

Small-Partial RTC Repair

Phase I (1 – 5 days post-op)

- Wound care: Remove post-op dressing at first PT appt and replace with 4x4 gauze and paper tape. Monitor for signs of infection.
- Modalities: PRN for pain and inflammation (IFC, ice)
- Sling: Ultrasling worn continuously except in therapy or during exercise sessions
- ROM:
 - Scapular AROM exercises
 - Initiate PROM of shoulder in all planes within tolerable limits
 - Pendulum exercises
 - Table stretches
 - 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 with abduction pillow 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:
 - PROM flexion to 140 degrees and other planes within tolerable limits
 - Progress IR slowly
 - Initiate grades I & II 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 4 weeks post-op, remove abduction pillow and wean from sling at home. Continue wearing sling outside or in public settings for 2 more weeks.
 - At 6 weeks post-op, D/C completely
- ROM:
 - At 4 weeks, initiate pulleys
 - At 4.5 weeks, begin AAROM
 - At 5.5 weeks, begin AROM
 - Contact physician if by 6 weeks post-op PROM flexion <140 degrees
- 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
 - Rhythmic stabilization exercises
 - 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:
 - PREs in all shoulder planes
 - 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.
- 3) Advanced Continuing Education Institute, 2010.