

Rotator Cuff Repair Guidelines[©]

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Follow physician's modifications as prescribed

POST – OPERATIVE PHASE I (WEEKS 0-4) MAXIMUM PROTECTION PHASE

GOALS:

- Protect surgical repair
- Decrease pain/ inflammation
- Gradually increase shoulder ROM (MD directed)
- Improve proximal (scapula) and distal strength and mobility
- Independence in a home exercise program (HEP)

Emphasize:

- PROTECTING SURGICAL REPAIR
- PAIN CONTROL
- Patient compliance with sling immobilization
- Avoiding shoulder AROM
- Avoiding pain with exercise

TREATMENT RECOMMENDATIONS:

- PROM/ pain free AAROM exercises in supine in plane of the scapula, scapular mobility and scapular stability exercises (sidelying, progressing to manual resistance), sub-maximal deltoid exercises in neutral, distal ROM exercises, cryotherapy, patient education for HEP, sleep postures and ADL's

PRECAUTIONS:

- Maintain sling immobilization when not performing exercises
- NO active movements at the operated shoulder joint other than gentle self care activity below shoulder level
- Avoid exceeding ROM limitations set by MD
- Avoid pain with ROM and isometric exercises

MINIMUM CRITERIA FOR ADVANCEMENT TO NEXT PHASE:

- Normal scapular mobility
- Full active ROM distal to shoulder
- Shoulder ROM to within surgeon's set ROM goals
- Begin formal physical therapy after week 4

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POST – OPERATIVE PHASE II (WEEKS 4-7) MODERATE PROTECTION PHASE

GOALS:

- Protect surgical repair
- Decrease pain/ inflammation, minimize rotator cuff inhibition
- Improve passive Range of Motion 80-100% of normal elevation in the plane of the scapula and external rotation by 8-10 wks
- Improve proximal scapula strength/stability, scapulohumeral rhythm and neuromuscular control

Emphasize:

- PROTECTING SURGICAL REPAIR
- Improving scapula strength/stability
- Avoiding maximal cuff activation

TREATMENT RECOMMENDATIONS:

- Continue Phase I exercises
- AAROM exercises, joint mobilization by PT, humeral head rhythmic stabilization exercises by PT, isotonic exercises scapula and elbow, scapular stabilization, sub-maximal ER/IR isometrics at modified neutral, hydrotherapy if available, modalities for pain and edema, patient education for activity modification.

PRECAUTIONS:

- Avoid pain with ADLs, ROM/ therapeutic exercise
- Avoid active elevation of arm until 6 weeks, avoid active abduction of arm until 12 weeks, avoid exceeding ROM limitations
- No maximal cuff activation

MINIMUM CRITERIA FOR ADVANCEMENT:

- Ability to activate cuff and deltoid without pain
- Tolerates arm out of sling
- ROM 80% or greater for elevation in plane of the scapula and external rotation

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POST – OPERATIVE PHASE III (WEEKS 7-13) EARLY STRENGTHENING PHASE

GOALS:

- Eliminate/ minimize pain and inflammation
- Restore full PROM
- Gradual return to light ADLs below 90° elevation
- Improve strength/ flexibility
- Normal scapulohumeral rhythm below 90° elevation

Emphasize:

- PROTECTING SURGICAL REPAIR
- Full PROM
- Avoiding shoulder shrug with AROM elevation
- Limiting excessive overhead activity

TREATMENT RECOMMENDATIONS:

- Continue wand exercise to restore ROM, functional ROM exercises (IR behind back), flexibility, advance scapula/ rotator cuff strengthening (sidelying ER, ER/ IR with elastic band), UBE
- AROM elevation in plane of scapula (supine progress to standing), progress closed chain exercises

PRECAUTIONS:

- Monitor activity level (patient to avoid jerking movements and lifting heavy objects)
- Limit overhead activity
- Avoid shoulder “shrug” with activity and AROM/strengthening exercises

MINIMUM CRITERIA FOR ADVANCEMENT:

- Minimal pain and/or inflammation
- Full PROM
- Improved rotator cuff and scapula strength
- Normal scapulohumeral rhythm with shoulder elevation below 90°

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POST – OPERATIVE PHASE IV (WEEKS 14-19) LATE STRENGTHENING PHASE

GOALS:

- Improve strength to 5/5 for scapula and shoulder musculature
- Improve neuromuscular control
- Normalize scapulohumeral rhythm throughout the full ROM

TREATMENT RECOMMENDATIONS:

- Progress periscapular and RC isotonic, scapular stabilization, initiate plyometrics below horizontal if sufficient strength base, posterior capsule/cuff flexibility, isokinetic strengthening (IR/ER) scapular plane

PRECAUTIONS:

- Progress to overhead activity only when proper proximal stability is attained

CRITERIA FOR ADVANCEMENT:

- Normal scapulohumeral rhythm throughout the full ROM
- Normal strength 5/5 MMT of scapular and humeral muscles

POST – OPERATIVE PHASE V (WEEKS 20 - 24) RETURN TO SPORT PHASE

GOALS:

- Maximize flexibility, strength & neuromuscular control to meet demands of sport, return to work, recreational and daily activity
- Isokinetic testing - 85% limb symmetry
- Independent in home & gym therapeutic exercise programs for maintenance and progression of functional level at discharge

TREATMENT RECOMMENDATIONS:

- Plyometrics above horizontal, continued isotonic and stabilization for rotator cuff, periscapular muscles and larger upper body muscle groups, isokinetic exercise and testing for ER/IR if appropriate (painfree, overhead athlete), periodization training and interval training for overhead athletes

PRECAUTIONS:

- Avoid pain with therapeutic exercises and activity
- Avoid sport activity until adequate strength, flexibility and neuromuscular control
- MD clearance needed for sport activity

CRITERIA FOR DISCHARGE:

- Isokinetic testing close to normal ER/IR ratios (66%), 85% symmetry
- Independence with home/gym program at discharge for maintenance and progression of flexibility, strength and neuromuscular control