POSTOPERATIVE REHABILITATION PROTOCOL:
HUMERAL HEAD RESURFACING FOR
ROTATOR CUFF TEAR ARTHROPATHY

Phase 1: Week 0-3
Sling at rest
Cryocuff prn, may wean as tolerated
Pendulums (Codman’s)
No pulleys
Easy isometric exercises: abduction, ER, extension, flexion
PROM as per MD (performed supine position to enhance relaxation, 130° forward elevation, 30° external rotation with arm at side, and 60° abduction in scapular plane unless instructed otherwise)
Subscapularis precautions: No active internal rotation at any position
Avoid position of arm extension
Elbow, wrist, hand exercises
Edema control prn
Eating, writing, limited computer use when tolerated, unless instructed otherwise
Scapular stabilization exercises
* No deep tissue massage *

Phase 2: Week 4-6
Sling at rest
Continue above
Progress to external rotation isometrics
Progress to active assisted ROM in the supine position, with exception of internal rotation
Gradual progress of exercises in supine to vertical position
Gradual progression of forward elevation to full passively within patient tolerance
Continue limitation of external rotation
Scapular stabilization exercises

Phase 3: Week 7-10
Wean from sling
Progress to full AROM/AAROM/PROM in all planes
Include wand exercises
Emphasize posterior capsular stretching
Begin active internal rotation
Begin PRE’s within pt tolerance, except subscapularis
Isotonic exercises beginning without weight, progressing within pt
tolerance to PRE’s, starting 2-4 oz. and increasing incrementally as
tolerated
Topical massage prn

* No strengthening of subscapularis until 12 wks post surgery *

**Phase 4: Week 11-16**
Continue full strengthening and stretching program

**Phase 5: Week 20-28**
Return to full functional activities, including light recreational sports
depending upon pt strength and medical condition
Avoidance of high impact activities such as hammering, contact sports,
free weight training is recommended.

**Note:** The rotator cuff deficient patient undergoing resurfacing of the humeral
head without rotator cuff repair often notes gradual recovery of function. Maximal
improvement typically occurs at 10 to 15 months post surgery. Patients may
need to go back to prior phases depending upon individual progress.

This protocol provides you with general guidelines for the rehabilitation of the
patient humeral head replacement or resurfacing for rotator cuff tear arthropathy.

Specific changes in the program will be made by the physician as appropriate for
the individual patient.

Questions regarding the progress of any specific patient are encouraged, and
should be directed to Dr. Lervick at 952-456-7111.

**REFERENCE:**
2003.