; if the rotator cuff needed a repair, recovery is longer — typically around five months — and follows the rotator cuff repair protocol instead. Do not be concerned if some ache persists beyond this point: after this operation it can

take up to nine months for the pre-operative symptoms to settle completely, with the trend steadily in the right direction.

**For your physiotherapist:**

**Goals**

- Full active forward flexion and abduction by approximately twelve weeks
- Graduated restoration of rotator cuff and scapular strength and endurance
- Return to full, unrestricted activity by approximately three months

**Management**

- Progressive rotator cuff strengthening from eight weeks — isometrics progressing to elastic-band and light-weight work, low load and higher repetitions
- Progress active use of the arm above shoulder height
- Advance gym-, work- and sport-specific loading as tolerated through weeks twelve to sixteen

**Precautions**

- Strengthening should not come at the cost of range — continue mobility work throughout
- Build heavy and overhead loading gradually; a flare of pain means easing back a step

**Criteria to progress**

- Full active range of motion with strength returning and symptoms continuing to settle
- Discharge from routine follow-up when progressing well, typically from around eight to sixteen weeks

# After your protocol

The phases above are adapted from published patient guidance and rehabilitation protocols for this procedure — The London Shoulder Partnership's calcific deposit excision rehabilitation protocol, patient guidance from ShoulderDoc (UK) on surgery for calcific tendinitis, and Dr Kevin Ko's patient guide to arthroscopic excision. The week ranges are typical rather than fixed, and your ongoing rehabilitation is guided individually by your physiotherapist, working with the practice, based on how your shoulder recovers. This page works alongside the practice's general recovery advice — see managing post-operative pain and wound care. For the condition itself and how these treatments work, see calcific tendinitis.


REFERENCES

1. The London Shoulder Partnership. Calcific Deposit Excision Rehabilitation.
2. Ko K. Arthroscopic Excision of Calcific Tendonitis — What Can I Expect? OPA Orthopedics, Seattle.
3. Funk L. Surgery for Calcific Tendinitis. shoulderdoc.co.uk.



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