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Rotator Cuff Repair Protocol

This rehabilitation protocol has been developed for the patient following a rotator cuff surgical procedure. This protocol will vary in length and aggressiveness depending on factors such as size and location of the tear, degree of shoulder instability/laxity prior to surgery, acute versus chronic condition, length of time immobilized and strength, pain swelling and range of motion status. The primary goal of this protocol is to protect the repair while steadily progressing towards and ultimately achieving pre-injury level of activity. Please note this protocol is a <u>guideline</u>. Patients with additional surgery (i.e. subacromial decompression, distal clavicle resection, biceps repair) will progress at different rates. Achieving the criteria of each phase should be emphasized more than the approximate duration. If a patient should develop an increase in pain or swelling or decrease in motion at any time, activity should be decreased until problems are resolved.

Phase 1: PROTECTIVE PHASE (Weeks 0-8)

Goals:

- Protect integrity of the repair
- Decrease pain and inflammation
- Gradually increase in ROM
- Retard muscle atrophy

Early Protective Phase (0-6 Weeks):

- Pendulums
- Scapular Isometrics (primary retraction)
- Elbow, Wrist, Hand AROM
- PROM to tolerance
- Modalities as needed

Late Protective Phase (6-8 Weeks)

- Continue previous exercises
- Initiate AAROM exercises progressing to AROM as tolerated
- Shoulder Sub-Maximal Isometrics
- PROM to tolerance
- Modalities as needed

(Patient must be able to elevate arm without shoulder and scapular hiking before initiating standing AROM; if unable, continue with supine exercises).

PHASE 2: EARLY STRENGTHENING PHASE (Weeks 8-10)

Goals:

- Decrease pain and inflammation
- Restore full PROM and AROM
- Gradual increase in strength

Early Strengthening Phase

- Continue PROM as needed to achieve and maintain full ROM
- Initiate rhythmic stabilization exercises
- Strengthening exercises for the hand, wrist, elbow and scapular musculature
- Initiate gentle strengthening
- Modalities as needed

Expectations:

- 10-12 weeks Patient should have achieved full active and passive ROM
- 12-16 weeks Patient should be nearing normal strength and full ROM

Early Advanced Strengthening Phase (Weeks 10-12)

- Continue exercises above
- Advance strengthening exercises including empty can as tolerated
- General conditioning program

Late Advanced Strengthening Phase (Weeks 12-Discharge)

- Continue all strengthening exercises
- Continue all flexibility exercises
- Gradual progression of functional activities per patient needs