

POST-OPERATIVE REHABILITATION PROTOCOL
ARTHROSCOPIC ROTATOR CUFF REPAIR
(MEDIUM & LARGE TEAR)



GENERAL GUIDELINES:

- Progression of resistive exercise and ROM is dependent on patient tolerance.
- Resistance exercise should not be performed with specific shoulder joint pain.
- A sling is provided to the patient for support as needed with daily activities and to wear at night. The patient is weaned from the sling as tolerated and as directed by the referring physician. Typical sling immobilization times are 6-8 weeks following surgery based on tear size and repair integrity and are regulated by the physician
- Early home exercises given to the patient following surgery including stomach rubs, sawing, and distal gripping activity.
- Progression to AROM against gravity and the initiation of resistive exercise is predicated by the size of the rotator cuff tear, and quality of the tissue and fixation. Long lever arm exercise and loads discouraged throughout rehabilitation to protect the repair

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POST-OP WEEKS 1 THROUGH 5:

1. Early PROM to patient tolerance during the first 6 weeks:
 - a. flexion
 - b. scapular plane abduction
 - c. IR/ER with 45 to 90 degrees scapular plane elevation (avoid rotational ROM with shoulder in adduction due to increased stress on rotator cuff)
2. Mobilization of the glenohumeral joint and scapulothoracic joint. Passive stretching of elbow, forearm, and wrist to terminal ranges.
3. Sidelying scapular protraction/retraction resistance to encourage early serratus anterior and lower trapezius activation and endurance. No rotator cuff resistive exercise

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POST-OP WEEK 6:

1. Continue above shoulder PROM with progression to AAROM, and AROM to patient tolerance. No long lever Abduction against gravity.

2. Add Upper body ergometer (UBE) if available with minimal or no resistance and initially contralateral arm driving progressing to equal arm driving.

3. Begin active scapular strengthening exercises and continue sidelying manual scapular stabilization exercise:
 - a. scapular protraction
 - b. scapular retraction with depression (Robbery)

4. Home exercise instruction:
 - a. instruction in PROM and AAROM home exercises with T-bar, pulleys, or opposite arm assistance in supine position using ROM to patient tolerance.
 - b. Weightbearing (closed chain) Codman's exercise instruction over a ball or counter-top/table.

5. Begin resistive exercise for total arm strength using positions with glenohumeral joint completely supported including:
 - a. bicep curls
 - b. tricep curls
 - c. wrist curls – flexors, extensors, radial and ulnar deviators

6. Begin AROM in supine using the balance point position (90-100 degrees of flexion) to initiate dynamic stabilization.

7. Initiate IR and ER Isometrics (submaximal intensity) and manual resistive exercise for IR and ER in 30-45 degrees of scapular plane elevation

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POST-OP WEEK 8: (2 MONTHS)

1. Initiate isotonic resistance exercise focusing on the following movements:

- a. side lying ER
- b. prone extension
- c. side lying flexion (Cools)
- d. prone horizontal abduction

** A low resistance/high repetition (i.e.: 30 -45 reps) format is recommended using no resistance initially (ie weight of the arm).

2. Progression to full PROM and AROM in all planes including ER and IR in neutral adduction progressing from the 90 degree abducted position used initially post-op.

3. External rotation oscillation (resisted ER with towel roll under axilla and oscillation device) and Body Blade to encourage local muscular endurance.

4. Home and in-clinic exercise program for strengthening the rotator cuff and scapular musculature with light isotonic weights and/or elastic tubing (Thera-Band).

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POST-OP WEEK 12 (3 MOS):

1. Begin rhythmic stabilization in position of 90 degrees of elevation in the scapular plane
2. Utilize endurance based training with shoulder in 80-90 degrees of elevation with oscillation devices in scapular plane
3. Progression to 90 degree abducted rotational training in patients returning to overhead work or sport activity.
 - a. prone external rotation
 - b. standing external/internal rotation with 90 degrees abduction in the scapular plane
4. Evaluation of muscular strength (IR / ER) / range of motion and functional rating scales.

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POST-OP WEEK 16 (4 MOS):

1. Continued progression in resistive exercise and range of motion re-attainment. Simulation of functional and sport specific movement patterns in preparation for interval sport or activity return programming.
2. Evaluation of muscular strength (IR / ER) / range of motion and functional rating scales with home exercise program review in preparation for discharge from physical therapy to an extended independent program of home exercise.

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