

Small-Partial/Mini- Open RTC Repair

Phase I (1-5 days post op)

- Wound care: Change post-op dressing at first P.T. visit, replacing with 4x4 gauze and paper tape. Monitor for signs of infection.
- Modalities: PRN for pain and inflammation.
- ROM:
 - Scapular AROM exercises
 - Initiate PROM of the shoulder in all planes within tolerable limits
 - Pendulum exercises
 - Table stretches (standing or seated)
 - A/PROM of the elbow, wrist, and digits
- Edema: Edema control interventions.
- Sling: Sling worn continuously except in therapy or during HEP sessions.
- Strengthening: Isometric grip strengthening.

Phase II (5 days-4 weeks post op)

- Wound care: Monitor site for signs of infection/scar management techniques.
- Modalities: PRN for pain and inflammation.
- ROM:
 - Passive shoulder flexion to 140 degrees and all other planes to within tolerable limits (progress IR slowly.)
- Edema: Edema control interventions.
- Sling: Sling worn continuously for the first 4 weeks post op except for during therapy or HEP sessions. At 4 weeks post op, remove the abduction pillow and begin weaning from the sling at home. Continue to wear sling outdoors and in unfamiliar settings for an additional 2 weeks.
- Strengthening: Wrist and forearm isometrics and PRE's.

Phase III (4-10 weeks post op)

- Modalities: PRN for pain and inflammation.
- ROM:
 - Initiate pulleys at 4 weeks post op.
 - Begin AAROM of shoulder in all planes at 4.5 weeks
 - Begin AROM of the shoulder in all planes at 5.5 weeks
 - Contact Physician if PROM <140 degrees of shoulder flexion at 6 weeks post op.
- Sling: Discontinue at 6 weeks post op.
- Strengthening:
 - Begin isometric strengthening of the shoulder with elbow at 90 degrees in all planes.
 - Begin light resistance strengthening at 8 weeks (Theraband.)
 - Resisted scapulothoracic and scapular stabilization strengthening.

Continued



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Phase IV (10 weeks + post op)

- ROM: Full AROM in all planes
- Strengthening:
 - oPRE's in all planes of the shoulder.
 - oBegin return to work training or sport specific training.
 - oConsider referral to Work Conditioning Program following D/C from therapy.

Adapted From:

- 1.) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby; 2003
- 2.) Wilk, KE, Reinold MM, Andrews, JR. Type One Rotator Cuff Repair Arthroscopic Assisted-Mini-Open Repair Small to Medium Tears (1 cm or less). Winchester MA: Advanced Continuing Education Institute, 2004.