

**Decelerated Rotator Cuff Repair
Physical Therapy Protocol
Dr. Allan Hunt**

Phase I 0-6 Weeks

Educate the patient on self-care/hygiene, supporting shoulder with sling/abductor support, warning signs including fever, erythema and excessive/unrelenting pain, use of TENS unit

Ice 3-5 times per day for 15 minutes each, especially after therapy. Modalities PRN.

Post-op visit at 10-14 days after procedure

May eat, limited typing, write, brush teeth with sling in place

Sling with abductor pillow for 6 weeks at all times

Pendulum (Codman's) exercises 3-5 times per day for 10-15 minutes each time

No AROM or AAROM exercises for 6 weeks, no pulley exercises

PROM to start at 3 weeks- **If subscapularis tear, no ER > 20 degrees for 6 weeks, then progress gradually to patient tolerance**

Exercises including table slides may start 3 weeks after surgery

AROM of hand, wrist and elbow, scapular squeezes allowed immediately after surgery.

If biceps tenodesis, no AROM with flexion of elbow or forearm supination for 4 weeks

Encourage use of ice/ NSAIDS after therapy and exercises

Goals at 6 weeks: 130 degrees forward flexion, 60 degrees abduction and 30 degrees external rotation

Phase II 6-12 Weeks

Discontinue sling at 6 weeks

Recheck with surgeon at 6-8 weeks

Progressive joint mobilization in all planes and gentle PNF rhythmic stabilization. Modalities PRN.

May begin AAROM exercises, may progress to AROM exercises when full motion attained

Continue pendulums, may add in pulley stretching

Exercises include.

Initiating exercises should be “submaximal” meaning that exercise is pain-free and avoiding activity that compromises form or posture

Phase III 12 Weeks to Discharge

Wean modalities

May now start strengthening exercises, including isometrics in all planes, AAROM UBE, cane exercises beginning in gravity minimized position and progressing to anti-gravity as patient gradually tolerates, wall push-ups, prone scapular stabilization/ strengthening

Capsular stretching to gain maximal ROM

Exercises include AROM progressing from gravity minimized to anti-gravity, side-lying resisted external rotation, closed chain UE exercises (wall/counter push-ups, quadruped, planking if able to maintain scapular position)

AAROM goals 150+ flexion, 120-150 abduction, 45-60 external rotation, internal rotation to back pocket to belt line

Eventually maximize functional AROM, strength, power and endurance

PREs to tolerance- dinner knife, can of soup, 1-3 pound weights all planes (No Theraband)

Work specific/ sport specific activities beginning at 20 weeks progressing until discharge

Return to clinic at 5 months after surgery

Educate that maximal improvement can take up to 12-18 months after procedure