

# ROTATOR CUFF REPAIR/SUPERIOR CAPSULE RECONSTRUCTION

## POST OPERATIVE PROTOCOL

	Time Frame (Weeks)	Guidelines	Goals
<b>PHASE I</b>	0 to 6	<p><b>SLING:</b> Ultrasling x 4-6 weeks; larger repairs ultrasling x 6 weeks, then regular sling x 2 weeks</p> <p><b>ROM:</b> No shoulder x 2 weeks; ROM as instructed by MD</p> <p>*FOR SCR—refer to post op map for post op sling/ROM</p> <p><b>EXERCISE PROGRESSION</b></p> <ul style="list-style-type: none"> <li>• Ice and modalities to reduce pain and inflammation</li> <li>• Cervical ROM, basic deep neck flexor activation (chin tucks)</li> <li>• Instruct on proper head neck and shoulder (HNS) alignment.</li> <li>• Active hand and wrist range of motion.</li> <li>• PROM biceps x 6 wks (AAROM for no release or tenodesis)</li> <li>• Active shoulder retraction; PROM (refer to MD instructions) <ul style="list-style-type: none"> <li>◊ No ROM x 2 weeks</li> <li>◊ Flexion: 0-90° (wks 2-4), then full as tolerated</li> <li>◊ External rotation: 0°-30° (wks 2-4), then full as tolerated</li> <li>◊ Internal rotation: No IR x 8 weeks post-op</li> </ul> </li> <li>• Walks, low intensity cardio exercise to promote healing.</li> </ul> <p><b>MANUAL INTERVENTION</b></p> <ul style="list-style-type: none"> <li>• STM – global shoulder and CT junction.</li> <li>• Scar tissue mobilization when incisions are healed.</li> <li>• Graded GH mobilizations.</li> <li>• ST mobilizations.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce inflammation</li> <li>• Decrease pain</li> <li>• Postural education</li> <li>• PROM as instructed</li> </ul>
<b>PHASE II</b>	6 to 8	<p><b>EXERCISE PROGRESSION</b></p> <ul style="list-style-type: none"> <li>• Progress to full ROM flexion and external rotation as tolerated (Use combination of wand, pulleys, wall walks or table slides to ensure compliance)</li> <li>• Gradual internal rotation using shoulder extensions (stick off back).</li> <li>• Serratus activation; Ceiling punch (weight of arm) many initially need assistance.</li> <li>• Scapular strengthening – prone scapular series (rows and l's). Emphasize scapular strengthening under 90°.</li> <li>• External rotation on side (no resistance).</li> <li>• Gentle therapist directed CR, RS and perturbations to achieve ROM goals.</li> <li>• Cervical ROM as needed to maintain full mobility.</li> <li>• DNF and proper HNS alignment with all RC/SS exercises.</li> <li>• Low/moderate cardio exercise; Elliptical OK, no running</li> </ul> <p><b>MANUAL INTERVENTION</b></p> <ul style="list-style-type: none"> <li>• STM – global shoulder and CT junction.</li> <li>• Scar tissue mobilization.</li> <li>• Graded GH mobilizations.</li> <li>• ST mobilizations.</li> <li>• Gentle CR/RS to gain ROM while respecting repaired tissue.</li> </ul>	<ul style="list-style-type: none"> <li>• Discontinue sling except as instructed with large/massive tears.</li> <li>• Postural education.</li> <li>• Focus on posterior chain strengthening.</li> <li>• PROM/AAROM: <ul style="list-style-type: none"> <li>◊ Flexion 150°+</li> <li>◊ 30°-50° ER @ 0° abduction</li> <li>◊ 45°-70° ER @ 70°-90° abduction</li> </ul> </li> </ul>

	Time Frame (Weeks)	Guidelines	Goals
PHASE III	8 to 12	<b>EXERCISE PROGRESSION</b> <ul style="list-style-type: none"> <li>• Passive and active program pushing for full flexion and external rotation.</li> <li>• Continue with stick-off-back progressing to internal rotation with thumb up back and sleeper stretch.</li> <li>• Add resistance to ceiling punch.</li> <li>• Sub-maximal rotator cuff isometrics (no pain).</li> <li>• Advance prone series to include T's.</li> <li>• Add rows with weights or bands.</li> <li>• Supine chest-flys providing both strength and active anterior shoulder stretch.</li> <li>• Supine (adding weight as tolerated) progressing to standing PNF patterns.</li> <li>• Seated active ER at 90/90.</li> <li>• Biceps and triceps PRE.</li> <li>• Scaption; normalize ST arthrokinematics.</li> <li>• <b>10 weeks:</b> add quadruped or counter weight shift. Therapist directed RS and perturbations in quadruped – bilateral progressing to unilateral-tri pod position.</li> </ul> <b>MANUAL INTERVENTION</b> <ul style="list-style-type: none"> <li>• STM and Joint mobilization to CT junction, GHJ and STJ as needed.</li> <li>• CR/RS to gain ROM while respecting repaired tissue.</li> <li>• Manual perturbations.</li> <li>• PNF patterns.</li> </ul>	<ul style="list-style-type: none"> <li>• 90% passive ROM, 80-90% AROM by 12 weeks. Larger tears and patients with poor tissue quality will progress more slowly.</li> <li>• Normalize GH/ST arthrokinematics.</li> <li>• Activate RC/SS with isometric and isotonic progression.</li> <li>• Continue to emphasize posterior chain strengthening but introduce anterior shoulder loading.</li> </ul>
	12 to 20	<b>EXERCISE PROGRESSION</b> <ul style="list-style-type: none"> <li>• Full range of motion all planes – emphasize terminal stretching with cross arm, TUB, triceps, TV, sleeper and door/pec stretch.</li> <li>• Begin strengthening at or above 90° with prone or standing Y's, D2 flexion pattern and 90/90 as scapular control and ROM permit. Patient health, physical condition and goals/objectives will determine if strengthening above 90° is appropriate.</li> <li>• Add lat pulls to gym strengthening program; very gradual progression with pressing and overhead activity.</li> <li>• Continue with closed chain quadruped perturbations; add open chain as strength permits.</li> <li>• Progress closed kinetic chain program to include push-up progression beginning with counter, knee then – gradual progression to full as appropriate.</li> <li>• Initiate plyometric and rebounder drills as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Begin RTS progression.</li> <li>• Evaluation with physician for clearance to full activity.</li> </ul>
PHASE IV	20 to 24	<b>RETURN TO PLAY</b> <ul style="list-style-type: none"> <li>• Continue to progress RC and scapular strengthening program as outlined.</li> <li>• Advance gym strengthening program.</li> <li>• RTS testing for interval programs (golf, tennis etc.). Microfet testing as appropriate.</li> <li>• Follow-up examination with the physician (6 months) for release to full activity.</li> </ul>	