

Hospital for Special Surgery
HSS-Main Campus
523 East 72nd St Ground Fl.
New York, NY 10021



Hospital for Special Surgery HSS-Brooklyn
148 39th St, 7th Fl.
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**PHYSICAL THERAPY PROTOCOL
ROTATOR CUFF REPAIR (SMALL or <3CM)**

<p>Procedure</p>	<p>Date of Surgery: _____ R L Arthroscopic Rotator Cuff Repair</p> <p>Additional Procedures: <input type="checkbox"/> Biceps Tenodesis <input type="checkbox"/> _____</p>	<p>PLAN</p> <p>Physical Therapy for R L B/L Shoulder 2-3x Per Week x 12 Weeks</p>
<p>General Guidelines</p>	<p>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</p>	
<p>PHASE 1 (WEEKS 1-2)</p>	<p>GOALS: Emphasize:</p> <ul style="list-style-type: none"> • PROTECTING SURGICAL REPAIR • Patient compliance with sling immobilization – Sling at all times except for exercises and showering • Promote healing: reduce pain, inflammation and swelling • Independent home exercise program 	

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	<p>TREATMENT RECOMMENDATIONS:</p> <ul style="list-style-type: none"> • Elbow/ wrist full AROM, gripping exercises, modalities for pain and edema prn • No shoulder motion • Begin scapula musculature isometrics /sets; cervical ROM • Patient education: posture, joint protection, positioning, hygiene, etc. • Cryotherapy for pain and inflammation: <ul style="list-style-type: none"> ○ Day 1-2: as much as possible ○ Day 3-6: post activity, or for pain 	
<p>PHASE II (WEEKS 3-6)</p>	<p>GOALS: Emphasize:</p> <ul style="list-style-type: none"> • PROTECTING SURGICAL REPAIR • Independent home exercise program • Keep incision clean and dry <p>TREATMENT RECOMMENDATIONS:</p> <ul style="list-style-type: none"> • Emphasize patient compliance to HEP & protection during ADLs • Codman exercises • Core exercises • Start passive ROM to tolerance (at 14 days) in PT & HEP <ul style="list-style-type: none"> • Flexion • Abduction in the scapular plane • Continue Elbow, wrist, and finger AROM / resisted • Cryotherapy as needed for pain control and inflammation. 	<p>PRECAUTIONS:</p> <ul style="list-style-type: none"> • Sling at all times until after wk 3 except exercises, resting in chair with arm rests or showering. • Sling for sleep/outside of home until wk 4 • D/c sling completely after wk 4 w/ MD permission. • Okay to remove abduction pillow after wk 3 • No pendulums until after wk 6 • No active ROM of shoulder • No lifting of objects • No shoulder motion behind back • No excessive stretching or sudden movements • No supporting of body weight by hands

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	<ul style="list-style-type: none"> • May use heat prior to ROM exercises <p>RANGE OF MOTION</p> <ul style="list-style-type: none"> • All shoulder ROM done supine and passively initially, progressing to upright. ROM exercises begin on a case by case basis; never earlier than 2 weeks postop. • FF – 0-90° progressing to full by week 6 • ER – 0-30° progressing to full by week 6 <ul style="list-style-type: none"> ◦ If SUBSCAP repaired do not progress past 30° during this phase. 	<p>MINIMUM CRITERIA FOR ADVANCEMENT: Minimal pain or inflammation with range of motion</p>
<p>PHASE III (WEEKS 7-9)</p>	<p>GOALS:</p> <ul style="list-style-type: none"> • Restore full AROM • Do not overstress healing tissue • Decrease pain and inflammation <p>TREATMENT RECOMMENDATIONS:</p> <ul style="list-style-type: none"> • PROM in all directions – progress to full • AAROM and AROM – advance as tolerated • Continue Phase 2 as needed • Strengthening – isometric exercises at neutral • FF in scapular plane • Side lying ER 	<p>PRECAUTIONS:</p> <ul style="list-style-type: none"> • No lifting • No supporting of body weight by hands and arms • No excessive behind the back movements • No sudden jerking motions <p>MINIMUM CRITERIA FOR ADVANCEMENT:</p> <ul style="list-style-type: none"> • Full AROM

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**PHASE IV
(WEEKS 10 -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

TREATMENT RECOMMENDATIONS:

- Continue Phase 3 as needed
 - Side-lying posterior capsule stretch
 - Scapular stabilization
 - Proprioceptive exercises
 - Progressive cuff strengthening
 - Advance to more dynamic strengthening (shrugs, bicep curls, rows, etc.) - light isometric exercises
 - Side-lying ER/ IR with therabands/sport cord/tubing
 - Lateral Raises*
 - Full Can in Scapular Plane* (avoid empty can abduction exercises at all times)
 - Prone Rowing/Horizontal Abduction/Extension
 - Elbow Flexion/Extension
- *Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; 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.

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**PHASE V
(WEEKS 13+)**

GOALS:

- Full and painless ROM
- Progressive cuff strengthening

TREATMENT RECOMMENDATIONS:

- Continue Phase 4 as needed
- Light plyometrics
- Sport specific/functional

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

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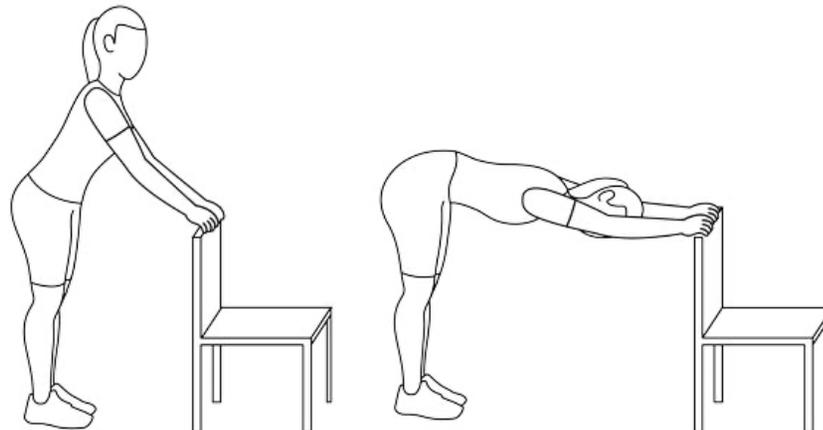
HOME EXERCISES (Starting at Day 14):

Home Stretching Exercises

#1

Shoulder Flexion Stretch

- Stand behind a chair 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. 3 times a day; 6-7 days a week



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Home Stretching Exercises

#2

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 2nd picture).
- **Frequency:** 1 set of 10 reps. 3 times a day; 6-7 days a week

