

Small to Medium (1 – 3 cm) Arthroscopic or Mini-Open Rotator Cuff Repair Post-Operative Rehabilitation Program

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| <div style="border: 1px solid black; padding: 2px; width: 50px; margin: auto;">Only follow if checked</div> | <p><u>SUBSCAPULARIS INVOLVEMENT PRECAUTIONS:</u></p> <ol style="list-style-type: none"> 1. Limit Passive ER to 45° until 4 weeks post-op 2. Full PROM by 8-10 weeks post-op 3. NO active/resisted IR until 6 weeks post-op 4. Begin active ER early: 0 – 30° (at 30° of ABD) |
| <div style="border: 1px solid black; padding: 2px; width: 50px; margin: auto;">Only follow if checked</div> | <p><u>BICEPS TENODESIS PRECAUTIONS:</u></p> <ol style="list-style-type: none"> 1. No Resisted elbow flexion for 8 weeks 2. No Resisted shoulder flexion for 8 weeks 3. No lifting of anything over 1 or 2 pounds for 8 weeks |

*** IF CHECKED PRECAUTIONS IN BOX ABOVE SUPERCEDE PROTOCOL**

*The following protocols are general treatment guidelines. Treatment plan will be established in consultation with referring physician.

*It is important to know the exact surgical procedure, including the following:

- Size of the tear, how many tendons involved, Type of repair, Tissue quality
- Other procedures performed (acromioplasty, bursectomy, manipulation, etc.)

MAJOR OBJECTIVES for this rehabilitation are:

1. 145° passive flexion and 50° passive ER with the humerus in slight abduction in the scapular plane by **4 weeks post-op**.
2. Full PROM by **8 weeks post-op** (**Pre-op ROM will affect ROM achieved post-operatively**).
3. AROM at trunk level allowed at **2 weeks post-op** (except with subscapularis tears). **ABSOLUTELY NO AROM** of the extremity above shoulder level until **8 weeks post-op**.
4. No PRE's until **6 weeks post-op**.
5. Always stabilize the scapula when performing strength exercise.

Phase One – Protective Phase (0-4 weeks post-op)

Goals: Decrease pain and inflammation
Protection of the repair
Prevent/Decrease glenohumeral stiffness

Treatment:

1. Sling / abduction pillow to be worn at all times (**4-6 weeks**) Per physician instruction
2. No showers until instructed to do so by physician
3. Cryotherapy
4. AROM of cervical spine, elbow, wrist, and hand
5. Seated Table walk-outs (walk hand out and back on table)
6. Grip and wrist strengthening
7. Pendulum exercises (**start day 1**)

8. PROM in supine:
 - a. Elevation in the scapular plane
 - b. ER with slight abduction in scapular plane
 - c. IR with slight abduction in scapular plane (**week 2 - 3**)
9. Pulley exercises for elevation in the scapular plane (**week 2**)
10. AAROM exercises (use of cane for ER with towel under elbow)
11. AROM scapular exercises: retractions, shrugs
 - a. ***Submaximal pain-free isometrics for ER, IR, flexion, extension, and abduction. ER and IR should be performed with a towel roll between the trunk and the arm (week 2)**
12. **AVOID** active ER, Abduction, and extension for the first 2 – 3 weeks
13. **AVOID** passive horizontal adduction and extension for the first 4 weeks

Phase Two – Intermediate Phase (4-8 weeks post-op)

- Goals:**
- Protect the repair
 - Full PROM by 8 weeks
 - Improve strength of the rotator cuff and periscapular muscles
 - Promote proper shoulder biomechanics

Treatment:

1. Continue with above program
2. Work on ROM with emphasis of **full PROM by 8 weeks**
3. Continue with RTC Isometrics
4. Begin UBE as tolerated at low resistance (**week 6**)
5. ***Initiate PREs with theraband or weights for ER/IR and extension (week 6)**
6. PREs for scapular stabilizers/posterior shoulder girdle
 - (a) Active motions – (**week 6**)
 - (b) PREs – (**week 7**)
 - Serratus punches, prone extension, prone rowing with emphasis on scapular adduction, prone horizontal abduction with arm in neutral
7. Perform AAROM supine flexion, ER, and IR (with use of a cane)
8. ***Rhythmic stabilization of GH joint for ER/IR with arm supported in scap plane (week 6)**
9. Glenohumeral and scapulothoracic mobilizations as needed
10. Standing wall slides
11. AROM in all Directions → watch for substitutions (**week 6 – 8**)
12. Sidelying ER/IR with dumbbell (week 7 to 8)

Phase Three – Strengthening Phase (8-12 weeks)

- Goals:**
- Protect the repair
 - Restore full PROM by 8 weeks
 - Restore full AROM by 12 weeks
 - Normal shoulder biomechanics
 - Initiate return to functional activities

Treatment:

1. Continue with above program
2. Continue PROM/Static stretching for limited motions
3. AROM in all directions → watch for substitutions
4. Progress theraband/PRE program for all exercises as tolerated:
 - Supine or Prone ER with the arm abducted to 90° and the elbow flexed to 90°
Begin with the arm supported on the table, progress to unsupported position
5. Manually resisted PNF patterns (progress from isometric→manual resist→theraband)
6. Continue soft tissue mobilizations and increase aggressiveness of joint mobilizations
7. Wall push-ups
8. Initiate proprioceptive exercises
9. Dynamic stability exercises (bodyblade). Begin in the scapular plane and progress to more provocative positions as tolerated.

Phase Four – Advanced Strengthening (13-21 weeks)

Goals: Maintain full, non-painful AROM/PROM
Improve strength of RTC and periscapular muscles
Return to functional activities per guidelines set based on tear size and demands of work or sport. Avoid pain-producing activities.

Treatment:

1. Continue with the above program
2. Progress proprioception exercises as tolerated
 - a. Plyometric throwing exercises as needed
3. Aggressive strengthening (Isotonics)
 - a. Shoulder flexion, Abduction, ER, IR
 - b. Supraspinatus
 - c. Scapular muscles
 - d. PNF patterns
4. Active Stretching

Phase Five – Return to Activity (21 weeks and beyond)

Goals: Gradual return to recreational and sport activities
Continue scheduled follow-ups with the surgeon and physical therapist as needed
Return to full activity at 4 months

Treatment:

1. Continue with above exercises
2. Progress all strengthening and proprioceptive exercises
3. Make exercises sport specific
4. Determine plan for carrying through with independent home or gym exercise program