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ARTHROSCOPIC ROTATOR CUFF REPAIR REHABILITATION PROTOCOL

Phase I (0 - 3 weeks)

Goals:

- Protect repair
- Decrease pain/inflammation
- Prevent adhesive capsulitis

Precautions:

- Shoulder abduction pillow/immobilizer to be worn at all times the first 4 weeks (except for exercise and hygiene)

Therapeutic Exercise:

- Wrist/hand/elbow range of motion and grip exercise.
- At one week post-op begin Codman's Pendulum Exercises, scapular retraction.
- At three weeks post-surgery begin physical therapy for PROM and modalities.

Criteria for progression to phase II:

1. Controlled pain
2. Progressively increasing ROM

PHASE II (3-8 weeks)

Goals:

- Prevent deconditioning
- Return to full PROM
- Return to light ADL's.

Precautions:

- Maintain shoulder sling through week 4, wean from immobilizer beginning week 5

Therapeutic Exercise:

3-6 weeks

- Begin PROM:
 - Avoid Internal rotation if supraspinatus repair through week 3-4
 - Avoid External rotation if subscapularis repair through week 3-4
- May initiate gentle joint mobilizations (grades I and II)
- Initiate AAROM using t-bar or pulley 3-4 times daily (when tolerate recommended range of PROM exercises with no residual pain or swelling)
- Begin submaximal isometric strengthening with arm at side

6-8 weeks

- Progress PROM:
 - Full flexion;Elevation to 120
 - ER/IR at 0-45Abd to 60deg; at 90deg Abd to 30
- Continue AAROM 3-4 times daily
- Progress scapular stabilization activities
- Initiate UBE with no resistance and low RPM
- Begin AROM as tolerated at week 7-8

Criteria for progression to phase III:

1. Tolerance of ROM in recommended ranges
2. Able to complete 30 reps of midrange isometrics with no residual pain or stiffness.

PHASE III (8- 12 weeks)

Goals:

- Reinforce proper joint mechanics
- Muscle recruitment pattern for shoulder stabilization
- Begin strengthening program as tolerated.
- Maintain Full AROM

Therapeutic Exercise

- Progress to full AROM, increasing 10-15 degrees per week until full at 0-90 deg abd.
- ER/IR at 90deg Abd progressing to full compared to contralateral side
- Initiate Rythmic Stabilization.
- Begin strengthening to include rotator cuff
- Begin closed chain activities

Criteria for progression to phase IV:

1. Proper scapulohumeral rhythm during elevation
2. Tolerance of resisted exercises
3. Strength 75% compared to contralateral side/ full strength with arm at side
4. Full active and passive ROM

PHASE IV (12 -16wk)**Goals:**

- Complete exercises with proper scapulohumeral rhythm
- Advance to more strenuous resistive exercises

Therapeutic Exercise:

- Initiate push-up progression
- Progress to resisted ER/IR w/ arm abducted, elbow flexed to 90deg.
- Increase velocity of movement
- Focus on eccentric program/two-hand plyometrics

Criteria to progress to phase V:

1. Strength at least 90% of contralateral side
2. Tolerant to resisted activity in 90/90 position with no residual pain or stiffness.

Phase V: (16wks to 5months)**Goals:**

- Increase functional demand at shoulder through kinetic chain for preparation to return to throwing

Therapeutic Exercise:

- Initiate single arm plyometrics
- Increase posterior rotator cuff and scapular musculature eccentric strengthening
- OK to initiate bench press and lat pull downs
- Begin interval throwing program once the following have been met:
 - Strength at least 90% of contralateral side
 - Full AROM
 - Clearance fom MD
 - Completion of Rebounder Circuit**

Criteria for Return to Sport: (approximately 3-4 months)

1. MD clearance
2. Strength equal to contralateral side
3. Full AROM
4. Sport Specific testing

****Rebounder Circuit:**

Using a 11lb medicine ball with involved arm against a rebounder, the following exercises should be executed with no residual pain or stiffness prior to the initiation of the interval throwing program:

- Internal rotation toss with arm at side (2x30)
- External rotation toss with arm at side (2x30)
- Forward “concentric” toss with arm at 90/90 (2x30)
- Backward “Eccentric” toss with arm at 90/90 (1x30)