

# **Small-Partial RTC Repair**

#### Phase I (1 - 5 days post-op)

- Modalities: PRN for pain and inflammation (IFC, ice)
- Sling: Ultrasling worn continuously except in therapy or during exercise sessions
- ROM:
  - Scapular AROM exercises
  - o Initiate PROM of shoulder in all planes within tolerable limits
  - o Pendulum exercises
  - Table stretches
  - o A/PROM of elbow, wrist, and digits
- Exercises:
  - Isometric grip strengthening

## Phase II (5 days – 4 weeks post-op)

- Wound care: Monitor site/scar management techniques
- Modalities: PRN for pain and inflammation (IFC, ice)
- Sling: Until 4 weeks post-op, Ultrasling worn continuously, except in therapy or during exercise sessions. Until 6 weeks post-op, sling must continue to be worn outdoors or in public settings
- ROM:
  - o PROM flexion to 140 degrees and other planes within tolerable limits
    - Progress IR slowly
  - o Initiate joint mobilizations to GH, AC, and scapulothoracic joints
- Strengthening:
  - Wrist/forearm isometrics and PREs

### Phase III (4 weeks – 10 weeks post-op)

- Modalities: PRN for pain and inflammation (IFC, ice)
- Sling: At 6 weeks post-op, D/C completely
- ROM:
  - At 4 weeks, initiate pulleys
  - o At 4.5 weeks, begin AAROM
  - o At 5.5 weeks, begin AROM
  - Contact physician if by 6 weeks post-op PROM flexion <140 degrees</li>
- Strengthening:
  - Begin isometric strengthening of shoulder with elbow at 90 degrees in all planes
  - At 8 weeks, begin light resistance strengthening (i.e. theraband)
  - Resisted scapulothoracic and scapular stabilization strengthening

Initiation Date: 6-7-04 Revised Date: 10-01-14

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- o Rhythmic stabilization exericses
  - Flexion at 45, 90, and 125 degrees
  - ER/IR

\*Patient should be able to complete AROM without shoulder or scapular hiking before initiating PREs. If unable, continue with rhythmic stabilization of GH joint.

## Phase IV (10+ weeks post-op)

- ROM: Full AROM achieved in all shoulder planes
- Strengthening:
  - o PREs in all shoulder planes
  - o Begin RTW or sport-specific training
  - Consider referral to work conditioning following D/C from PT

### Adapted From:

- 1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby; 2003
- 2) Wilk KE, Reinold MM, Andrews, JR. Type One Rotator Cuff Repair Arthroscopic Assisted-Mini-Open Repair Small to Medium Tears (1cm or less). Winchester MA: Advanced Continuing Education Institute, 2004.

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