

Small to Medium (1 – 3 cm) Open Cuff Repair Post-Operative Rehabilitation Program

<input type="checkbox"/> <input type="checkbox"/> Only follow if checked	<p><u>SUBSCAPULARIS INVOLVEMENT PRECAUTIONS:</u></p> <ol style="list-style-type: none"> 1. Limit Passive ER to 45° until 4 weeks post-op 2. Full PROM by 8-10 weeks post-op 3. NO active/resisted IR until 6 weeks post-op 4. Begin active ER early: 0 – 30° (at 30° of ABD) (the purpose is to promote relaxation of antagonistic internal rotators).
<input type="checkbox"/> <input type="checkbox"/> Only follow if checked	<p><u>BICEPS TENODESIS PRECAUTIONS:</u></p> <ol style="list-style-type: none"> 1. No Resisted elbow flexion for 8 weeks 2. No Resisted shoulder flexion for 8 weeks

****IF CHECKED, PRECAUTIONS IN BOX ABOVE SUPERCEDE PROTOCOL.**

*The following protocols are general treatment guidelines. Treatment plan will be established in consultation with referring physician.

*It is important to know the exact surgical procedure, including the following:

- Size of the tear
- How many tendons involved
- Type of repair
- Tissue quality
- Other procedures performed (acromioplasty, bursectomy, manipulation, etc.)

MAJOR OBJECTIVES for this rehabilitation are:

1. 145° passive flexion, 50° passive ER with the humerus in slight abduction in the scapular plane, and IR of the thumb to the upper lumbar area by **4 weeks post-op**.
2. Full PROM by **8 weeks post-op** (**Pre-op ROM will affect ROM achieved post-operatively**).
3. AROM at trunk level allowed at **2 weeks post-op** (except with subscapularis tears). **ABSOLUTELY NO ACTIVE FE or ABD of the extremity above shoulder level until 8 weeks post-op.**
4. No PRE's until **6 weeks post-op**.
5. Always stabilize the scapula when performing strength exercise.
6. Due to anterior deltoid splitting, protect deltoid for 3-4 weeks.
7. Issue home ranger pulleys to progress flexion in plane of scapula

Phase One – Protective Phase (0-4 weeks post-op)

Goals: Decrease pain and inflammation
Protection of the repair
Prevent/Decrease glenohumeral stiffness

Treatment (phase I protective phase 0 – 4 weeks):

1. Sling / abduction pillow to be worn at all times (**4-6 weeks**) per physician instruction only
2. No showers until instructed to do so by physician
3. Cryotherapy
4. AROM of cervical spine, elbow, wrist, and hand
5. Grip and wrist strengthening
6. Pendulum exercises with out sling (**start day 1**)
7. PROM in supine:
 - Elevation in the scapular plane
 - ER with slight abduction in scapular plane
 - IR with slight abduction in scapular plane (**week 2 - 3**)
8. Pulley exercises for elevation in the scapular plane (**week 2**)
9. AAROM exercises (use of cane for ER with towel under elbow)
10. AROM scapular exercises: retractions, shrugs
- *11. Submaximal pain-free isometrics for ER/IR only. This should be performed with a towel roll between the trunk and the arm (week 2)**
12. **AVOID** active ER for the first 2 – 3 weeks
13. **AVOID** passive horizontal adduction and extension until 4 weeks post-op

Phase Two – Intermediate Phase (4-8 weeks post-op)

Goals: Protect the repair
Full PROM by 8 weeks
Improve strength of the rotator cuff and periscapular muscles
Promote proper shoulder biomechanics

Treatment:

1. Continue with above program
2. Work on ROM with emphasis of full PROM by **8 weeks**
3. PROM into ER/IR with 45° of abduction with humerus in the scapular plane
4. Isometric flexion **6 weeks**
5. Begin UBE as tolerated at low resistance at **6 weeks**
- * 6. Initiate PREs with theraband or weights → start with ER/IR and extension at 6 weeks**
7. PREs for scapular stabilizers/posterior shoulder girdle
 - Active motions – **week 6**

- PREs – **week 7**
 - Prone extension, prone rowing with emphasis on scapular adduction, prone horizontal abduction with arm in ER
- 8. Perform AAROM supine flexion, ER, and IR (with use of a cane)
- *9. Rhythmic stabilization of GH joint for ER/IR with arm supported in scap plane (week 6)**
- 10. Glenohumeral and scapulothoracic mobilizations as needed
- 11. AROM for IR/ER, ext, ADD → watch for substitutions (**6-8 weeks**), FE and ABD (**week 8**)

Phase Three – Strengthening Phase (8-12 weeks)

- Goals:**
- Protect the repair
 - Restore full PROM by 8 weeks
 - Restore full AROM by 12 weeks
 - Normal shoulder biomechanics
 - Initiate return to functional activities

Treatment:

1. Continue with above program
2. Continue PROM/Static stretching for limited motions
3. AROM in all directions → watch for substitutions
4. Progress theraband/PRE program for all exercises as tolerated:
 - Supine or Prone ER with the arm abducted to 90° and the elbow flexed to 90°. Begin with the arm supported on the table, progress to as unsupported position.
5. Manually resisted PNF patterns (progress from isometric to manual resistance to theraband)
6. Continue soft tissue mobilizations and increase aggressiveness of joint mobilizations as needed
7. “Full Can” Exercises
8. Sidelying ER/IR with dumbbell
9. Wall push-ups
10. Initiate proprioceptive exercises
11. Dynamic stability exercises as indicated (bodyblade). Begin in the scapular plane and progress to more provocative positions as tolerated.

Phase Four – Advanced Strengthening (13-21 weeks)

Goals: Maintain full, non-painful AROM/PROM
Improve strength of RTC and periscapular muscles
Return to functional activities per guidelines set based on tear size and demands of work or sport. Avoid pain-producing activities.

Treatment:

1. Continue with the above program
2. Progress proprioception exercises as tolerated
 - Plyometric throwing exercises as needed
3. Aggressive strengthening (Isotonics)
 - Shoulder flexion, Abduction, ER, IR
 - Supraspinatus (empty cans)
 - Scapular muscles
 - PNF patterns
4. Active Stretching

Phase Five – Return to Activity (21 weeks and beyond)

Goals: Gradual return to recreational and sport activities
Continue scheduled follow-ups with the surgeon and PT as needed
Return to full activity at 4 months

Treatment:

1. Continue with above exercises
2. Progress all strengthening and proprioceptive exercises
3. Make exercises sport specific
4. Determine plan for carrying through with independent home or gym exercise program

*** Developed and approved by Rolando Izquierdo, M.D. (Updated March 2016)**