



Rotator Cuff Repair Protocol: **Supraspinatus/Infraspinatus**

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Phase I (Passive ROM): Weeks 0-6:

Surgeon's prescription instructions supersede protocol

Therapy in this stage should emphasize patient education regarding protecting the repair, proper sling wear, and edema control. Limited exercises performed at this time. Excessive visits are not needed. Plan 1-3 visits during the first 6 weeks if ordered. Remember protection of the repair is paramount.

***Protect Supraspinatus – NO active Abduction and External Rotation (ext rot) (6-8 wks)**

***AVOID excessive adduction, extension and/or hand behind the back (HBB) position (10 wks).**

With Massive tears – we need to protect the repair and ROM of the shoulder is limited to ER to 0° only, it is ok to perform ROM checks in flexion and scaption but limited visits only are needed unless directed by physician

Range of Motion:

0-6 wks: PROM ONLY to shoulder ER with arm at side in pillow can be done by patient at home with cane.

For massive tears and subscapularis tears External Rotation ROM to be limited to 0° (straight ahead)

ROM checks

May be on CPM at home for 4-6 wks.

If no CPM begin therapy at POD#2-3 or per surgeon

Exercises:

Pendulums/ shoulder hangs/ supported pendulums – no excessive horizontal adduction

Can remove sling 3 times a day for AROM of hand, wrist and elbow

AROM: Neck, elbow, wrist, hand; scapular motions, scapular dumping (lawn mower) gripping

Reminders:

Sling: 4-6 wks with pillow, d/c per physician guidelines, drive once d/c sling.

EDUCATE on proper sling position and posture

Phase II (AROM): Weeks 6-12: *Surgeon's prescription instructions supersede protocol*

Movement in this phase is necessary to place stress on the tissue needed to realign fibers along normal lines of stress. Allow healing of soft tissue. Minimize pain and inflammation. Increase strength/endurance

Do not force any stretching or mobilizations (grade I or II for pain relief is allowed) at this time. Range of Motion gains do not need to be achieved at this time, we need to protect the repair.

Range of Motion: Full AAROM and PROM by 12-16 wks

STAGED GOALS for minimal acceptable PROM:

Forward elevation in plane of the scapula

Wk 6: 90-125°

Wk 9: 130-155°

Wk 12-16: 140-WNL

External Rotation in 20° elevation in plane of the scapula

Wk 6: 30-60°

Wk 9: 45-60° +

External Rotation at 90° abduction

Wk 6: 40-60°

Wk 9: 50-75°

Wk 12-16: 75° -WNL

ACTIVE forward elevation

Wk 9: 80-120

Wk 12-16: 115-145+

Range of Motion Exercises to add:

Wk 6-8: UBE - start standing, progress to sitting

AAROM- Begin in scapular plane with elevation advance to all planes. Table wash, Pulleys, ball roll on table, cane supine progress to standing when have good scapula control, Incline table to wall washes, seated ext rot and int rot. Eventually progress to Diagonals, PNF.

PROM in all planes as tolerated. Progress ABD and Int Rot slowly to avoid impingement

Wk 8-10: AROM <90° - When no compensation/hiking with AAROM. Start shoulder flex and scaption with elbow flex; progress to elbow fully extended. Isometrics, wall push ups. Begin sidelying external/internal rotation, prone row, prone clocks, lateral raises, full can in scaption - Progress to Diagonals, PNF Progression if no hiking/ compensation.

Continue and increase Glenohumeral mobs if not meeting ROM targets

Wk 10-12: Initiate hand behind the back (HBB) stretching (towel, pulley)

Reminders

Do not overstress healing tissue: no excessive loads, no fast gestures,

Watch for compensations with AAROM and/or AROM

Initiate light function activities at WAIST level if ok'd by doctor;

Initiate and/or progress ONLY if overall pain is low and exercises do not increase pain

Phase III (Strength and Function): Weeks 12-20:

Surgeon's prescription instructions supersede protocol

Ongoing maturation of scar tissue and collagen allows greater load to be placed on the repair. Enhance dynamic shoulder stability. Restore strength, power and endurance. Gradual return to normal function, ADL's full work and recreational activities

GOALS:

Full AROM by 12-16 wks.
Full HBB by 16-20wks.
Increase strength.
Return to sports

Range of Motion:

AROM PNF diagonals progress to resisted motions
PROM Should be full
Mobilize and stretch as needed

Strength: Initiate and/or progress ONLY if overall pain is low and exercises do not increase pain

Exercises to add: 12-16 weeks

Closed kinetic chain wt shifts: 4 point progress to 3 point (on bed), wobble boards
Light Rhythmic stab at 90° of flex, advance to Light Rhythmic stab at 125° of flex,
Initiate 4 way bands - towel between elbow and trunk. Resisted elbow flex/ext, Progress proprioception (wall alphabet, ball touch to wall).

Increase previous exercise's weights by 1lb/10-14 days if no pain.
Emphasis on overhead strengthening, closed kinetic chain (CKC)
Ball walk out, serratus step up (refer to Rotator Cuff manual for additional exercise ideas)
Overhead press
Theraband 90/90 ext/int rot with or without arm support

Wk 16-18 - Advance proprio (Body Blade, easy ball bounce), gentle/easy eccentric loading
Wk 18-20 - Underhand tossing, chest pass, progress to double overhand pass controlled deceleration
Wk 24-28 light sports
Wk 26-32 Return to throwing program (as cleared by Dr.)

Return to Throw Program for Throwing Athletes 24-30 weeks:

Must be painfree, have normal ROM and scapulohumeral rhythm
Rotator cuff/ scapular muscle strength 4+/5 or greater.
See age specific throwing progression guidelines on the Rehab Services intranet site

Phase IV (Discharge Criteria) : weeks 16-20 (for non athletes)

Discharge criteria- ROM and Strength per functional demand of Individual patient