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## **Rotator Cuff Repair Post-Operative Protocol** **Supraspinatus and Infraspinatus Tendon**

### **Precautions and 1<sup>st</sup> day post-op visit**

1. In sling 4-6 weeks: **DC sling** (4-6 weeks) depends on physician order
2. **Abduction pillow:** This maintains the tendons in shortened position. However, as the elbow moves closer to the body tension is placed on the repair. Therefore, **Do NOT ADDUCT the arm** until pillow discharge date for 4-6 weeks.
3. Hygiene care instructions (Do NOT get sutures wet until removed)
4. Check incision for redness, drainage, temperature, and cleanliness
5. Pain management (ice)
6. Sleep instructions: semi-reclined position, small pillow under posterior shoulder to prevent extension
7. Elbow ROM
8. Trapezius and levator stretch
9. Posture education

**\*\*Side-to-Side Repairs** (Margin Convergence): Due to the nature of the repair to maximize patient function utilize diagonal patterns (i.e. D1/D2). In this type of repair commonly the tendons are sewn together but there is not enough viable tissue or tension to anchor to the bone.

- a. Follow Stages and timeframes as indicated
- b. Do not Force resisted Scap Plane motion aggressively

### **Stage 1 (week 1)**

1. PROM Scapular Plane (Avoid extension or adduct)
  - a. Abduction-if any pain avoid position secondary to impingement
  - b. Prop elbow level with shoulder when patient in supine
2. Pendulums
3. Sub maximal isometrics- Push, Pull, IR, and Adduction (in sling-keep elbow bent to 90 degrees)
4. Continue Elbow ROM
5. Hand gripping exercises
6. Wrist flexors and extensors PRE's
7. Elbow flexion and extension PRE's
8. Ice and pain modalities
9. Neck stretching

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10. Scapular progression- retraction, depression, and protraction (in sling);  
Sternal lifts (scap retract) and shoulder dumping (scap protract and retract)

**Stage 2 (week 2-4)**

1. PROM to tolerance,
  - a. ER and IR at abduction pillow position, and
  - b. Abd and Flexion in scapular plane
  - c. Extension to 5-10 degrees
2. Grade 1 and 2 joint mobs- pain reduction
3. *DC Pillow 4- 6 weeks depending on size of tear, quality of the tissue, and amount of retraction*, follow doctor's recommendation
4. Continue isometrics, Add ER at 2-3 weeks –sub maximal
5. Manual isometrics in sitting or standing- push, pull, IR, ER (only if pain free), and Shoulder extension w/elbow extended (isometric extension-hold in frontal plane)
6. Continue pain modalities
7. Continue wrist and elbow PRE's

**Stage 3 (week 4-8)**

*Goals: Full Passive ROM 6 weeks post-op  
Decrease pain*

**DC Sling**

1. Continue PROM to tolerance (guidelines- 4 weeks flex and abd 100-110)
2. At 4 weeks start CKC ex (i.e. wobble board, table wash horz abd/add)
  - a. Wall push-up with a plus
3. At 6 weeks
  - a. Progress to AAROM ex's- L-bar/cane to tolerance and Pulley
  - b. Continue isometrics, maximal iso's by 6-8 weeks
  - c. Sidelying ER/IR NO WEIGHT
  - d. Begin UBE
4. Modalities for pain control
5. Continue scapular stabilization program

**Stage 4 (week 8-10)**

1. PROM to end ranges
2. AAROM to end ranges
  - a. Add IR/ER cane exercises, \*\*\*ER must be pain free

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3. Initiate supine and standing AROM to 90 degrees (standing may need to wait until 12 weeks if ordered by physician)
4. Grade 3 joint mob's for motion assistance
5. **Avoid scapular compensation with ROM (trap elevation)**
6. Tubing and/or band initiated with **clearance of physician** - generally around 8 weeks (pull, IR, and ER at 90 degrees elbow flexion)
7. Initiate prone clock no weight (avoid impingement)

**Stage 5 (week 10-14)**

*Goal: Full Active ROM desired by 12-16 weeks*

1. Initiate rhythmic stabilizations at 0 and 45 degrees abd
2. Progress strengthening- band and isotonic
3. Manual ER and prone rows

**Stage 6 (week 14-20)**

1. Initiate 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
5. Aggressive RTC ex's:
  - a. Lateral raises to 90
  - b. Full can to 90 (resisted Scap plane)
  - c. IR/ER
  - d. Scapular program
  - e. Prone rows
6. LE and trunk/core program maintained as appropriate
7. Ice after exercise

**Stage 7 (week 20-24)**

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

*DC Goals: Good to Normal strength  
Min-0 pain  
Return to ADL*

Revised: 9/2004