



Patient name:
Date of Surgery:
Surgery performed:

# Tyler McGregor D.O. General Ortho and Sports Medicine South Bend Orthopaedics Postoperative Arthroscopic Rotator Cuff Repair Rehabilitation Protocol

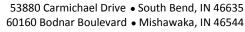
This is a general guideline. Certain patients may require extra attention to certain areas of their body or portions of the protocol. Always listen to your therapist, a protocol never replaces their good clinical judgement. Do not attempt to increase weight, perform a new exercise, or increase your range of motion without their direction.

## <u>1st POST-OP Visit – 10-14 days after surgery</u>

- 1. Wound Check Suture Removal
- 2. Patient Education
  - NO active motion until 6 weeks post-op
  - Sling/Immobilizer
  - Icing at least 3 times/day for 20 minutes each or vascutherm more frequently
  - A subscapularis repair mandates no forceful passive external rotation
- 3. Exercises It is recommended to perform these exercises own your own, at least 3 time a day. Formal therapy session should be attended weekly during this phase to ensure proper mechanics and guidance.
  - Closed chain Pendulums/Codman (begin Day 1)
    - Clockwise, counterclockwise, side-to-side, front & back
  - Non-weight bearing AROM exercises at elbow and wrist
    - o elbow flexion/extension
    - o wrist flexion/extension and pronation/supination
    - o gripping exercises
    - o prone and standing scapular clocks
      - protraction, retraction, elevation, depression
  - No canes or Pulleys
- 4. Modalities PRN

### Approximately 4 WEEKS POST-OP

- 1. Therapy may begin at this time depending on the integrity of your repair. It could be held off until 6 weeks.
- 2. YOU WILL START PT AT Weeks.
- 3. Range of Motion True Passive Range of Motion only to Patient Tolerance
  - Eventual Goals: Forward flexion 140°, 60-80° Abduction without rotation. Limit Internal Rotation to 40° with shoulder 60-80° Abducted.
  - 40° External Rotation with arm at side.



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- Unless a subscapularis repair was performed as noted above. Then this should be restricted until
   6 weeks postop to well within patient tolerance.
- Maintain elbow at or anterior to mid-axillary line when patient is supine.
- 4. Exercises

As above plus the addition of other passive modalities as instructed by therapist

# 6 WEEKS POST-OP - 2<sup>nd</sup> postoperative visit

- 1. Discontinue sling
- 2. Exercises
  - Begin active and active assist range of motion
  - Passive range of motion in external rotation increased gradually if subscapularis repair
  - NO BICEPS strengthening until 8 weeks postop is tenodesis performed
- 3. Grade I/II glenohumeral joint mobilizations as indicated
- 4. Modalities PRN
- 5. Ice

# 12 WEEKS POST-OP - 3rd postoperative visit

- 1. Exercises
  - Initiate stepwise shoulder weight bearing/strengthening exercises as permitted by range of motion
    - o BodyBlade
    - o Plyoball circles, squares, diagonals
    - o Theraband
  - Ad lib elbow/wrist/hand strengthening
- 2. Glenohumeral joint mobilization as indicated
- 3. Modalities PRN
- 4. Ice

Return to sport and heavy labor jobs may require 6 months of physical therapy with gradual return of function. You can expect to improve you range of motion and strength for up to 12 months after a rotator cuff repair. Rotation typically requires more time to reach maximal benefit