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Rotator Cuff Repair Post-Operative Protocol **Subscapularis Tendon**

Precautions and 1st day post-op visit

1. In sling weeks (No pillow b/c origin and insertion are closest with arm at side)
2. **DC sling after 4 weeks**
3. **No Active IR**
4. **No Passive ER past neutral; avoid hyperextension**
5. Hygiene care instructions
6. Check incision for color, drainage, and temperature (if open)
7. Pain management (ice)
8. Sleep instructions: semi-reclined position, small pillow under posterior shoulder to prevent extension
9. Elbow ROM
10. Trapezius and levator stretch
11. Posture education

Stage 1 (week 1)

1. PROM, Flex to tolerance and Abduction in the Scapular plane
 - a. No ER and do not stabilize scapula
2. Pendulums
3. Sub maximal isometrics- Push, Pull, ER, and Adduction in sling
 - a. Do not ER more than 0 degrees
4. Continue Elbow ROM
5. Hand gripping exercises
6. Wrist flexors and extensors PRE's
7. Elbow flexion and extension PRE's
8. Neck stretching
9. Scapular Facilitation- retraction, depression, and protraction (in sling)
10. Ice and pain modalities

Stage 2 (week 2-4)

1. PROM, Flex to tolerance and Abd in Scap plane, IR (0-full) at neutral degrees Abd, extension to 10 degrees, and ER to 0 degrees

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2. Grade 1 and 2 GH joint mobs for pain reduction
3. Continue isometrics, Add IR at 3-4 weeks –sub maximal (pain free)
Manual isometrics in sitting or standing- push, pull, ER, and shoulder ext w/elbow extended
4. Continue wrist and elbow PRE's
5. Continue pain modalities

Stage 3 (week 4-8)

Goals: *Full Passive ROM 6 weeks post-op*
 ER 30-45 degrees (up to 10 degrees weekly)
 Decrease pain

1. Continue PROM to tolerance (guidelines- 4 weeks Flex and Abd 100-110), ER to 30-45 degrees at 45 degrees abduction
2. At 4 weeks start Closed Kinetic Chain ex (i.e. wobble board, table wash horz. abd/add)
 - a. AAROM ex's- L-bar/cane to tolerance and Pulley
3. At 6 weeks post-op sidelying ER/IR without weight
 - a. Begin UBE Wall push-up with a plus (serratus)
 - b. Continue isometrics, maximal iso's by 6-8 weeks
4. Pain modalities
5. Continue scapular stabilization program
6. **DC sling:**
4 weeks post-op

Stage 4 (week 8-10)

1. PROM, ER at 20 and 45 degrees abd to tolerance
2. AAROM to tolerance
3. Start supine and standing AROM to 90 degrees
 - a. **Watch for scapular compensation with ROM (trap elevation)**
4. Grade 3 joint mob's--if motion restricted
5. Continue cane exercises (may initiate IR/ER to tolerance)
6. Tubing and/or band initiated with **clearance of physician** at 8 weeks post-op (punch, pull, IR—**MUST be pain free**, and ER to neutral)
7. Initiate prone clock
8. Modalities PRN

Stage 5 (week 10-14)

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Goal: Full Active ROM desired by 12 weeks

1. Tubing/t-band progression
2. Initiate rhythmic stabilizations (RS's) at 0 and 45 degrees abd
3. Progress strengthening- band and isotonic
4. Manual ER and prone rows

Stage 6 (week 14-20)

1. Start PNF
2. Progress isotonic- supra (full can to 70 degrees)
3. Neuromuscular ex- ball walkouts, RS's at 90 and above
4. Self/manual capsular stretches (hand behind the back)
5. Aggressive RTC ex's
 - a. Lateral raises to 90
 - b. Full can to 90
 - c. IR/ER
 - d. Scapular program
 - e. Prone rows
 - f. Tennis forehand, Pectoral ex
6. LE and trunk/core program maintained as appropriate
7. Ice and modalities PRN

Stage 7 (week 20-24)

1. Initiate return to sport programs
2. DC to HMP
3. Isokinetic program if necessary
4. Continue flexibility exercises

DC Goals: Good to Normal strength
Min-0 pain
Return to ADL/Reaching Activities