

Update to the orthopaedic surgeon: suspected re-tear after rotator cuff repair



Assume that today's date is 22 October 2026. You have just assessed Mr Tuilagi in the clinic. You are a physiotherapist in a private physiotherapy practice. Using the information in the case notes, write a letter to Dr Hao Baek, the orthopaedic surgeon who performed Mr Tuilagi's operation. Update him on Mr Tuilagi's condition and request an urgent review at his next available clinic because of a suspected re-tear. Address the letter to Dr Hao Baek, Orthopaedic Surgeon, Suite 3, 45 Victoria Road. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

Patient details

- | | I | C | O |
|--|--------------------------|--------------------------|--------------------------|
| 1. Name: Mr Tane Tuilagi | ☐ | ☐ | ☐ |
| 2. DOB: 03/05/1979 (47 yrs) | ☐ | ☐ | ☐ |
| 3. Address: 14 Kowhai Street | ☐ | ☐ | ☐ |
| 4. Referred by Dr Hao Baek (orthopaedic surgeon) for post-op rehab after R rotator cuff repair | ☐ | ☐ | ☐ |

Social background

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|--|--------------------------|--------------------------|--------------------------|
| 5. Self-employed builder; R-hand dominant; off work since surgery | ☐ | ☐ | ☐ |
| 6. Keen to return to work ASAP — financial pressure | ☐ | ☐ | ☐ |
| 7. Lives with wife and 2 teenage children; wife drives him to appts | ☐ | ☐ | ☐ |
| 8. Plays touch rugby (not since surgery); supports local league team | ☐ | ☐ | ☐ |
| 9. Wife unhappy with clinic car parking and receptionist's manner | ☐ | ☐ | ☐ |

Medical history

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|---|--------------------------|--------------------------|--------------------------|
| 10. Arthroscopic R supraspinatus tendon repair 13/08/26 (Dr Baek) | ☐ | ☐ | ☐ |
| 11. Hypertension — amlodipine daily | ☐ | ☐ | ☐ |
| 12. Smoker 10/day; trying to cut down | ☐ | ☐ | ☐ |
| 13. L ankle fracture 2015 — fully recovered | ☐ | ☐ | ☐ |
| 14. Allergies: NKDA | ☐ | ☐ | ☐ |

Progress to date

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|--|--------------------------|--------------------------|--------------------------|
| 15. Sling 6/52 as per surgeon's protocol; weaned 24/09 | ☐ | ☐ | ☐ |
| 16. Wk 8 review (08/10): AROM flexion 140°, abduction 120°; pain 2/10; progressing as expected | ☐ | ☐ | ☐ |
| 17. Active-assisted → active ROM programme; good adherence to home exercise programme | ☐ | ☐ | ☐ |

Current presentation (22/10/26)

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|---|--------------------------|--------------------------|--------------------------|
| 18. Slipped on wet bathroom floor 17/10 → fell onto outstretched R arm; seen in ED same day — R shoulder XR: no fracture or dislocation | ☐ | ☐ | ☐ |
|---|--------------------------|--------------------------|--------------------------|

Current presentation (22/10/26)

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| 19. Immediate sharp pain R shoulder; 'felt something give' | ☐ | ☐ | ☐ |
| 20. ↓ ability to lift arm since fall; pain 7/10 on movement; night pain ↑, waking 3–4×/night | ☐ | ☐ | ☐ |
| 21. Taking regular paracetamol — partial relief | ☐ | ☐ | ☐ |

Assessment

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| 22. AROM flexion 60°, abduction 45° — unable to hold arm in elevation | ☐ | ☐ | ☐ |
| 23. PROM flexion 150° (similar to previous); pain at end of range | ☐ | ☐ | ☐ |
| 24. Drop arm test +ve; ER lag sign +ve; weakness on resisted abduction and ER | ☐ | ☐ | ☐ |
| 25. Wounds healed; no redness or swelling; afebrile | ☐ | ☐ | ☐ |
| 26. No deformity; sensation and distal neurovascular status intact | ☐ | ☐ | ☐ |
| 27. Pt asked whether he could use a nail gun overhead next month | ☐ | ☐ | ☐ |

Treatment and plan

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| 28. Bony injury excluded on ED XR, but ?re-tear → active ROM and strengthening ceased; gentle passive/pendular exercises only if permitted by treating team after assessment of injured repair — then pain-free range only; stop if symptoms ↑ | ☐ | ☐ | ☐ |
| 29. Advised to avoid lifting, overhead reaching and weight-bearing through R arm | ☐ | ☐ | ☐ |
| 30. Advised to see GP re analgesia; ice for comfort | ☐ | ☐ | ☐ |
| 31. Next scheduled review with Dr Baek 12/11/26 — ?re-tear: phone Dr Baek's rooms today to request urgent review at next available clinic; if team cannot be reached → arrange urgent assessment via ED; tendon imaging (US/MRI) at surgeon's discretion | ☐ | ☐ | ☐ |
| 32. Continue physio weekly pending surgeon's advice | ☐ | ☐ | ☐ |
| 33. Pt anxious about possible further surgery | ☐ | ☐ | ☐ |