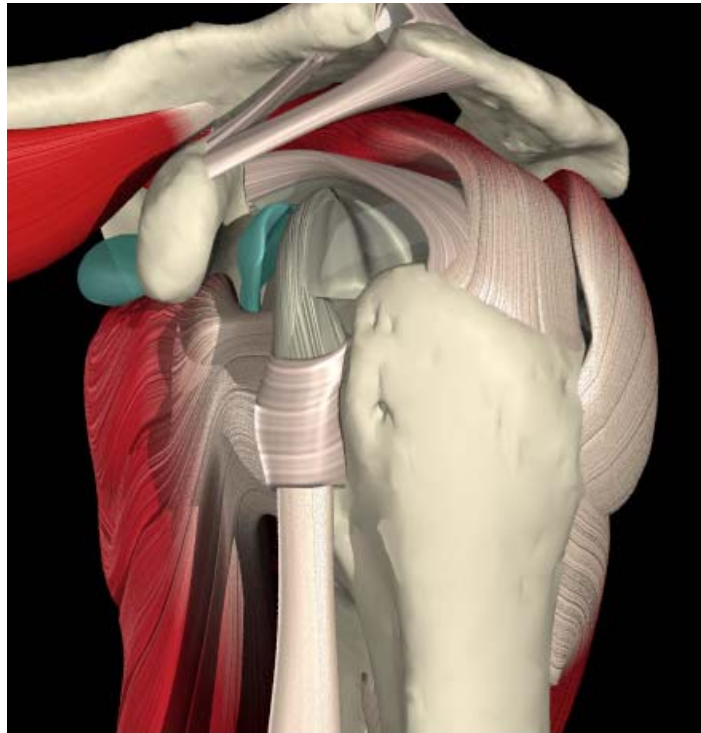


COSM REHAB

ANOTHER SERVICE PROVIDED BY
THE CENTER FOR ORTHOPAEDICS & SPORTS MEDICINE

REHABILITATION PROTOCOL

SHOULDER Rotator Cuff Repair Protocol



Interactive Shoulder © 2000 Primal Pictures
Ltd.

Please contact us with any questions. www.pacosm.com

Indiana Office

119 Professional Center, Suite 307. 1265 Wayne Avenue. Indiana, PA 15701. 724.465.2676

Punxsutawney Office


Keystone Professional Center, Suite 200. 720 West Mahoning Street. Punxsutawney, PA 15767. 814.938.0740

Clarion Office

22868 Route 68, Suite 21, Clarion, PA 16214. 814.226.6573

Developed: 4/2008

Revised: _____

 <p>COSM REHAB</p>	<p>REHABILITATION PROTOCOL</p>	<p>PAGE 1 OF 4</p>
<p>ROTATOR CUFF REPAIR PROTOCOL</p>	<p>Indiana 724.465.2676 Punxsutawney 814.938.0740 Clarion 814.226.6573</p>	<p>DEVELOPED: 4/2008 REVISED:</p>

Special Note: *This protocol is only a guideline and not intended to substitute for appropriate clinical decision making by the clinician. If a clinician requires assistance, the clinician should consult the referring surgeon.*

The intent of this protocol is to provide the clinician with a guideline of the postoperative rehabilitation course of a patient that has undergone a rotator cuff repair. It is not intended to be a substitute for appropriate clinical decision making regarding the progression of a patient's postoperative course. The actual postsurgical physical therapy management must be based on the surgical approach, physical exam/findings, individual progress, and/or presence of postoperative complications. If a clinician requires assistance in the progression of a patient postsurgery, the clinician should consult with the referring surgeon.

Phase I: NO ACTIVE RANGE OF MOTION (0-4 Weeks)

Goals:

- Maintain integrity of repair
- Gradually increase pain-free passive range of motion
- Diminish pain and inflammation
- Independent with ADLs with modifications while maintaining the integrity of the repair

PRECAUTIONS:

**NO ACTIVE RANGE OF MOTION
 MAINTAIN ARM IN SLING, REMOVE ONLY FOR
 EXERCISE
 NO LIFTING OBJECTS
 NO SUPPORTING BODYWEIGHT BY HANDS**

- 1) Patient is immobilized in sling for 6 weeks/per physician instruction
- 2) Immobilizer may be removed for gentle PROM
 - a. Flexion
 - b. Scaption
 - c. ER at neutral
- 3) Pendulum Exercises
- 4) Shoulder shrugs
- 5) Shoulder retraction/protraction
- 6) Elbow flexion/extension
- 7) Wrist AROM

Developed: 4/2008
 Revised: _____

Phase II: NO RESISTIVE EXERCISES (4-6 Weeks)
FOR LARGE TEARS AAROM MAY BEGIN AT 6 WEEKS PER PHYSICIAN

- Goals:**
- Allow healing of soft tissue
 - Decrease pain and inflammation
 - Gradually increase pain-free passive range of motion
 - Do not overstress healing tissue

PRECAUTIONS:

- NO EXCESSIVE BEHIND BACK MOVEMENTS
- NO SUPPORTING BODYWEIGHT BY HANDS
- NO LIFTING
- NO SUDDEN JERKING MOVEMENTS

- 1) Continue PROM to tolerance
 - a. 4-6 weeks 40 degrees ER at side
 - b. 4-6 weeks 60-80 degrees ER at 90 degrees
 - c. 4-6 weeks IR to 60 degrees at 90 degrees
 - d. 4-6 weeks flexion to 140 degrees.
- 2) AAROM
 - a. Pulleys
 - b. Wall Walks
 - c. Wand flexion, abduction, ER
- 3) AROM
 - a. Serratus anterior punches in supine
 - b. Shoulder protraction/retraction with UE at 90 degrees
 - c. Supine flexion
 - d. Sidelying abduction, IR/ER
 - e. Standing flexion/abduction
 - f. Prone rowing to neutral

Phase III: RESISTIVE EXERCISE ALLOWED (6-16 Weeks)

FOR LARGE TEARS:
RESISTIVE EXERCISE HELD UNTIL AT LEAST WEEK 12/PER PHYSICIAN INSTRUCTIONS

- Goals:**
- Progress to FULL AROM
 - Gradual restoration of shoulder strength, power, and endurance
 - Gradual return to functional activities
 - Optimize neuromuscular control

PRECAUTIONS:

- NO LIFTING HEAVIER THAN 5 LBS
- NO SUDDEN LIFTING OR PUSHING ACTIVITIES
- NO OVERHEAD LIFTING

- 1) Continue to progress PROM to full ROM without discomfort
- 2) Resistive Exercises
 - a. Theraband IR/ER, flexion, abduction, extension
 - b. Supine: flexion, abduction
 - c. Standing: flexion, abduction
 - d. Sidelying IR/ER
 - e. Prone rows
 - f. Prone extension not past neutral
 - g. Bicep/Tricep machine
 - h. Wall push-ups
 - i. Reverse wall push-ups
 - j. Row machine
 - k. Lat machine
 - l. Full Can
 - m. Houghston's

Phase IV: SPORTS SPECIFIC/FUNCTIONAL PROGRESSION (16 weeks +)

Goals:

Maintain full PROM and AROM
 Maximize upper body strength and endurance
 Maximize neuromuscular control
 Initiate sports specific/functional training
 Return to sports at 5-6 months
 Promote prevention of re-injury

PRECAUTIONS:

ATHLETES MAY RETURN TO SPORTS THAT REQUIRE OVERHEAD ACTIVITY AT 5-6 MONTHS WHEN ROM IS PAINFREE, SYMMETRIC AND STRENGTH IS NEAR NORMAL CONTRALATERAL SIDE

- 1) Continue gentle stretching and PROM as needed
- 2) Continue ROM exercises from previous phases as needed
- 3) Initiate advanced strengthening program only after patient can elevate arm in the scapular plane without shoulder or scapular hiking
 - a. Increase resisted exercises from previous phase to high speed/high repetition
 - b. Push-up progression
 - c. Military press
 - d. Bench press
 - e. Fly
 - f. Increase Theraband resisted IR/ER to 90 degrees abduction
 - g. Initiate light upper body plyometric program
 1. Single arm plyotoss
 2. Plyoball chest pass progressed to overhead pass
 - h. Initiate interval throwing program if necessary
 - i. Initiate sport specific interval program/functional training

Developed: 4/2008

Revised: _____

- j. UBE for strength and endurance
- 4) Advance proprioceptive and neuromuscular activities
 - a. Resisted PNF patterns with manual resistance or Theraband
 - b. Rhythmic stabilization with manual resistance
 - c. Bodyblade in multidirectional positions

REFERENCES

- Cole MD, MBA, B. Arthroscopic Rotator Cuff Repair Rehabilitation Protocol. CRC. 2003.
- Lintner, D., McNeal, M. Rotator Cuff Repair. *Online Posting*. 2007. Methodist Sports Medicine. 13 May 2008. <<http://www.drLintner.com/rotatorcuff.htm>>
- McKirgan D.O., Craig, Bizousky M.D., David, Fugate M.D., Douglas, Shetty M.D., Jagadeesha. Personal correspondence about: Arthroscopic rotator cuff repairs. April 2008.
- Orthopaedic Associates of Portland. Shoulder Surgery Rehabilitation Protocols. *Online Posting*. 2007. Rehabilitation Protocols for Shoulder Surgery. 7 April 2008. <<http://www.orthoassociates.com/shoulderRCrehab.htm>>.
- Orthopaedic Athletic Performance Therapy. Large Rotator Cuff Repair Protocol. *Online Posting*. 2007. 7 April 2008. <http://www.orthoassociates.com/oapt_protocols.htm> <<http://www.orthoassociates.com/PDF/OAPT/LARGE%20ROTATOR%20CUFF%20REPAIR%20PROTOCOL.pdf>>.
- West, R. Arthroscopic Rotator Cuff Repair Protocol. *Online Posting*. 2007. UPMC Center for Sports Medicine. 13 May 2008. <<http://orthodoc.aaos.org/DrRobinWest/ARTHROSCOPICROTATORCUFFREPAIR.doc>>
- Wilcox III, R.B. Arthroscopic Rotator Cuff Repair Protocol. *Online Posting*. December 2007. Department of Rehabilitation Services, Brigham and Women's Hospital. 7 April 2008. <[http://www.brighamandwomens.org/RehabilitationServices/Physical%20Therapy%20Standards%20of%20Care%20and%20Protocols/Shoulder%20-%20Arthroscopic%20RCT%20Repair%20Protocol%20\(all%20sizes\).pdf](http://www.brighamandwomens.org/RehabilitationServices/Physical%20Therapy%20Standards%20of%20Care%20and%20Protocols/Shoulder%20-%20Arthroscopic%20RCT%20Repair%20Protocol%20(all%20sizes).pdf)>.
- Williams, G.R., Kelley, M. Management of Rotator Cuff and Impingement Injuries in the Athlete. *Journal of Athletic Training*, 2000;35:300-315.
- Wulker, Nikolaus, Michel Mansat, and Freddie Fu. Shoulder Surgery: An illustrated textbook. United Kingdom:Martin Dunitz Ltd, 2001.