REHABILITATION PROTOCOL: LARGE ROTATOR CUFF REPAIR

DR. KEVIN SHEPET

RECOMMENDATIONS

- No driving until 6 weeks post surgery
- Encourage passive ROM at home daily by family member
- Sling on at all times, including nighttime, for 4-6 weeks. Only time out is with PT, showering, and elbow range of motion

Phase I (0-4 weeks)

Precautions:

- ER to 30° at 0° elevation in the scapular plane
- Passive elevation to 90°; IR with thumb tip to L1 (avoid extension)
- Sleep in sling
- No lifting heavy objects
- No shoulder motion behind body
- Keep incision clean and dry

Physical Therapy:

- Grade I-II glenohumeral joint mobilizations; scapulothoracic joint mobilizations
- PROM within precautionary ROM (emphasize isolated GH elevation)
- Minimal manual resistance for isometric ER/IR at 45-60° scapular plane elevation (supported) in supine after POD 14
- Minimal manual resistance for rhythmic stabilization of GH joint at 90° elevation after POD 14
- elbow/hand ROM and gripping exercises

Home Exercise Program:

- Passive Scapular elevation, depression, protraction, retraction (“scapular clocks”)
- Pendulums with emphasis on “relaxed” shoulder and using trunk as prime moving force
- Supine passive ER and elevation in scapular plane with cane
- Cryotherapy (ice) 6 to 7 times daily

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Phase II (4-8 weeks)

Goals:

- Allow healing of soft tissue
- Avoid over stress of healing tissue
- Gradually restore full passive ROM
- Re-establish dynamic shoulder stability
- Decrease pain and inflammation

Precautions:

- Full ROM (target to achieve FROM by 8 weeks)
- Begin active ROM without weight in biomechanically correct ROM
- No supporting body weight by hands and arms
- No lifting heavy objects

Physical Therapy Treatment:

- Grade I-IV GH mobilizations and scapulothoracic mobilization
- Passive ROM with target of normal ROM by 8 weeks
- Minimal manual resistance for isometric ER and IR and rhythmic stabilization (flexion, extension, horizontal ab/adduction) at 45°, 90°, 120° elevation in the scapular plane as patient gains control of the upper extremity
- AAROM progressing to minimal manual resistance for PNF patterns
- Aquatic therapy: Increase speed of movement and resistance as tolerated, progress to using hand as a "paddle" and then to webbed gloves. Also add periscapular strengthening
- Begin active ROM without weights. Add light resistance as patient gains control of movement with good biomechanics.

Exercises should include:

- Elevation in the scapular plane (supine initially, progress to inclined, then upright)
- Sidelying ER; prone rowing; supine serratus "punches"
- Progress to IR on light pulleys or Theraband (after 6 weeks postop only)
- Progress to upper body ergometer (UBE) at low resistance

Home Exercise Program:

- As in Phase I, progress PROM as to FROM
- Closed chain isometric ER and humeral head depression with arm in scapular plane and supported at 90° elevation
- Add shoulder pulley

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PHASE III (8 – 16 weeks postop)

Goals:

- Primary goal is to restore full PROM by 6-12 weeks
- Active ROM and strength should be within functional limits before discharge

Precautions:

- Refer to physician for advice regarding activity restrictions
- Physical Therapy Treatment:
- GH joint mobilization and PROM when indicated.
- Progress exercises in Phase II with increased weight based on 3 sets of 10 reps
- Gradually add following exercises and progress weights: Periscapular strengthening Manually-resisted PNF patterns ER, IR, and PNF patterns on pulleys ER, IR at 90° abduction "empty can" exercise
- Begin functional progression for sports/activity-specific tasks
- Begin isokinetics for ER, IR at 12 weeks postop. Begin in modified abduction, progress to supine or sitting 90° abduction position

Home Exercise Program:

- Maintain PROM
- Light Theraband for ER, IR, elevation, and "empty can" on non-PT days
- Progress to independence with strengthening program prior to discharge

PHASE IV (16 – 24 weeks)

Goals:

- Advanced strengthening
- Gradual return to functional activities and sport