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PHYSICAL THERAPY PROTOCOL

ROTATOR CUFF REPAIR (LARGE (>3cm) or MASSIVE)

Procedure	**Date of Surgery:** _____ **R L** Arthroscopic Rotator Cuff Repair **Additional Procedures:** **[ ] Biceps Tenodesis** **[ ] Superior Capsular Reconstruction** **[ ]** _____	**PLAN** **Physical Therapy for R L B/L** Shoulder 2x Per Week x 12 Weeks
General Guidelines	The intent of this protocol is to provide the physical therapist with a guideline/treatment protocol for the postoperative rehabilitation management for a patient who has undergone a **Rotator Cuff Repair**. It is not a substitute for a physical therapist's clinical decision making regarding the progression of a patient's postoperative rehabilitation based on the individual patient's physical exam/findings, progress, and/or the presence of postoperative complications. If the physical therapist requires assistance in the progression of a postoperative patient who has had the procedure the therapist should consult with the referring surgeon. **Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression. Follow physician's modifications as prescribed**	

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PHASE I
(WEEKS 1-4)
	GOALS:
	Emphasize:
	▪ PROTECTING SURGICAL REPAIR
	▪ Patient compliance with sling immobilization
	▪ Promote healing: reduce pain, inflammation and swelling
	▪ Independent home exercise program
	
	TREATMENT RECOMMENDATIONS:
	▪ Elbow/ wrist full AROM, gripping exercises, modalities for pain and edema
	▪ Scapular exercises
	▪ Emphasize patient compliance to HEP and protection during ADLs
	DAY 1 TO 13:
	• Begin scapula musculature isometrics / sets; cervical ROM
	• Patient education: posture, joint protection, positioning, hygiene, etc.
	• Cryotherapy for pain and inflammation:
	  • Day 1-2: as much as possible
	  • Day 3-6: post activity, or for pain
	DAY 14 TO 28:
	• Continue use of brace / sling
	• Start passive ROM to tolerance (at 14 days) in PT & HEP.
	  • Flexion
	  • Abduction in the scapular plane
	• Continue Elbow, wrist, and finger AROM / resisted
	• Cryotherapy as needed for pain control and inflammation
		PRECAUTIONS:
		▪ Sling at all times except exercises, resting in chair with with arm rests or showering
		▪ No active range of motion (AROM) of Shoulder
		▪ No lifting of objects
		▪ No shoulder motion behind back
		▪ No excessive stretching or sudden movements
		▪ No supporting of body weight by hands
		▪ Keep incision clean and dry
		
		MINIMUM CRITERIA FOR ADVANCEMENT:
		Minimal pain or inflammation

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PHASE II **(WEEKS 5-8)**	**GOALS:** ▪ Allow healing of soft tissue ▪ Do not overstress healing tissue ▪ Gradually restore full passive ROM (week 5-8) ▪ Decrease pain and inflammation **TREATMENT RECOMMENDATIONS:** ▪ Continue Phase 1 ▪ Codman's, wand exercises ▪ All ROM is passive ▪ Core exercises ▪ Range of Motion ▪ FF – 0-90° progressing to full by week 8 ▪ ER – 0-30° progressing to full by week 8 ▪ If SUBSCAP repaired do not start progress past 30° until after week 6. ▪ Initiate prone rowing to neutral arm position ▪ Continue cryotherapy as needed ▪ May use heat prior to ROM exercises ▪ May use pool (aquatherapy) for light ROM exercises ▪ Ice after exercise	**PRECAUTIONS:** ▪ Sling at all times through Week 4 except exercises, resting in chair with arm rests or showering. ▪ May wean sling to only for sleep and out of house weeks 4-6. Okay to remove abduction pillow after week 4. ▪ May **d/c sling after week 6** with MD permission. ▪ No pendulums until after week 6 ▪ No lifting ▪ No supporting of body weight by hands and arms ▪ No excessive behind the back movements ▪ No sudden jerking motions **MINIMUM CRITERIA FOR ADVANCEMENT:** ▪ Full AROM

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PHASE III
(WEEKS 9 -12)
	GOALS:
	▪ Full AROM (week 9-12)
	▪ Maintain Full PROM
	▪ Dynamic shoulder stability
	▪ Gradual restoration of shoulder strength, power, and endurance
	▪ Optimize neuromuscular control
	▪ Gradual return to functional activities
	▪ Avoiding excessive passive stretching
	▪ Avoiding inflammation of rotator cuff
	▪ Establishing normal strength base and rotator cuff strength base
	
	TREATMENT RECOMMENDATIONS:
	▪ PROM in all directions – progress to full
	▪ AAROM and AROM – advance as tolerated
	▪ Continue Phase 2 as needed
	▪ FF in scapular plane (supine and standing)
	▪ Initiate strengthening program - light isometric exercises
	  ▪ Side-lying ER/ IR with therabands/sport cord/tubing
	  ▪ Lateral Raises*
	  ▪ Full Can in scapular plane* (avoid empty can abduct exercises all times)
	  ▪ Prone Rowing/Horizontal Abduction/Extension
	  ▪ Elbow Flexion/Extension
	**Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonics; if unable, continue glenohumeral joint exercises*
		PRECAUTIONS:
		▪ No heavy lifting of objects (≤ 5 lbs.)
		▪ No sudden lifting or pushing activities
		▪ No sudden jerking motions
		
		MINIMUM CRITERIA FOR ADVANCEMENT:
		▪ Able to tolerate the progression to low-level functional activities
		▪ Demonstrates return of strength / dynamic shoulder stability
		▪ Re-establish dynamic shoulder stability
		▪ Demonstrates adequate strength and dynamic stability for progression to higher demanding work/sport specific activities

PHASE IV **(WEEKS 13-16)**	**GOALS:** • Full and painless ROM • Progressive cuff strengthening	**MINIMUM CRITERIA FOR ADVANCEMENT:** ▪ Able to tolerate progression w/ painless ROM

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	TREATMENT RECOMMENDATIONS: • Continue Phase 3 as needed • Full and painless ROM • Side-lying posterior capsule stretch • Progressive cuff strengthening • Advance to more dynamic strengthening (shrugs, bicep curls, rows, etc.) • Scapular stabilization • Proprioceptive exercises	▪ Demonstrates return of strength / dynamic shoulder stability ▪ Demonstrates adequate strength and dynamic stability for progression to higher demanding work/sport specific activities
PHASE V **(WEEKS 17+)**	**GOALS:** **Week 17-20** • Full and painless ROM • Continue Phase 4 as needed • Light plyometrics • Sport specific/functional **Week 20+** • Gradual return to strenuous work activities • Gradual return to recreational activities • Gradual return to sport activities **TREATMENT RECOMMENDATIONS:** • Continue Phase 4 as needed • Continue ROM and self-capsular stretching for ROM maintenance • Continue progression of strengthening • Advance proprioceptive, neuromuscular activities	**CRITERIA FOR DISCHARGE:** • Pain free Sport or Activity specific program • Isokinetic IE/ER strength at least equal to unaffected side • > 66% Isokinetic ER/IR strength ratio • Independent Home Exercise Program • Independent Sport or Activity specific program

HOME EXERCISES (Start on Day 14):

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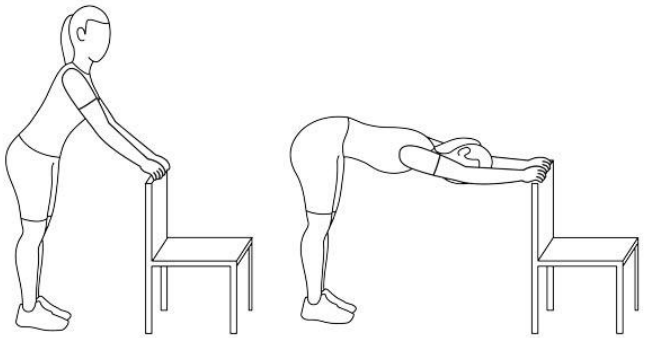
Home Stretching Exercises #1 *Table Slides*	• Sit in a sturdy chair at a table, resting the hand/forearm of the injured shoulder on a towel, sheet, or paper plate to aid sliding. • Lean forward slowly, sliding your hand straight ahead to stretch the shoulder, allowing your head/trunk to lower slightly. • **Frequency**: 1 set of 10 reps. 2 times a day; 6-7 days a week 
Home Stretching Exercises #2 *Shoulder Flexion Stretch*	• Stand behind a chair or at a countertop with both hands on the back of the chair. • Back up a few steps and bend forward until you feel a stretch in front of your shoulders. Keep your back flat and your elbows softly bent. • Hold for 10 seconds and then return to your starting position. • **Frequency**: 1 set of 10 reps. 2 times a day; 6-7 days a week 

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Home Stretching Exercises #3
Supine Passive Assisted Elevation

- Start by laying comfortably on your back.
- Use the well arm to support the operative arm by grabbing firmly at the elbow.
- Gently lift arm up as far as comfortable.
- Hold 5 seconds then lower back to your starting position. When lowering, gently push the operated arm into the other hand to reduce pain.
- Gradually increased range of motion. If more comfortable, you may grab the wrist as your range of motion increases (as shown in the left picture).
- **Frequency**: 1 set of 10 reps. 2 times a day; 6-7 days a week