

ARTHROSCOPIC ROTATOR CUFF REPAIR PROTOCOL (DR. ROLF)

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 the next 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

DAY 2 TO 7:

- 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
- Elbow, wrist, finger AROM
- Pendulum exercises can begun at day 2 post-op in patients with small rotator cuff repair, high grade partial thickness rotator cuff repairs and rotator cuff repairs using 1 suture anchors

DAY 7 TO 28:

- Continue use of brace / sling

- Pendulum Exercises can be begun at 1 week post-op in patients with moderate to large rotator cuff repairs and in patients who have a rotator cuff repair using 2 suture anchors
- Start passive ROM to tolerance (at 21 days-28 days) in patients with small, medium or large rotator cuff repairs (MD will decide on individual basis if PROM is begun at 3 or 4 weeks post-op)
- Patients with massive rotator cuff repairs and patients with moderate/large rotator cuff repairs who have poor tissue quality will not start PROM of their shoulder until 4-6 weeks (MD will decide on individual basis if PROM is begun at 4 or 6 weeks post-op)
- PROM
 - 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

Phase II – Protection Phase (Week 4-10):

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 the next phase (III):

- Full AROM

WEEK 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 / sling at night through week 6
- Discontinue brace / sling at end of week 6
- Initiate active assisted range of motion (AAROM) flexion in supine position
- Progressive passive ROM until approximately Full ROM at Week 4-5.
- This ROM should be PAIN FREE
- Gentle Scapular/glenohumeral joint mobilization as indicated to regain full passive ROM

- 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

WEEK 6-8:

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

Phase III – Intermediate phase (week 10-14):

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 the next 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 rotation (ER)/Internal rotation (IR) with therabands/sport cord/tubing
 - ER Sidelying

- 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

*Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; 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 (week 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 (week 20-26):

Goals:

- Gradual return to strenuous work activities
- Gradual return to recreational activities
- Gradual return to sport activities

WEEK 23:

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

WEEK 26:

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

Please email Dr. Rolf with any questions!
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