

# ORTHOARIZONA

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## Rotator Cuff Repair Protocol

### Recommendations:

- Wear sling for 4 - 6 weeks.
- No driving until 6 weeks post-op.
- Encourage PROM at home daily (2 – 3 sessions) by family member for the first 4 - 6 weeks.
- Have patient ice shoulder 3 - 4 times daily in supported abduction to facilitate circulation and decrease pain.
- No shoulder extension for 4 weeks.
- Return to work and sport to be determined on an individual basis by the physician.

### Post-Op Protocol:

#### **0 - 4 Weeks:**

- Instruct family member in proper PROM techniques and ROM limitations (**Have them perform a supervised demonstration!**).
  - Emphasize proper posture when sitting and standing.
  - Wean from sling (daytime) **in a controlled environment** after 1 week. **NO arm swinging until after 4 weeks.**
1. PROM to tolerance (avoid shoulder extension).
  2. Supine passive external rotation with wand. Make sure patient keeps elbow supported and flexed to 90<sup>o</sup> (except if subscapularis is transferred).
  3. Soft tissue massage once incision has healed.
  4. AROM of elbow, wrist and hand with arm supported.

#### **4 - 6 Weeks:**

- Wean from sling (nighttime) after 4 weeks, discontinue completely by 6 weeks.
  - Full PROM by 6 weeks.
1. Progress to self-assist PROM including UBE (avoid extremes of extension), pulleys, etc.
  2. Begin gentle manual resistance for scapular protraction/retraction and elevation/depression.
  3. Gentle sub-maximal isometrics all planes.
  4. Gentle open kinetic chain rhythmic stabilization progression in supine.

#### **6 - 8 Weeks:**

- Begin AAROM within pain-free ROM.
1. Self-assist forward elevation with wand with slow progression from supine to standing position.

2. Begin general cardiovascular training (as appropriate) including walking, stationary cycling, etc.

### **8 - 10 Weeks:**

- Begin AROM within pain-free ROM.
1. Begin AROM with emphasis on rotator cuff exercises (without resistance) including standing forward elevation ( $\leq 90^{\circ}$ ) and side lying internal and external rotation. Progress to prone horizontal abduction (thumbs up) at  $100^{\circ}$  of abduction, prone external rotation in  $90/90^{\circ}$  position, and prone extension, all within pain-free ROM.
  2. Initiate scapulothoracic strengthening exercises including seated rows. Progress to prone horizontal abduction (thumbs up) at  $150^{\circ}$  and  $90^{\circ}$  of abduction (last  $20^{\circ}$  of available range only).
  3. Begin gentle closed kinetic chain (CKC) balance and stabilization progressions.

### **10 - 12 Weeks:**

- AROM WFL by 12 weeks.
1. Progress self-stretching exercises including door frame hang for forward elevation, corner stretch for abduction/external rotation, etc.
  2. Initiate gentle internal rotation stretching behind back.
  3. Begin upper extremity endurance training on UBE as appropriate.

### **12 - 14 Weeks:**

- Begin RROM within pain-free ROM.
1. Begin PRE's with hand weights, theraband, etc. as tolerated, focusing on rotator cuff and scapulothoracic strengthening within pain-free ROM.
  2. Begin isokinetic internal and external rotation ( $0^{\circ}$  abduction --> scapular plane -->  $90/90^{\circ}$  position progression).
  3. Progress CKC exercises including seated press-ups, step-ups, BAPS board, treadmill and push-ups with a plus (wall to floor progression).
  4. Initiate manual resistive exercises including PNF techniques.
  5. Begin work-specific activities as appropriate.

### **14 - 16 Weeks:**

- Equal strength, bilaterally, by 16 weeks.
  - Emphasize concepts of frequency, duration and intensity of training.
1. Progress PRE's as tolerated.
  2. Begin low-level plyometric progression including 2-hand plyoback ball toss, ball dribbling, etc.
  3. Initiate sport-specific activities including interval golf program, racquet strokes, etc.