REHABILITATION GUIDELINES FOR SMALL TO LARGE ROTATOR CUFF REPAIRS

PHASE I (*0-3 WEEKS*) DATES:

Appointments	• Follow up with MD for suture removal by day 14 • Begin physical therapy 3-5 days post op, 2x/week
Rehabilitation Goals	• Control pain, inflammation and muscle spasm • Keep wound clean and dry • Maintain ROM of hand and elbow • Initiate scapular stabilization and mobility exercises as soon as 1st visit
Precautions	• **PROM only x 4 weeks** - **If tenodesis repair: elbow flexion for AROM only permitted (no biceps activation with resistance, force or eccentrics x 6 weeks)** - If subscapularis repair: no IR or ER past 30 degrees x 6 weeks • **Sling on at all times x 3 weeks (sling at night required x 6 weeks)** • No lifting, AROM, overhead motion, supporting of body weight with hands • Avoid sudden movements or excessive stretching
Suggested Therapeutic Exercises	• **PROM:** - Flexion to tolerance - ABD in scapular plane to tolerance - ER/IR in scapular plane at 45° ABD - Limit ER/IR to 30° if subscapularis repair • Gentle grade I and II glenohumeral mobilizations for pain relief only-no high grade mobilizations • Daily home exercise program: - PROM to tolerance for **Codman's with GH seating education** - gentle table slides (flexion, abduction, ER) - **scapular stabilization ex's with no elevation of arm** - AROM elbow, wrist and hand minding any special precautions • Ice frequently or as dictated by pain and/or swelling

Cardiovascular Exercises	• In sling may ride recumbent bike
Progression Criteria	• PROM flexion to 140 degrees, ER/IR to 45 degrees (or per MD)

PHASE II (*3-6 WEEKS*) DATES:

Appointments	• MD at 6 weeks for follow up • Continue physical therapy 2 x week
Rehabilitation Goals	• Regain full PROM, initiate **AAROM x 4 weeks** • Progression to gentle RC isometric strengthening exercises x 4 weeks • Pain free AAROM progression, no AROM shoulder against gravity x 6 weeks
Precautions	• **Sling permitted off during daytime when inside house at 3 weeks or as directed by MD (sling on at night and when out in community or at higher risk x 6 weeks)** • PROM continue till full, initiate AAROM x 4 weeks • **If tenodesis repair: elbow flexion for AROM only permitted (no biceps activation with resistance, force or eccentrics x 6 weeks)** • If subscapularis repair: keep IR/ER to 30 degrees unless otherwise noted by MD • No AROM glenohumeral joint against gravity x 6 weeks • No lifting or supporting of body weight with hands • **Begin pool AAROM, PROM after 31 day post-op minimum for wound healing and infection control**
Suggested Therapeutic Exercises	• PROM: continue with flexion and ABD in scapular plane to tolerance - Flexion should be at least 140° - ER and IR at 60°-90° of ABD with a limit to 45° (unless otherwise noted) - **Initiate SLY, seated, or standing behind back IR/Extension ROM gentle with GH seating in mind x 4 weeks** • Progress scapular stabilization in all planes - Retraction and retraction with depression, serratus anterior activation, **(initiate prone rows, prone extension x 4 weeks)** • At 4 weeks initiate **submaximal** isometrics - elbow bent shoulder flexion/extension, IR/ER - elbow flexion/extension • At 4 weeks Initiate **gentle** rhythmic stabilization in 45° ABD for ER/IR • **AAROM initiated x 4 weeks** - After 31 days post-op for incision healing, start pool AAROM, PROM

	- Pully's, wand exercises - PROM/AAROM UBE warm-up x 3-4 weeks • Ice frequently or as indicated by pain and/or swelling
Cardiovascular Exercises	• May start UBE for warm-up x 3-4 weeks PROM/AAROM
Progression Criteria	• Full PROM flexion and scaption • IR/ER 45 degrees (at 60-90 degrees ABD unless otherwise noted by MD)

PHASE III (*6-8 WEEKS*) DATES:

Appointments	• MD follow up at 6 weeks post op • Continue physical therapy 2 x/week
Rehabilitation Goals	• Full PROM all planes • Continued protection of repair • Continue AAROM, begin AROM
Precautions	• No support of body weight • If subscapularis repair performed: may begin AROM for IR
Suggested Therapeutic Exercises	• PROM all planes • Continue AAROM of glenohumeral joint: - UBE minimal to no resistance low arms (standing) - active scapular protraction/retraction - sidelying easy resisted scapular protraction/retraction - GH "seaters" - Continue with pully's and supine wand exercises, progress to standing - wall walks, standing wand exercises (emphasize AAROM) • With glenohumeral joint completely supported: - bicep curls (begin with AROM, progress to high reps and low weight) - triceps extensions - 4 way wrist curls • HEP: - Codmans as needed - Wand exercises (supine then standing), pulleys, wall walks

	(emphasize AAROM) - Scapular exercises
Cardiovascular Exercises	• UBE standing, no resistance
Progression Criteria	• Progression of strengthening is dependent on patients' ability to not utilize compensatory motions • Patient must demonstrate good glenohumeral and scapular mechanics prior to beginning isotonic strengthening.

PHASE IV (*8-10 WEEKS*) DATES:

Appointments	• Continue physical therapy 2x/week
Rehabilitation Goals	• Full AAROM by 10 weeks • Begin AROM beginning with gravity assisted, progress to gravity resisted • Progress strengthening based on patient's ability to not use compensatory movements
Precautions	• Patient must demonstrate good scapular and GH joint mechanics before progressing to AROM and isotonic strengthening
Suggested Therapeutic Exercises	• AROM flexion in scapular plane, ABD, IR/ER in scapular plane at 90-100 degrees of flexion (sidelying or supine first, high reps, low resistance) • Aquatic exercises for AROM • **Sub-maximal** rhythmic stabilization supine at 45, 90 and 120 degrees of flexion and ER/IR in scapular plane • Supine ER/IR with tubing in 0° ABD with a towel roll between body and arm (increased EMG activation of cuff in sidelying) • Prone scapular stabilization (being with short lever arm, elbow bent): - rows at 30° ABD - extension - horizontal ABD
Cardiovascular Exercises	• UBE, light resistance • Pool for ROM
Progression Criteria	• Good glenohumeral and scapular mechanics (no hiking) with AROM

	before progressing isotonic strengthening • Full AAROM

PHASE V *(10-12 WEEKS)* DATES:

Appointments	• MD at 12 weeks for follow up • Continue physical therapy 2 x/week
Rehabilitation Goals	• Full AROM by week 12 without substitution • If tenodesis performed goal is return of biceps strength by week 12
Precautions	• Monitor for substitution and compensatory motions • No push-ups or military press
Suggested Therapeutic Exercises	• Light PNF • Standing scaption • Lateral raises to 90 degrees (start with palm down on hip, rotate to palm up) • Sidelying ER with light resistance (towel roll between body and arm) • Toward week 12 begin WB exercises - alphabet on Total Gym, progress to wall then quadruped position
Cardiovascular Exercises	• Light swimming with kickboard
Progression Criteria	• Full P/AROM • Negative impingement signs and instability tests

PHASE VI *(12-16 WEEKS)* DATES:

Appointments	• MD at week 12 for follow up • Continue physical therapy 1-2 x/week
Rehabilitation Goals	• Full AROM without substitution

Precautions	• Push-up progression wall to floor at end of phase • No military press
Suggested Therapeutic Exercises	• Continue above exercises progressing strengthening gradually without compensatory patterns • Progress WB exercises • Incorporate total body strengthening • Initiate functional activities
Cardiovascular Exercises	• No restrictions (if cleared by MD)
Progression Criteria	• Negative impingement and instability signs • Full AROM without compensatory patterns

PHASE VII *(16 WEEKS +)* DATES:

Appointments	• MD at week 16 for follow up • Continue physical therapy 1 x/week with progression to HEP
Rehabilitation Goals	• Full AROM without compensatory patterns • Able to lift 2-5 lbs overhead without compensation (job dependant) • Progress to independent HEP
Precautions	• None
Suggested Therapeutic Exercises	• Sleeper stretch if needed for capsule stretch
Cardiovascular Exercises	• No restrictions
Progression Criteria	• Patient education about continuing strengthening with proper movement patterns, no compensation and any lifting precautions per MD

References: Retrieved from http://www.brighamandwomens.org/Patients_Visitors/pcs/rehabilitationservices/StandardsofCare.aspx

PT name and date: Rachel Georgeson, MPT 2015
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