

PHYSICAL THERAPY PROTOCOL ROTATOR CUFF REPAIR (MASSIVE or >3CM)

Procedure	Date of Surgery:		PLAN			
	R L Arthroscopic Rotator Cuff Repair	Physical Therapy for	R	L	B/L	Shoulder
		2-3x Per Week x 12 V	Veeks			
	Additional Procedures:					
	[] Biceps Tenodesis					
	[] Superior Capsular Reconstruction					
	[]					
General Guidelines	The intent of this protocol is to provide the physical therapist with a guideline/trea management for a patient who has undergone a Rotator Cuff Repair . It is not a sul making regarding the progression of a patient's postoperative rehabilitation based progress, and/or the presence of postoperative complications. If the physical thera postoperative patient who has had the procedure the therapist should consult with Progression is both criteria-based and patient specific. Phases and time frames are progression. Follow physician's modifications as prescribed	bstitute for a physical t d on the individual pati apist requires assistanc h the referring surgeon	nerapis ent's p e in the	st's clii hysica e prog	nical d al exan gressio	ecision n/findings, n of a

Hospital for Special	Surgery	Hospital for Special Surgery HSS-Brooklyn
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new fork, inf 1002	Sports + Shoulder	
	DR. GABRIELLA ODE	
Tel: 212.606.1403	Sports Medicine & Shoulder Surgery <u>www.GOsportsmed.com</u>	Fax: 917.260.4903
PHASE I	GOALS:	PRECAUTIONS:
(WEEKS 1-4)	Emphasize:	 Sling at all times except exercises, resting in
	PROTECTING SURGICAL REPAIR	chair with with arm rests or showering
	Patient compliance with sling immobilizationPromote healing: reduce pain, inflammation and swelling	 No active range of motion (AROM) of Shoulder
	 Independent home exercise program 	 No lifting of objects
		 No shoulder motion behind back
	TREATMENT RECOMMENDATIONS:	 No excessive stretching or sudden
	 Elbow/ wrist full AROM, gripping exercises, modalities for pain and edema 	movements
	 Scapular exercises 	 No supporting of body weight by hands
	 Emphasize patient compliance to HEP and protection during ADLs DAY 1 TO 13: 	 Keep incision clean and dry
	Begin scapula musculature isometrics / sets; cervical ROM	MINIMUM CRITERIA FOR ADVANCEMENT:
	• Patient education: posture, joint protection, positioning, hygiene, etc.	Minimal pain or inflammation
	 Cryotherapy for pain and inflammation: 	
	 Day 1-2: as much as possible 	
	 Day 3-6: post activity, or for pain 	
	DAY 14 TO 28:	
	Continue use of brace / sling	
	• Start passive ROM to tolerance (at 14 days) in PT & HEP.	
	Flexion	
	Abduction in the scapular plane	
	 Continue Elbow, wrist, and finger AROM / resisted Cruetherapy as paeded for pair control and inflammation 	
	Cryotherapy as needed for pain control and inflammation	

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(WEEKS 5-8)	ALS: Allow healing of soft tissue Do not overstress healing tissue Gradually restore full passive ROM (week 5-8) Decrease pain and inflammation EATMENT RECOMMENDATIONS: Continue Phase 1 Codman's, wand exercises All ROM is passive Core exercises Range of Motion FF – 0-90° progressing to full by week 8 ER – 0-30° progressing to full by week 8 If SUBSCAP repaired do not start progress past 30° until after week 6. Initiate prone rowing to neutral arm position Continue cryotherapy as needed May use heat prior to ROM exercises May use pool (aquatherapy) for light ROM exercises Ice after exercise	 PRECAUTIONS: Sling at all times through Week 4 except exercises, resting in chair with arm rests or showering. May wean sling to only for sleep and out of house weeks 4-6. Okay to remove abduction pillow after week 4. May d/c sling after week 6 with MD permission. No pendulums until after week 6 No lifting No supporting of body weight by hands and arms No excessive behind the back movements No sudden jerking motions

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PHASE III (WEEKS 9 -12)	 GOALS: Full AROM (week 9-12) Maintain Full PROM Dynamic shoulder stability Gradual restoration of shoulder strength, power, and endurance Optimize neuromuscular control Gradual return to functional activities Avoiding excessive passive stretching Avoiding inflammation of rotator cuff Establishing normal strength base and rotator cuff strength base 	 PRECAUTIONS: No heavy lifting of objects (≤ 5 lbs.) No sudden lifting or pushing activities No sudden jerking motions
	 TREATMENT RECOMMENDATIONS: PROM in all directions – progress to full AAROM and AROM – advance as tolerated Continue Phase 2 as needed FF in scapular plane (supine and standing) Initiate strengthening program - light isometric exercises Side-lying ER/ IR with therabands/sport cord/tubing Lateral Raises* Full Can in scapular plane* (avoid empty can abduct exercises all times) Prone Rowing/Horizontal Abduction/Extension Elbow Flexion/Extension *Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonics; if unable, continue glenohumeral joint exercises 	 MINIMUM CRITERIA FOR ADVANCEMENT: Able to tolerate the progression to low-level functional activities Demonstrates return of strength / dynamic shoulder stability Re-establish dynamic shoulder stability Demonstrates adequate strength and dynamic stability for progression to higher demanding work/sport specific activities

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PHASE IV	GOALS:	MINIMUM CRITERIA FOR ADVANCEMENT:		
(WEEKS 13-16)	Full and painless ROM	 Able to tolerate progression w/ painless ROM 		
	Progressive cuff strengthening	 Demonstrates return of strength / dynamic 		
		shoulder stability		
	TREATMENT RECOMMENDATIONS:	 Demonstrates adequate strength and 		
	Continue Phase 3 as needed	dynamic stability for progression to higher		
	Full and painless ROM	demanding work/sport specific activities		
	Side-lying posterior capsule stretch			
	Progressive cuff strengthening			
	Advance to more dynamic strengthening (shrugs, bicep curls, rows, etc.)			
	Scapular stabilization			
	Proprioceptive exercises			
PHASE V	GOALS:	CRITERIA FOR DISCHARGE:		
(WEEKS 17+)	Week 17-20	Pain free Sport or Activity specific program		
	Full and painless ROM	Isokinetic IE/ER strength at least equal to		
	Continue Phase 4 as needed	unaffected side		
	Light plyometrics	• > 66% Isokinetic ER/IR strength ratio		
	Sport specific/functional	Independent Home Exercise Program		
	Week 20+	Independent Sport or Activity specific		
	Gradual return to strenuous work activities	program		
	Gradual return to recreational activities			
	Gradual return to sport activities			
	TREATMENT RECOMMENDATIONS:			
	Continue Phase 4 as needed			



