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Dr. Payne Arthroscopic Rotator Cuff Repair Protocol

(Small to medium tears, 1 to 2 tendon involvement)

Name: _____ Date: _____

Diagnosis: _____ DOS: _____

Frequency: 1 2 3 4 5 times/week Duration: 1 2 3 4 5 6 weeks

The intent of this protocol is to provide the therapist and patient with guidelines for the postoperative rehabilitation course after arthroscopic rotator cuff repair. This protocol is based on a review of the best available scientific studies regarding shoulder rehabilitation. It is by no means intended to serve as a substitute for one's clinical judgement regarding the progression of a patient's post-operative course. It should serve as a guideline based on the individual's physical exam/findings, progress to date, and the absence of post-operative complications. If the therapist requires assistance in the progression of a postoperative patient they should consult with Dr. Payne.

Progression to the next phase should be based on Clinical Criteria and/or Timeframes as appropriate.

Phase I – Immediate Post-Surgical (Weeks 0-2):

Goals:

- Protect integrity of repair
- Gradually increase passive range of motion (PROM)
- Diminish pain and inflammation
- Prevent muscular inhibition
- Become independent with activities of daily living *with* modifications

Precautions:

- Maintain arm in abduction sling / brace, remove only for exercise
- No active range of motion (AROM) of shoulder
- No lifting of objects
- No shoulder motion behind back
- No excessive stretching or sudden movements
- No supporting of any weight
- No lifting of body weight by hands
- Keep incision clean and dry

WEEKS 0-2:

- Abduction brace/sling
- Pendulum exercises
- Finger, wrist, and elbow AROM
- Begin scapula musculature isometrics / sets; cervical ROM
- Cryotherapy for pain and inflammation
    - o Day 1-2: as much as possible (20 minutes of every hour)
    - o Day 3-6: post activity, or for pain
- Sleeping in abduction sling
- Patient Education: posture, joint protection, positioning, hygiene, etc.

Criteria for progression to the next phase (II):

- Clearance by Dr. Payne
- Begin Physical therapy after first post-operative visit

Phase II – Passive ROM (Weeks 2-6):

- Passive ROM only!
- The rotator cuff needs time to heal to the bone!

WEEKS 2-6 (beginning after first post-op visit):

- Continue use of abduction sling / brace
- Pendulum exercises
- Begin passive ROM to tolerance (these should be done supine and should be pain free)
    - o Flexion to 90 degrees o ER in scapular plane to at least 35 degrees
    - o IR to body/chest • Continue Elbow, wrist, and finger AROM / resisted
- Cryotherapy as needed for pain control and inflammation
- May resume general conditioning program – walking, stationary bicycle, etc

Criteria for progression to the next phase (III):

- Passive forward flexion to at least 125 degrees
- Passive external rotation (ER) in scapular plane to at least 75 degrees
- Passive internal rotation (IR) in scapular plane to at least 75 degrees
- Passive Abduction to at least 90 degrees in the scapular plane

Phase III – Active Assist / Active ROM (weeks 6 - 12):

Goals:

- Allow healing of soft tissue
- Do not overstress healing tissue
- Gradually restore full passive ROM (weeks 4-6)
- Decrease pain and inflammation
- ROM goals: 140° FF/40° ER at side; ABD max 60-80° without rotation
- Grip strengthening

Precautions:

- No lifting
- No supporting of body weight by hands and arms
- No sudden jerking motions

- No excessive behind the back movements
- Avoid upper extremity bike or upper extremity ergometer at all times.
- No resisted motions of shoulder until 12 weeks post-op
- No canes/pulleys until 6 weeks post-op, because these are active-assist exercises
- Heat before PT, ice after PT

WEEK 5-6:
- Continue use of sling/brace full time until end of week 4
- Between weeks 4 and 6 may slowly begin to wean sling/ brace
- Discontinue sling/ brace at end of week 6
- Initiate active assisted range of motion (AAROM) flexion in supine position in Week 6
- Progressive passive ROM until approximately Full ROM at Week 6.
  -Gentle Scapular/glenohumeral joint mobilization as indicated to regain full passive ROM
- Initiate prone rowing to neutral arm position
- Continue cryotherapy as needed
- May use heat prior to ROM exercises
- May use pool (aquatherapy) for light active ROM exercises
- Ice after exercise

Weeks 6-8:
- Begin active assisted ROM and stretching exercises
- Begin rotator cuff isometrics
- Continue periscapular exercises

Weeks 8-10:
- Initiate active ROM exercises
  - o flexion scapular plane
  - o abduction
  - o external rotation
  - o internal rotation

Criteria for progression to the next phase (IV):
- Full active range of motion

Phase IV – Early strengthening (weeks 12-14):

Goals:
- Full active ROM (weeks 10-12)
- Maintain full passive ROM
- Dynamic shoulder stability
- Gradual restoration of shoulder strength, power, and endurance
- Optimize neuromuscular control
- Gradual return to functional activities

Precautions:
- No heavy lifting of objects (no heavier than 5 lbs.)
- No sudden lifting or pushing activities
- No sudden jerking motions

• No overhead lifting
• Avoid upper extremity bike or upper extremity ergometer at all times.

Criteria for progression to the next phase (V):
• Able to tolerate the progression to low-level functional activities
• Demonstrates return of strength/dynamic shoulder stability
• Re-establish dynamic shoulder stability
    o Demonstrates adequate strength and dynamic stability for progression to higher demanding work/sport specific activities.

WEEK 12:
• Continue stretching and passive ROM (as needed)
• Dynamic stabilization exercises
• Initiate strengthening program
    o External rotation (ER)/Internal rotation (IR) with therabands/sport cord/tubing
    o ER side-lying (lateral decubitus)
    o Full can in scapular plane* (avoid empty can abduction exercises at all times)
    o Prone rowing
    o Prone horizontal abduction
    o Prone extension
    o Elbow flexion
    o Elbow extension
    *Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonics; if unable, continue glenohumeral joint exercises

WEEK 14:
• Continue all exercise listed above
• Initiate light functional activities as Dr. Payne permits
• Weeks 14-16: begin fundamental shoulder exercises
• Advance strengthening as tolerated: isometrics, bands, light weights (1-5 lbs);
    -8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers
• Only do strengthening 3x/week to avoid rotator cuff tendonitis
• Begin eccentrically resisted motions, plyometrics (ex. Weighted ball toss), proprioception (es. body blade)

Phase IV – Advanced strengthening (weeks 16-22):

Goals:
• Maintain full non-painful active ROM
• Advance conditioning exercises for enhanced functional use
• Improve muscular strength, power, and endurance
• Gradual return to full functional activities

WEEK 16:
• Continue ROM and self-capsular stretching for ROM maintenance
• Continue progression of strengthening
• Advance proprioceptive, neuromuscular activities
• Light sports (golf chipping/putting, tennis ground strokes), if doing well

WEEK 20-24:

- Continue strengthening and stretching
- Continue stretching, if motion is tight
- May initiate interval sport program (i.e. golf, doubles tennis, etc.), if appropriate.
- Begin sports related rehab at 5 months, including advanced conditioning
- Return to throwing at 6 months
- Throw from pitcher's mound at 9 months
- Collision sports at 9 months
- MMI is usually at 12 months post-op

Other instructions:

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Signature: _____

Dr. Joshua Payne
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