



Standard Open or Arthroscopic Rotator Cuff Repair Protocol

T.J. Panek, MD

- 10 - 16 visits over 6 months
- Protocol includes Mini Open Rotator Cuff Repairs
- Emphasis is on AAROM and a high repetition, low weight free weight program
- Address muscular and capsular dysfunction, including posterior capsule tightness, if indicated at 3months
- Address scapular mal-positioning if indicated
- Minimal to no pain during or after exercises, although fatigue is OK
- No passive ROM (PROM) or pulleys unless specifically indicated by the physician

SUBSCAPULARIS REPAIR PRECAUTIONS:

- No active IR or glenohumeral extension beyond midaxillary line for 6 weeks; no resisted IR until 12 weeks post-op.
- ER at 0° or less until 4 weeks post-op., 20° or less until 8 weeks post-op., and near symmetric by 4 months post-op.; no ER in abduction beyond neutral for 6 weeks post-op.

BICEPS TENODESIS PRECAUTIONS:

- No active elbow flexion or supination against resistance for 4 weeks
 - Modalities:
 - Ice following exercises
 - No phonophoresis/iontophoresis
 - No Ultrasound
 - Transfrictional massage for tendonitis (only if indicated by physician)
 - Soft-tissue techniques (only if indicated by physician)

May prescribe 1-2 visits for pre-operative instruction of the physical therapy program

STAGE I (0-6 WEEKS):

- 4-6 visits

- Patient is to wear sling or abduction pillow continuously for 4-6 weeks as determined by the physician. The sling may be off for exercises and hygiene. It is okay to do tabletop activities within pain tolerance (writing, and occasional typing)
 - The abductor brace is used only for patients with a problem with the deltoid. Therefore, protect the anterior deltoid.
- Range of Motion (ROM)
 - Codman's (pendulum) exercises 3-4 times daily
 - AROM of elbow (if biceps tenodesis performed, no resisted motion), wrist and forearm
- Starting at Week 5: ROM - No PROM!
 - Codman's (pendulum) exercises to warm up
 - AAROM (wand exercises) -painfree only!
 - Grip strengthening and elbow flexion/extension
- Goals:
 - Minimize post-operative stiffness while protecting repair during early phase of healing
- AAROM Goals:
 - 120° FF/45° ER at side
 - ABD max 60° - 80° without rotation
 - Limit IR in forward flexion or abduction to 30°
- Precautions
 - Protect anterior deltoid and rotator cuff

STAGE II (7-12 WEEKS):

- 4-6 visits
- ROM
 - Continue AAROM and at 8 weeks (10 weeks for large or massive tears) progress to AROM as tolerated
- Strengthening:
 - Small and medium tears: light isometrics with arm at side beginning at 7 weeks for deltoid activation and light isometrics in ER beginning at 7 weeks for infraspinatus activation
 - Large and massive tears: light isometrics with arm at side beginning at 9 weeks for deltoid activation and light isometrics in ER beginning at 9 weeks for infraspinatus activation
 - Begin active scapular stabilization exercise # 1 at 7 weeks -focus on activating lower trapezius and avoiding upper trapezius activation/scapular substitution and normalizing scapulohumeral rhythm
 - Supine Rotator Cuff Program
- Goal:
 - Continue to improve ROM without overworking shoulder
 - Exercises should be relatively pain free with only short term minimal discomfort

STAGE III (13 WEEKS-6 MONTHS):

- 1 visit every 2 weeks (max.) only if patient having difficulty
- Emphasis is on home program
- Strengthening/AROM -3x/week to avoid rotator cuff tendonitis
 - Shoulder strengthening exercises #1-6 as tolerated
 - Perform 30-50 reps each exercise before increasing weight
 - May gradually increase weights as tolerated, do not exceed 2-3 lbs with rotator cuff exercises
- Scapular stabilization exercises # 1-6 as tolerated -avoid upper trapezius activation and scapular protraction
- Subscapularis exercises - # 1-3
 - Perform 30-50 reps of each exercise
 - Emphasis on proper technique and ensure that shoulder is not moving forward
 - Tension of theraband for exercise #2 may be gradually increased
- Begin eccentrically resisted motions, plyometrics (ex. Weighted ball toss) and proprioception (ex. Body blade) at 4 1/2 months
- Goal:
 - Begin sports related rehab at 4 1/2 months, including advanced conditioning
 - Throwers begin Return to Throwing Protocol at 6 months -collision sports return to activity at 9-months

STAGE V: MAINTENANCE

- Continuation of isotonic strengthening exercises should be encouraged 1-2x/week for 3-6 months.
- Be careful with heavy lifting or unexpected loading on the shoulder for up to 12 months post- op.

This protocol provides you with general guidelines for the rehabilitation of patients following a Standard Open, Mini Open and/or Arthroscopic Rotator Cuff Repair. Specific changes in the program will be made by the physician as appropriate for an individual patient. If you have any questions regarding the progress of the patient, the physician should be contacted.