

Arthroscopic Rotator Cuff Repair Large to Massive Tears Postoperative Protocol

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Patient Name:

Date of Surgery:

Formal physical therapy will usually start 4-5 weeks following surgery.

In general, patients are instructed that the first month is to allow healing, the second month is for stretching and the third/fourth months are for strengthening.

Phase I - Immediate postsurgical phase - Weeks 0-2

Goals:

- Maintain/protect integrity of the repair
- Gradually increase Passive ROM (PROM)
- Control and reduce pain and inflammation
- Prevent muscular inhibition

Precautions:

- Maintain arm in sling, remove only for exercises and bathing
- Wear sling at night for sleeping
- May lift small items (phone, book, plate...) with arm in sling
- No excessive shoulder extension or motion behind back
- No excessive stretching or sudden movements
- No supporting of body weight by hands
- Keep incision clean and dry

Days 1-14:

- Wear sling during day and night
- Elbow, wrist ROM and hand gripping exercises
- Pendulums - the arm should dangle and the muscles must be completely relaxed. Move the arm by rocking the body forward/back, side to side or in a circle; NOT by moving the arm.
- Cryotherapy and E-stim PRN for pain and inflammation

Phase II - Protection phase - Weeks 2-6

Goals:

Allow healing of soft tissue
Do not overstress repair
Gradually restore full PROM
Decrease pain and inflammation

Precautions:

Maintain arm in sling
May lift small items (phone, book, plate...) with arm in sling
No excessive shoulder extension or behind the back movements
No sudden jerking movements or excessive stretching
BICEPSTENODESIS: no resisted elbow flexion/forearm supination for 6 weeks
No supporting of body weight by hands

Weeks 2-4:

Start physical therapy
Continue use of sling during day and night
PROM (being sensitive to end feel and muscle guarding)
Flexion to 90°-100°, progressing by 10°-15° per week as patient tolerates
Scaption to 90°-100°
ER in scapular plane no greater than 30°
IR in scapular plane no greater than 30°
Active assistive ROM (AAROM) exercise (Lbar or cane)
ER in scapular plane (painfree)
Continue elbow, wrist ROM and hand gripping exercises
Pendulums
Continue cryotherapy and E-stim PRN for pain and inflammation

Weeks 4-6:

Continue all exercises listed above
Initiate active scapular elevation and retraction
Initiate bent over rows to neutral and 4-point weight bearing for proprioception
Initiate isotonic elbow flexion (if no biceps tenodesis)
Continue cryotherapy and E-stim PRN
May use heat prior to ROM exercises

Phase III - Intermediate phase - Weeks 6-12

Goals:

Full PROM (weeks 8-10)
Achieve 50% of AROM
Progress rotator cuff and periscapular strength

Weeks 6-8:

Progress end range PROM flexion, scaption, abduction, ER as tolerated
AAROM exercise in supine (L-bar or cane)
ER/IR in scapular plane, progressing to 90° of abduction
Flexion to tolerance (therapist provides assistance by supporting UE, especially with lowering)
Pulleys-flexion and scaption
Initiate isometrics (submaximal and painfree)
Flexion with elbow flexed to 90°
Extension with elbow flexed to 90°
Abduction with elbow flexed to 90°
External rotation at neutral
Internal rotation at neutral
Initiate dynamic stabilization exercises
Rhythmic stabilization ER/IR at 45° of abduction
Flexion/extension at 100° of flexion
Initiate scapular stabilization exercises (serratus punches, scap squeezes, wall serratus push, seated push up)
Progress WB exercises to 3- and 2- point positions

Weeks 8-12:

Continue PROM and AAROM (as needed to achieve and maintain full ROM)
Continue all exercises listed above
Progress AAROM pulleys to abduction, then IR last
Initiate UBE (no resistance)
Initiate Active ROM (AROM)
Flexion and scaption to 90°, initially with elbows flexed to shorten lever arm
Prone rows, horizontal abduction, extension
Progress scapular stabilization exercises
Initiate ER/IR with tubing (use towel roll)

Phase IV - Strengthening phase - Weeks 12-23

Goals:

Maintain full non-painful ROM
Demonstrate 85-100% of available ROM depending on tear
Increase muscular strength and power
Gradual return to functional activities

Weeks 12-16:

Continue all exercises listed above
Progress strengthening program
Progress ER strengthening in prone and standing at 45°
Progress push up positions
Body blade progressions
CKC exercises on wobble board, airex, dyna disc, etc.
Therapist may initiate isotonic resistance (1 lb) during flexion and abduction
** If non-painful normal motion is exhibited
Progress strengthening program (1 lb/10 days non-painful)

Weeks 16-23:

Continue ROM and stretching to maintain full ROM
Self-capsular stretching
Progress shoulder strengthening exercises
Initiate interval golf program (if appropriate)- week 15
Initiate interval tennis program (if appropriate)- week 20
May initiate swimming

Phase V - Return to activity phase - Weeks 23-36**Goals:**

Gradual return to higher level work activities
Gradual return to recreational sport activities

Weeks 23-36:

Continue shoulder strengthening exercises (at least 4 times weekly)
Continue stretching, if motion is restricted
Continue progression to sport participation
Advanced plyometrics with medicine balls and assistive equipment
Work hardening, if appropriate

Even though the patient may feel good and want to return to his/her activity, remember that the tissue continues to mature and it may take an entire year for that process to occur. The majority return to activity at 6-9 months depending upon size of the repair and their response to treatment.