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**PHYSICAL THERAPY PROTOCOL
 ROTATOR CUFF REPAIR (MASSIVE 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"/> Superior Capsular Reconstruction <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.</p> <p>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 I (WEEKS 1-4)</p>	<p>GOALS: Emphasize:</p> <ul style="list-style-type: none"> • PROTECTING SURGICAL REPAIR • Patient compliance with sling immobilization • Promote healing: reduce pain, inflammation and swelling • Independent home exercise program <p>TREATMENT RECOMMENDATIONS:</p> <ul style="list-style-type: none"> • Elbow/ wrist full AROM, gripping exercises, modalities for pain and edema prn • Scapular exercises • Emphasize patient compliance to HEP and protection during ADLs

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	<p>DAY 1 TO 13:</p> <ul style="list-style-type: none"> • 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>DAY 14 TO 28:</p> <ul style="list-style-type: none"> • Continue use of brace / sling • 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 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 <p>MINIMUM CRITERIA FOR ADVANCEMENT:</p> <ul style="list-style-type: none"> • Minimal pain or inflammation
<p>PHASE II (WEEKS 5-8)</p>	<p>GOALS:</p> <ul style="list-style-type: none"> • Allow healing of soft tissue • Do not overstress healing tissue • Gradually restore full passive ROM (week 5-8) • Decrease pain and inflammation <p>TREATMENT RECOMMENDATIONS:</p> <ul style="list-style-type: none"> • Continue Phase 1 • Codman's, wand exercises • All ROM is passive

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	<ul style="list-style-type: none"> • 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 progress past 30°. • 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 <p>PRECAUTIONS:</p> <ul style="list-style-type: none"> • Sling at all times through Week 4 except exercises, resting in chair with 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 <p>MINIMUM CRITERIA FOR ADVANCEMENT:</p> <ul style="list-style-type: none"> • Full AROM
<p>PHASE III (WEEKS 9 -12)</p>	<p>EMPHASIZE:</p> <ul style="list-style-type: none"> • PROTECTING SURGICAL REPAIR • Avoiding excessive passive stretching • Avoiding inflammation of rotator cuff • Establishing normal strength base and rotator cuff strength base <p>GOALS:</p> <ul style="list-style-type: none"> • Full AROM (week 9-12) • Maintain Full PROM • Dynamic Shoulder Stability • Gradual restoration of shoulder strength, power, and endurance • Optimize neuromuscular control

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	<ul style="list-style-type: none"> • Gradual return to functional activities <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 • FF in scapular plane (supine and standing) • Side lying ER • Initiate strengthening program - light isometric exercises <ul style="list-style-type: none"> • External rotation (ER)/Internal rotation (IR) with therabands/sport cord/tubing -ER Side lying • Lateral Raises* • Full Can in Scapular Plane* (avoid empty can abduction exercises at all times) • Prone Rowing • Prone Horizontal Abduction • Prone Extension • Elbow Flexion • Elbow Extension <p><i>*Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; if unable, continue glenohumeral joint exercises</i></p> <p>PRECAUTIONS:</p> <ul style="list-style-type: none"> • No heavy lifting of objects (no heavier than 5 lbs.) • No sudden lifting or pushing activities • No sudden jerking motions <p>MINIMUM CRITERIA FOR ADVANCEMENT:</p> <ul style="list-style-type: none"> • 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.
<p>PHASE IV (WEEKS 13-16)</p>	<p>GOALS:</p> <ul style="list-style-type: none"> • Full and painless ROM • Progressive cuff strengthening

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	<p>TREATMENT RECOMMENDATIONS:</p> <ul style="list-style-type: none"> • 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
<p>PHASE V (WEEKS 17+)</p>	<p>GOALS:</p> <p>Week 17-20</p> <ul style="list-style-type: none"> • Full and painless ROM • Continue Phase 4 as needed • Light plyometrics • Sport specific/functional <p>Week 20+</p> <ul style="list-style-type: none"> • Gradual return to strenuous work activities • Gradual return to recreational activities • Gradual return to sport activities <p>TREATMENT RECOMMENDATIONS:</p> <ul style="list-style-type: none"> • Continue Phase 4 as needed • Continue ROM and self-capsular stretching for ROM maintenance • Continue progression of strengthening • Advance proprioceptive, neuromuscular activities

HOME EXERCISES (Starting at Day 14):

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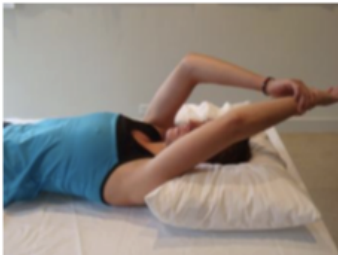
SHOULDER ELEVATION



(A)
Use other arm to support operated arm.
Gently lift arm up as far as comfortable.
Hold 5 secs, then lower. (X10)



(B)
When lowering, gently push operated
arm into other hand to reduce pain.



(C)
Gradually increase range as shown.

STANDING ARM STRETCH



(A)



(B)

With hands on bench walk back until you feel a gentle stretch. Hold 10 secs. (Repeat 10x).