Sutter Health

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Arthroscopic Rotator Cuff Repair Protocol:

The intent of this protocol is to provide the therapist with guidelines of the post-operative rehabilitation course. It should not be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of post-operative complications. The therapist should consult the referring physician with any questions or concerns.

Phase I – Immediate Post Surgical Phase (Weeks 1-4)

Goals

- Maintain integrity of repair
- Diminish pain and inflammation
- Prevent muscular inhibition
- Independent with ADL's with modifications while maintaining the integrity of the repair

Precautions

- No active range of motion (AROM) of Shoulder
- Maintain arm in sling, remove only for exercise
- 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

Criteria for Progression to Phase II

- Passive range of motion (PROM) Flexion to at least 100 degrees
- PROM ER in scapular plane to at least 45 degrees
- PROM IR in scapular plane to at least 45 degrees
- PROM Abduction to at least 90 degrees in the scapular plane

Days 1-6

- Abduction brace / sling
- Sleep in brace / sling
- 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

Days 7-28

- Continue use of brace / sling
- Pendulum Exercises (to begin 21 days after surgery, no pendulums before this time)
- Start passive ROM to tolerance (at 21 days)
    - Flexion
    - Abduction in the scapular plane
    - ER in scapular plane
    - IR in scapular plane
- Continue Elbow, wrist, and finger AROM / resisted
- Cryotherapy as needed for pain control and inflammation

<u>Phase II – Protection Phase (Weeks 4-10)</u>

Goals

- Allow healing of soft tissue
- Do not overstress healing tissue
- Gradually restore full passive ROM (week 4-5)
- Decrease pain and inflammation

Precautions

- No lifting
- No supporting of body weight by hands and arms
- No excessive behind the back movements
- No sudden jerking motions

Criteria for Progression to Phase III

- Full AROM

Weeks 5-6

- Continue use of brace / sling full time until end of week 5
- Between weeks 5 and 6 may use brace / sling for comfort only
- Discontinue brace / sling at end of week 6
- Initiate AAROM flexion in supine position
- Progressive PROM until approximately full ROM at week 4-5
    - This ROM should be PAIN FREE
- Gentle Scapular/glenohumeral joint mobilization as indicated to regain full PROM
- Continue previous exercises in Phase I as needed
- Continue all precautions
- 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

Weeks 7-9

- Continue AAROM and stretching exercises
- Begin rotator cuff isometrics
- Initiate active ROM exercises
    - Shoulder flexion scapular plane
    - Shoulder abduction

<u>Phase III – Intermediate Phase (Weeks 10-14)</u>

Goals

- Full AROM (week 10-12)
- Maintain Full PROM
- Dynamic Shoulder Stability
- Gradual restoration of shoulder strength, power, and endurance
- Optimize neuromuscular control
- Gradual return to functional activities

Precautions

- No heavy lifting of objects (no heavier than 5 lbs)
- No sudden lifting or pushing activities
- No sudden jerking motions

Criteria for Progression to Phase IV

- 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

Week 10

- Continue stretching and passive ROM (as needed)
- Dynamic stabilization exercises
- Initiate strengthening program
    - External / Internal rotation with therabands/sport cord/tubing
    - Side-lying external rotation
    - Lateral raises*
    - Full can in scapular plane* (avoid empty can abduction at all times)
    - Prone Rowing
    - Prone Horizontal Abduction
    - Prone 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

Week 12

- Continue all exercise listed above
- Initiate light functional activities

Week 14

- Continue all exercise listed above
- Progress to fundamental shoulder exercises

Phase IV – Advanced Strengthening Phase (Weeks 16-22)

Goals

- Maintain full non-painful active ROM
- Advance conditioning exercises for Enhanced functional use of UE
- Improve muscular strength, power, and endurance
- Gradual return to full functional activities

Week 16

- Continue ROM and self-capsular stretching for ROM maintenance
- Continue progression of strengthening
- Advance proprioceptive, neuromuscular activities

Week 20

- Continue all exercises listed above
- Continue to perform ROM stretching, if motion is not complete

Phase V – Return to Activity Phase (Weeks 20-26)

Goals

- Gradual return to strenuous work activities
- Gradual return to sports / recreational activities

Week 23

- Continue strengthening and stretching
- Continue stretching, if motion is tight

Week 26

- May initiate interval sport program (i.e. golf, etc.), if appropriate