

Protected Rotator Cuff Repair

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The surgeon may specify on the referral any specific requests or deviations that fall outside the scope of this protocol.

Phase I	Phase II	Phase III	Phase IV
(Pre-Op/0 – 6 weeks)	(Weeks 6 – 8)	(Weeks 8 – 12)	(Weeks 12 – 26)
<p>PRECAUTIONS</p> <ul style="list-style-type: none"> Sling/immobilizer all times except remove for hygiene <p>GOALS</p> <ul style="list-style-type: none"> Maintain integrity of repair Diminish pain and inflammation Independent with ADL's with modifications while maintaining the integrity of the repair Intermittent follow ups to maintain compliance <p>ROM</p> <ul style="list-style-type: none"> No PROM or AAROM <p>EXERCISE</p> <ul style="list-style-type: none"> AROM fingers, wrist, and elbow Pendulum hang Scapular retraction Cervical AROM <p>Criteria for Progression</p> <ul style="list-style-type: none"> Compliance with immobilization 	<p>PRECAUTIONS</p> <ul style="list-style-type: none"> Wean from sling; goal to D/C sling by 8 weeks If the repair was of the subscapularis, slowly progress wand ER past 20° to tolerance If biceps tenodesis performed, initiate light resisted elbow exercise at week 6-8 <p>GOALS</p> <ul style="list-style-type: none"> Allow healing of soft tissue Pain free PROM <p>ROM</p> <ul style="list-style-type: none"> Pain free PROM, caution with stretching No AROM <p>EXERCISE</p> <ul style="list-style-type: none"> Continue with Phase I exercises as needed Passive flexion table slide Passive rotation in neutral in pain free ranges Gentle scapular and/or regional soft tissue mobilization if needed Gentle capsular/joint mobilization prn <p>Criteria for Progression</p> <p>PROM</p> <ul style="list-style-type: none"> FLEX ≥ 100° ER in scap plane ≥ 45° IR in scap plane ≥ 45° ABD in scap plane ≥ 90° 	<p>PRECAUTIONS</p> <ul style="list-style-type: none"> No lifting No PREs <p>GOALS</p> <ul style="list-style-type: none"> Maintain Full PROM Dynamic -Shoulder Stability Optimize neuromuscular control Gradual return to functional activities <p>ROM</p> <ul style="list-style-type: none"> Restore full PROM Initiate AAROM progressing to AROM <p>EXERCISE</p> <p>Week 10</p> <ul style="list-style-type: none"> Continue prior phase exercises as needed AAROM Upper extremity bike – pain- free as tolerated and unloaded Pain-free isometrics in neutral Gentle rhythmic stabilization <p>Week 12:</p> <ul style="list-style-type: none"> AROM in supine and progress to sitting and standing Supine proprioceptive and stabilization training Scapular strengthening <p>Criteria for Progression</p> <ul style="list-style-type: none"> Full AROM 	<p>PRECAUTIONS</p> <ul style="list-style-type: none"> Communicate with surgeon about specific restrictions <p>GOALS</p> <ul style="list-style-type: none"> Maintain full non-painful AROM Advance conditioning exercises Improve muscular strength, power, and endurance Gradual return to full functional activities <p>ROM</p> <ul style="list-style-type: none"> Continue ROM emphasis if needed <p>EXERCISE</p> <ul style="list-style-type: none"> Continue with previous phase recommendations as needed. Begin isotonic PRE strengthening program: patient must be able to elevate arm without scapular elevation substitution to begin isotonic Advance proprioceptive and neuromuscular activities prn <p>Criteria for Progression</p> <ul style="list-style-type: none"> Tolerates the progression to low-level functional activities Demonstrates return of strength/dynamic shoulder stability Demonstrates adequate strength/stability for progression to work/sport specific activities

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Questions and updates regarding the progress of any specific patient are encouraged and should be directed to Dr. Cooper at 952-456-7617.