

Rotator Cuff Repair Protocol

Name _____ Date _____

Procedure _____

Size Standard Massive Graft Yes No Tissue Quality Good Adequate Poor

*****If massive delay all by 2 weeks, no resistance x 4 months**

Procedure Date _____

Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

Anytime the dressing is changed or examined, **please wash hands** prior with antibacterial soap. Do not apply any ointments or medications to the area. The surgical dressing should be changed by the therapist using **sterile** technique. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Do NOT remove steri-strips. The new dressing should include dry gauze and ACE wrap. For a shoulder arthroscopy the portals may be redressed with band-aids.

Weeks 0-1:

- Patient to do home exercises given post op (posture, shrugs, pinches, pendulums, elbow ROM grip strengthening)
- Patient to remain in post op sling for 6 weeks (8 weeks if massive)

*****Note:** if subscapularis repaired then ER limitations are as follows:

Weeks 0-2 ER- 0°

Weeks 3-4 ER- 20°

Weeks 4-6 ER- 30°

Weeks >6 ER- full

- No active IR x 6 weeks, No extension or dorsal IR (DIR) for 6 weeks

***** If biceps tenodesis also performed, NO active elbow flexion x 4 weeks and NO elbow resistance x 6-8 weeks**

Weeks 1-6:

- True PROM only! The rotator cuff tendon needs to heal back to bone!
- 0-3 weeks ROM goals: 90°FF/40°ER at side, Scaption 60°-80° without rotation

- 4-6 weeks ROM goals: Full FF/Full ER at side, ABD max 60°-80° without rotation, ER wand with towel under neutral arm
- At 4 weeks, begin submaximal isometrics in neutral (monitor pain)
- Precaution- no IR for 7 weeks; No resisted motion of shoulder until 12 weeks
- Grip strengthening
- No pulleys or overhead wand until 6 weeks post op because these exercises are active assist exercises!
- Heat before therapy, ice after therapy, soft tissue mobs and modalities
- Encourage HEP

Weeks 6-12:

- Begin AAROM → AROM as tolerated, at 7 weeks begin IR
- Goals same as above, but increase as tolerated
- Light passive stretching at end ranges
- Begin scapular stabilization exercises

Months 3-12:

- Advance to full ROM as tolerated with passive stretching at end ranges especially anterior capsule
- Advance to strengthening as tolerated, isometrics → bands → light weights (1-5#); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers (if massive RCR, no resistance until 4 months post op)
- Begin eccentrically resisted motions, plyometrics (ex- weighted ball toss), proprioception (ex- body blade)
- Begin sports related rehabilitation at 4.5 months, including advanced conditioning
- Return to throwing at 6 months
- Throw from pitcher's mound at 9 months
- Collision sports at 9 months
- MMI is usually 12 months

Comments:

Teach HEP _____

Modalities PRN

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ **Date** _____