

Universal Shoulder Postoperative Rehab Protocol

SURGICAL PROCEDURES

Shoulder arthroplasty, rotator cuff repair, superior capsular reconstruction, tendon transfer, labral repair, SLAP repair, laterjet, AC/CC reconstruction, pectoralis major repair, and complex proximal humerus IMN.

BACKGROUND

Multiple studies on rotator cuff healing after repair have shown that tensile strength of the repaired tendon remains weak during the initial 3-6 months postoperatively. As a guideline, one can assume that the strength of the repair is only 30% of normal at 6 weeks postop, 50% of normal at 3 months postop, and improves to 80% of normal at 6 months postop. Based on this scientific evidence we do not recommend significant strengthening of the shoulder until six months postoperatively. Empirically, we feel that this has improved our long-term overall results for patients who have had a rotator cuff repair or other shoulder tissue repair. Variations in rehab protocol may be made at the discretion of Dr. Schuette.

REHAB PROTOCOL

Early Passive Phase: 0-4 weeks postoperative

Goals	<ul style="list-style-type: none"> • Protect the surgical repair and ensure wound healing • Limit pain and inflammation, prevent stiffness
Sling	<ul style="list-style-type: none"> • Use sling when up and walking and when sleeping • Come out of sling 3-5 times a day for light passive stretching
Range of Motion	<ul style="list-style-type: none"> • Gentle PROM with help from another individual • No aggressive stretching is allowed. If the patient feels that the stretch is at the end of their comfortable ROM, then the motion is halted at that position and held for approximately 5-10 seconds • PROM Limits (unless otherwise specified): <ul style="list-style-type: none"> ○ Forward flexion/abduction/elevation: 120 degrees ○ External rotation: 30 degrees ○ Internal rotation: to abdomen ○ Posterior Labral Repair Limits: <ul style="list-style-type: none"> ▪ Forward flexion: 60 degrees ▪ Abduction: 90 degrees ▪ External rotation: 30 degrees ▪ Internal rotation: 0 degrees • Ok for hand, wrist, and elbow AROM • Biceps Tenodesis Restriction: <ul style="list-style-type: none"> ○ No active elbow flexion until 4 weeks postop
Strengthening	<ul style="list-style-type: none"> • No strengthening
Pool Therapy	<ul style="list-style-type: none"> • Allowed as soon as incisions are completely healed (no earlier than 2 weeks postoperative). • The pool is the patients "assist", taking away gravity. Patient is allowed to let the shoulder "float" in the directions specified above, slowly and gradually.

Active Assist Phase: 4-6 weeks postoperative

Goals	<ul style="list-style-type: none">• Protect the surgical repair• Limit pain and inflammation• Gradually increase passive and active assist range of motion
Sling	<ul style="list-style-type: none">• Use sling when up and walking and while sleeping• Come out of sling 3-5 times a day for light passive stretching
Range of Motion	<ul style="list-style-type: none">• Begin active assist range of motion (AAROM)<ul style="list-style-type: none">○ Our definition of AAROM is that the PROM exercises are continued, with the allowance for some light muscle contraction/"help" from the patient. As an estimate, patient should not be allowed to perform more than 50% of the effort to lift their own arm.• No "Stick" exercises, as it is often difficult for the patient to control the motion without putting excessive force on the repair.• Light pulley work is allowed• No aggressive end range stretching• AAROM/PROM Limits (unless otherwise specified):<ul style="list-style-type: none">○ Forward flexion/abduction/elevation: 120 degrees○ External rotation: 30 degrees○ Internal rotation: to abdomen○ Posterior Labral Repair Limits:<ul style="list-style-type: none">▪ Forward flexion: 60 degrees▪ Abduction: 90 degrees▪ External rotation: 30 degrees▪ Internal rotation: 0 degrees
Strengthening	<ul style="list-style-type: none">• No strengthening

Active Phase: 6-12 weeks postoperative

Goals	<ul style="list-style-type: none">• Protect the surgical repair• Begin and improve active range of motion• Achieve near full active elevation for ADLs
Sling	<ul style="list-style-type: none">• Discontinue sling use (unless otherwise specified).
Range of Motion	<ul style="list-style-type: none">• No aggressive stretching allowed• Stick AAROM and AROM may be initiated• The healing tissue is still relatively weak at this point, so we emphasize the importance of no significant one-time load to the shoulder and no repetitive cyclical stress. This means limiting the number of repetitions of any exercise. NO ARM BIKE.• AROM limits:<ul style="list-style-type: none">○ Forward flexion/abduction/elevation: advance as tolerated○ External rotation: 50 degrees○ Internal rotation: to L3
Strengthening	<ul style="list-style-type: none">• No formal strengthening• Closed chain activities, such as light "wall walking and washing" are allowed, as long as the patient is not putting undue force on the shoulder.• Weight limit:<ul style="list-style-type: none">○ 1-2 pounds for daily activities.

Isometric Strengthening Phase: 3-4.5 months postoperative

Goals	<ul style="list-style-type: none">• Ensure full active range of motion• Being light strengthening
Range of Motion	<ul style="list-style-type: none">• At this point it is important for the therapist to assess the patients AROM and fine tune it in terms of proper glenohumeral and scapulothoracic kinematics.<ul style="list-style-type: none">○ If the patient is “shrugging” excessively then this implies either glenohumeral stiffness or rotator cuff weakness.○ If stiffness seems to be a problem, then more aggressive stretching exercises, in the direction of stiffness, are allowed.○ If rotator cuff weakness seems to be a problem, light isometric exercises, in addition to closed chain and AROM exercises should be the focus in order to help the patient regain near full AROM.
Strengthening	<ul style="list-style-type: none">• Light isometrics only. Scapular control emphasized.• Weight limit:<ul style="list-style-type: none">○ 2 pounds

Progressive Strengthening Phase: 4.5+ months postoperative

Goals	<ul style="list-style-type: none">• Progressive strengthening
Range of Motion	<ul style="list-style-type: none">• Goal is for full, painless AROM
Strengthening	<ul style="list-style-type: none">• Start with band exercises and light weights<ul style="list-style-type: none">○ This is a light strengthening phase until 6 months postop• Weight limit:<ul style="list-style-type: none">○ 4.5 months: 5-7 pounds○ 6+ months: advance as tolerated
Return to Sport/Heavy Work	<ul style="list-style-type: none">• Gradually increase sports specific training• Return to sports/heavy work pending clearance from Dr. Schuette<ul style="list-style-type: none">○ Typically, no sooner than 6 months

Please have physical therapist call Dr. Schuette's office with any questions: (952) 442-6943