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ARTHROSCOPIC AND OPEN ROTATOR CUFF REPAIR REHABILITATION PROTOCOL

WEEK 1 - 2

- Shoulder sling and swathe full time day and night.
 - May have sling and swathe off four times daily for active hand, wrist, and elbow ROM. Stretch elbow straight.
- May shower out of sling with surgeon's ok.

WEEK 3 - 4

- INTITATE FORMAL PHYSICAL THERAPY
- PASSIVE MOTION: shoulder elevation in the plane of the scapula; external rotation as tolerated unless otherwise specified by MD.
- Only use spouse or other family member living with the patient to perform
 - this twice daily for ten to fifteen minutes each session, if you are certain of their competence.
- GOAL: Passive elevation 90 degrees, External Rotation to 20 easily by week four
- ACTIVE motion of hand, wrist and elbow out of sling four times daily.
- AVOID active motion of the shoulder in any plane.
- SLING AND SWATHE full time except as above.
 - N.B. If swelling noted in elbow / hand / wrist encourage more time out of sling while sitting.
- Greatest likelihood of re-injury is during bathing, dressing, toileting, and sleep. Teach alternate techniques.
- Incorporate LE aerobic conditioning during this phase.

WEEK 5 - 6

- ACTIVE ASSITIVE motion with cane / wand and pulley in scapular plane, flexion and external rotation. Abduction is not an important shoulder motion at this point and should not be emphasized. Cane, wand, or T bar used in sitting and supine positions.
- GOAL: Elevation 120 degrees. External rotation 30 degrees.
- SLING DURING THE DAY, SLING AND SWATHE FOR SLEEP. D/C at the end of week six.

- Start early gleno-humeral joint motor control retraining (e.g. supine holds, circles, and reaches) with early assistance and spotting for safety.
- Begin scapulohumeral mobility and scapulothoracic setting.
- Scar management if necessary.

WEEK 6 - 8

- ACTIVE motion all planes with terminal ROM stretches. Proceed within limits of pain and any specific restrictions given by MD.
- CONTINUE AAROM with pulley, cane and manual stretches.
- Emphasize active control, not resistive exercise.
- Start eccentrics with the weight of the arm only for tendon retraining.
- Continue scapulohumeral and scapulothoracic rhythm.
- GOAL: Elevation 140 degrees. External rotation 40 degrees.

WEEK 8 - 12

- PROGRESSIVE RESISTIVE EXERCISES with gentle strengthening all planes.
- Cuff muscles should be strengthened in functional movement patterns and in isolation with slow progression as tolerated. These exercises can be done with theraband, sports cord, manual resistive, and/or free weights depending on therapist preference and equipment availability. Encourage daily home participation. AVOID BALLISTIC ACTIVITIES. Slow smooth motion with increasing resistance optimal.
- AGGRESSIVE stretches to regain full motion.
- GOAL: Elevation 160 - 170 degrees (full). External rotation 40 to 80 degrees (equal to uninvolved shoulder).
- LIFTING: May begin lifting 5 lbs. maximum in all planes as tolerated.

WEEK 13 - 16 ADVANCE TO HOME EXERCISE PROGRAM

- PROGRESSIVE activity and strengthening home program including stretches.
- AVOID FULL STRESS OF THE CUFF REPAIR FOR FOUR MONTHS.
- LIFTING: 10 lbs. maximum in all planes as tolerated.

WEEK 17 +

- Return to sports with surgeon's ok depending on strength, ROM, and security of repair.
- Return is gauged on a case-by-case basis. Most patients allowed full return to sports by 4 -6 months.
- Throwing sports: begin short toss at 6 months, medium toss at 7 months, long toss advance to throwing beginning at 9 months.
- Racket sports: baseline only, underhand at 4 months. Gentle serving and overheads at 6 months. Power serves and overheads at 9 months.

- Push-ups, pull ups and bench presses are not typically advised long term with rotator cuff disease in the older population. Recurrent tears are a risk.
- Our goal is to achieve pain free, smooth shoulder motion that is normal, or near normal. Loss of motion from preoperative range is not normal for our shoulders. If any of our rotator cuff repairs is not meeting goals as outlined above, or exceeding recommended activity restrictions please call us. Involve all our patients in a home therapy program. On dismissal from your practice, they should also have a maintenance program given them. We feel our patients should take a very active role in achieving an excellent outcome.

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