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

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

1. **Sling DC: 2-4 weeks (depends on size of tear, tissue quality)**
2. **Note: Abduction Pillow** maintains the supraspinatus 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. Please be aware that the pt may not be in sling and/or pillow--depends on tension placed on tendon at time of repair for small or side-to-side repairs.
3. Check surgical report for size of tear, quality of bone, and **additional** procedures which may alter tissue healing timeframes
4. Hygiene care instructions (showering)
5. Check incision, if patient still has pain pump do not remove bandages until instructed (color, drainage, and temperature): Arthro – after 2 days; Open – after 7 days
6. Pain management (ice and modalities)
7. **Sleep instructions:** semi-reclined position, small pillow under posterior shoulder to prevent extension
8. Elbow ROM-elbow hang
9. Trapezius and levator stretch
10. Posture education and exercises

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

*Goals: PROM initiated*

*Decrease pain*

1. PROM, ER and Abd in scapular plane as tolerated, **NO Extension** (watch for 1:1 scapular/glenohumeral movement)
2. Pendulums
3. Sub maximal isometrics- Pull (but not push) in neutral, IR, ER, and Adduction (in position of mobilization or sling wear—elbow bent)
4. Continue Elbow ROM

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5. Hand gripping exercises
6. Wrist flexors and extensors PRE's
7. Elbow flexion and extension PRE's (biceps tenodesis wait 6-8 wks)
8. Ice and pain modalities
9. Neck stretching and active scapular retraction
10. Scapular Facilitation- retraction, depression, and protraction (in sling)- manual resistance

**Stage 2 (week 2-6)**

*Goals: PROM by 3 weeks to 90 degrees Flex and Abd  
Pain Management*

1. **DC Pillow if used, follow doctor's recommendation**
2. PROM, Abd in Scapular plane to tolerance, ER and IR at 45 degrees Abd, extension to 10 degrees (guidelines- 4 weeks flex and abd 100-110)
3. Grade joint mobs- pain reduction: ROM restrictions should be from past surgical pain and not from tissue restriction. Compare to non-op side for a sense of patients normal ROM. If significant tissue restriction is noted may need to focus on mobilization.
4. Week 4:
  - a. Initiate inferior of the clavicle mob's if AC decompression was done
  - b. Initiate AAROM ex's- L-bar/cane to tolerance and pulley
  - c. CKC (closed Kinetic Chain) ex in standing 25-50 % of upper body weight (i.e. wobble board, table wash horz. abd/add, and ball)
  - d. Sidelying IR without weight (cuff weight positions)
5. Continue isometrics- Push, Pull, IR, ER and Shld extended w/ elbow extended position
6. Continue wrist and elbow PRE's
7. Scapular ex: Sidelying facilitation, and scapular retraction and protraction.
8. Continue pain modalities
9. **DC sling (1-4 weeks) depends on physician order** (sling wear will depend on if pillow was used)

**Stage 3 (week 6-8)**

*Goals: Full Passive ROM 6 weeks post-op  
Decrease pain  
Tissue healing timeframe: Sharpe Fibers form foundation  
-6 weeks early-to-12 weeks*

1. Continue PROM to tolerance

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2. Continue isometrics
3. Initiate sidelying ER cuff motions without weight
4. At 6 weeks post-op begin
  - a. UBE
  - b. Wall push-up with a plus (serratus punch) initiate at 6 weeks
5. Tubing and/or band initiated with clearance of physician at 6-10 weeks post-op (pull, IR, and ER)- Hold FLEX till 10-12 weeks post-op
6. Pain modalities
7. Continue scapular program

Suggested exercises: Continue sidelying facilitation, closed chain facilitation or scapular clock, Use of trunk to facilitate scapular control (i.e. trunk extension to promote scapular retraction)

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

*Goal: AAROM by 8 weeks WNL*  
*Initiate AROM*

1. Continue PROM to end ranges
2. Continue AAROM to end ranges
3. Grade 2/3 joint mob's for motion assistance
4. AROM: In progressing strengthening take care that the patient does not develop impingement type symptoms, also compensation with ROM (trap elevation)
  - a. Initiate supine or standing AROM to 90 degrees
  - b. Initiate prone clocks:
5. Initiate RS's (Rhythmic stabilizations) at 0 degrees of ABD (IR/ER)

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

*Goal: Full Active ROM desired by 12 weeks*  
*Good strength of ER and IR's*

1. Initiate rhythmic stabilizations at 45 to 90 degrees abd
2. Progress strengthening- band and isotonic
3. Manual ER and prone rows
4. Initiate active assisted PNF

**Stage 6 (week 14-18)**

1. Start active PNF
2. Progress isotonic- supra (full can)—Only to 90 degrees
3. Neuromuscular ex- ball walkouts, RS's at 90 and above-IR/ER
4. Self/manual capsular stretches as needed (including hand behind back)

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5. Aggressive RTC ex's
  - a. Lateral raises to 90
  - b. Full can (thumb up) to 90
  - 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 18-20)**

1. Continue all above exercises
2. Initiate return to sport programs (20 weeks)
3. DC to HMP
4. Isokinetic program if necessary
5. Continue flexibility exercises
6. Return to gym program

*DC Goals: Good to Normal Strength  
Full AROM (WNL)  
Min-0 pain  
Ability to perform reaching activities*