



THE STONE CLINIC

ORTHOPAEDIC SURGERY, SPORTS MEDICINE AND REHABILITATION

Rotator Cuff Repair

Post-Operative Physical Therapy Protocol

General Considerations:

- This protocol is a guideline only; actual progression will be based on clinical presentation.
- Early passive range of motion of the glenohumeral joint to prevent capsular adhesions is essential.
 - *This early range of motion is done in a manner that shortens the involved the muscle: i.e., for supraspinatus—avoid adduction past midline and external rotation.
- DO NOT elevate surgical arm above 70 degrees in any plane for the first 4 weeks post-op.
- DO NOT lift any objects over 5 pounds with the surgical arm for the first 6 weeks.
- AVOID EXCESSIVE reaching and external/internal rotation for the first 6 weeks.
- Ice shoulder 3-5 times (15 minutes each time) per day to control swelling and inflammation.
- An abduction pillow shoulder sling is used for 4 weeks post-op. Sling wear during sleep is optional depending on comfort.
- Maintain good upright shoulder girdle posture at all times and especially during sling use.
- M.D. /nurse follow-up visits at Day 2, Day 14, Month 1, Month 3 and Year 1 post-op.

Weeks 0-2:

- Nurse visit day 2 to change dressing and review home program.

Manual: -Soft tissue mobilization to surrounding tissues, effleurage for edema; gentle PROM

Exercise- (3x per day): 1) pendulum exercises, 2) squeeze ball, 3) triceps and biceps training with Theraband, 4) pulley passive flexion and scaption (scapular plane) 0-60 degrees, 5) isometric shoulder abduction, adduction, extension and flexion with arm at side, 6) scapular pinches every hour, 7) neck stretches for comfort.

*It is important to come out of the sling frequently to bend and straighten elbow for 10-15 repetitions each time to minimize arm and hand swelling.

Goals:

- Decrease pain and edema.
- Passive range of motion shoulder flexion/scaption 0-60 degrees.
- Active range of motion elbow flexion and extension.
- Sling use for 4 weeks.

Weeks 2 - 4:

- Nurse visit at day 14 for suture removal and check-up.

Manual: -Use of strapping tape for secondary AC compression and support (optional).
-Soft tissue treatments for associated shoulder and neck musculature for comfort.

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Exercise: - Continue with previous.

Goals:

Decrease pain and edema.

Passive range of motion shoulder flexion/scaption 0-70 degrees, External rotation to 30 degrees.

Sling use for 4 weeks.

Weeks 4 - 8:

-M.D. visit at Week 4 post-op and will usually be progressed to increase range of motion/ discharge sling.

Manual: -Continue soft tissue mobilization, passive range of motion, gentle mobilizations Gr I/II to increase range of motion.

Exercise:- At Week 4: start mid-range of motion range of motion rotator cuff external and internal rotations active and light resistance exercises (through 75% of range of motion as patient's symptoms permit) without shoulder elevation and avoiding extreme end range of motion.

-At Week 6: add supine cane exercises.

Goals:

Active assisted range of motion flexion and abduction to 90 degrees.

At 6 weeks- initiate increased ER/IR passive range of motion -> active range of motion by 8 wks .

Weeks 8 - 12:

Manual: -Increase mobilizations of soft tissue as well as glenohumeral and scapulothoracic joints for range of motion.

Exercise:- wand exercises in standing, ROM shoulder pulleys, scapular training (rows, protractions, lower trapezius work, etc), PNF to scapula, shoulder IR/ER isotonic.

Goals:

Full shoulder passive range of motion in all planes- flexion, abduction, external rotation and internal rotation

Active range of motion full by week 12.

No overhead lifting.

Weeks 12 and beyond:

-Start a more aggressive rotator cuff program as tolerated.

-Start progressive resistance exercises with weights as tolerated.

-Continue to seek full shoulder range of motion in all planes.

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-Increase the intensity of strength and functional training for gradual return to activities and sports.
-Return to specific sports is determined by the physical therapist through functional testing specific to the targeted sport.

Goals:

Increase strength/endurance .

Range of motion full.

Initiate slow return to sport training.

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