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Dr. Gabriella Ode
Sports Medicine and Shoulder Surgery

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.</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 0-1)</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 <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 2-6)</p>	<p>GOALS: Emphasize:</p>

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	<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 and 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 • 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 PO • Range of Motion <ul style="list-style-type: none"> • 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°. • Continue Elbow, wrist, and finger AROM / resisted • Cryotherapy as needed for pain control and inflammation. • May use heat prior to ROM exercises <p>PRECAUTIONS:</p> <ul style="list-style-type: none"> • Sling at all times until after Week 4 except exercises, resting in chair with arm rests or showering • May d/c sling after week 4 with MD permission. • Okay to remove abduction pillow after week 3 • No pendulums until after Week 6 • 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 <p>MINIMUM CRITERIA FOR ADVANCEMENT:</p> <ul style="list-style-type: none"> • Minimal pain or inflammation
<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

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	<ul style="list-style-type: none"> • 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
<p>PHASE IV (WEEKS 10 - 12)</p>	<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 • Gradual return to functional activities <p>TREATMENT RECOMMENDATIONS:</p> <ul style="list-style-type: none"> • Continue Phase 3 as needed • Full and painless ROM • 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 <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>

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	<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 V (WEEKS 13+)</p>	<p>GOALS:</p> <ul style="list-style-type: none"> • Full and painless ROM • Progressive cuff strengthening <p>TREATMENT RECOMMENDATIONS:</p> <ul style="list-style-type: none"> • Continue Phase 4 as needed • Light plyometrics • Sport specific/functional <p>CRITERIA FOR DISCHARGE:</p> <ul style="list-style-type: none"> • 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 (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)

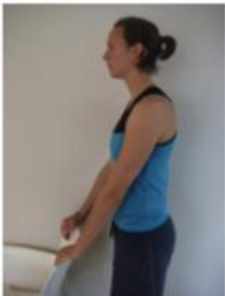


(B)
When lowering, gently push operated
arm into other hand to reduce pain.



(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).