

## **Partial Thickness Cuff Biologic Augmentation**

### **Medial Patch**

Therapy to start 5-7 days post-op

#### **Phase I (1 – 5 days post-op)**

- Wound care: Monitor site to ensure wound healing
- Modalities: PRN for pain and inflammation (IFC, ice)
- Sling: Ultrasling with abduction pillow worn continuously, including while sleeping, except in therapy or during exercise sessions (4-5x/day)
- ROM/Exercises:
  - Scapular AROM exercises
  - Initiate PROM of shoulder in all planes within tolerable limits
  - Pendulum exercises
  - A/PROM of elbow, wrist, and digits
- Precautions:
  - No lifting
  - No excessive shoulder extension
  - No excessive stretching or sudden movements
  - Non-weight bearing through UE

#### **Phase II (5 days – 6 weeks post-op)**

- Precautions
  - 5 days – 4 weeks:
    - No active lifting
    - No excessive shoulder extension
    - No excessive stretching or sudden movements
    - Non-weight bearing through UE
    - Keep incision sites clean and dry
    - PT should not be painful, do not force painful motion
- Goals:
  - Restore non-painful ROM
  - Minimize stress to healing structures
  - Independent with ADLs
  - Wean from sling
- Modalities: PRN for pain and inflammation (IFC, ice)
  - At 4 weeks, may use heat prior to exercise PRN
- Sling:
  - Until 4 weeks post-op, Ultrasling worn continuously, including while sleeping, except in therapy or during exercise sessions (4-5x/day)

- From 4-6 weeks post-op, continue wearing sling, without abduction pillow, when outside the home
- ROM:
  - PROM:
    - Until 2 weeks
      - Flexion to 115 degrees
      - Abduction to 90 degrees
      - ER at 45 degrees abduction to 25 degrees
      - IR at 45 degrees abduction to 35 degrees
    - 2-3 weeks
      - Flexion to 155 degrees
      - Abduction to 120 degrees
      - ER at 45 degrees abduction to 45 degrees
      - IR at 90 degrees abduction to 35 degrees
    - 4-5 weeks
      - Flexion to 160-175 degrees
      - Abduction to 140-155 degrees
      - ER at 90 degrees abduction to 75 degrees
      - IR at 90 degrees abduction to 55 degrees
    - 5-6 weeks
      - Full flexion PROM
      - Abduction to 160-175 degrees
      - ER at 90 degrees abduction to 90 degrees
      - IR at 90 degrees abduction to 55 degrees
  - AAROM
    - Until 2 weeks
      - Flexion as tolerated
      - ER/IR in scapular plane with a towel roll
    - 2+ weeks
      - As tolerated
  - AROM
    - at 5-6 weeks, flexion in scapular plane, abduction, and PNFs as tolerated
- Joint Mobilizations
  - PRN for pain/arthrokinematics
- Exercises:
  - Until 2 weeks:
    - Pendulums
    - Pulleys
    - Cane exercises within AAROM limitations
    - Isometrics
    - Gentle stretches
    - Rhythmic stabilization of IR/ER at 45 degrees abduction

- 2-3 weeks
  - Continue as above
  - Add rhythmic stabilization at 100/125 degrees flex
- 4-5 weeks
  - Continue as above
  - Prone I/extension
  - Rhythmic stabilization at 45-125 degrees flex
- 5-6 weeks
  - Continue as above
  - UBE
  - Prone rows and horizontal abduction
  - Bicep curls
  - IR/ER with light resistance
  - Bodyblade

### **Phase III (6-12 weeks)**

- AROM: by 8-10 weeks, achieve full AROM
- Goals:
  - Improve strength, power, and endurance
  - Improve neuromuscular control
  - Prepare athlete to begin to throw, and perform similar overhead activities or other sport specific activities
- Sling: May discontinue use
- Strengthening: Patient must be able to elevate arm without shoulder hiking before progressing strengthening
  - PReS of deltoid and rotator cuff
  - Progress theraband exercises to 90/90 position for IR/ER
  - Theraband exercises for scapular stabilizers and biceps
  - Plyometrics
  - PNF diagonal patters
  - Isokinetics
  - Endurance/UBE

### **Phase IV (12+ weeks)**

- Goals:
  - Maintain full AROM
  - Improve functional use of UE
  - Increase muscular strength/power
- At 15 weeks, may initiate golf, tennis, and swimming programs

**Phase V (23+ weeks)**

- Goals:
  - Gradual return to strenuous work activities and recreational sport activities
  - Continue stretching as motion is tight

Adapted From:

- 1) Adapted from Rotation Medical: Rotation Medical Patch Rehabilitation Protocol