

## DECELERATED ROTATOR CUFF REPAIR PROTOCOL Dr. David R. Guelich

This rehabilitation protocol has been developed for the patient following a **large to massive** rotator cuff surgical procedure. The decelerated rehabilitation avoids excessive tension on the SS & IS by avoiding excessive scaption, ER, & FF until 4 weeks. This protocol will vary in length and aggressiveness depending on factors such as:

- Size and location of tear
- Degree of shoulder instability/laxity prior to surgery
- Acute versus chronic condition
- Length of time immobilized
- Strength/pain/swelling/range of motion status
- Rehabilitation goals and expectations

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances. The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain, inflammation, and effusion
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient Goals

The physical therapy should be initiated within the first week and one half to two full weeks post-op. A CPM machine may be used for home range of motion prior to beginning a full therapy program in select patients. The supervised rehabilitation program is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility. **Important post-op signs** to monitor:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain response, hypersensitive-an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

**Return to activity** requires both time and clinical evaluation. To safely and most efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's



readiness return to activity. Return to intense activities following a rotator cuff repair require both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing. Symptoms such as pain, swelling, or instability should be closely monitored by the patient.



#### Dr. David R. Guelich Phase 1: Week 1-3 Rotator Cuff Repair

### WEEK

EXERCISE

**GOAL** Gradual ↑

1-4

ROM

Passive ROM in Scaption < 60° Pendulum exercises Elbow (flex/ext) range of motion Initiate rope/pulley week 5-6 post-op Initiate passive ER wand exercise week 3-4 not to exceed 30° of ER at 45° abduction

# Subscap Repair avoid passive ER wand exercise until week 6

STRENGTH

**NO** Active Shoulder flexion or abduction allowed in the first **6 weeks** 

Grip strengthening with putty or ball

### BRACE

Brace for 3 weeks or as noted by Dr. Guelich Brace removed to perform exercises above

## MODALITIES

E-stim as needed Ice 15-20 minutes

- Promote healing of repaired rotator cuff
- Control pain and inflammation
- Gradual increase of ROM
- Independent in HEP
- Delay muscle atrophy



#### Phase 2: Week 3-6 **Rotator Cuff Repair**

WEEK

4-6

#### EXERCISE

GOAL Gradual 1

Continue Scaption PROM to 90° Initiate Grade I-II joint mobilization Pendulum exercise Elbow (flex/ext) range of motion Begin Rope/Pulley (flex/abd/scaption) Wand activities in all planes Initiate gentle posterior capsule stretching Initiate gentle IR stretching (Delay ER stretch if subscap repair to 6 wks)

### STRENGTH

ROM

Continue grip strengthening as needed Initiate submaximal isometrics at week 6 Initiate supine AROM exercises without resistance Initiate UBE without resistance at week 6 Initiate scapular stabilizer strengthening-active assisted Shruqs Shoulder retraction

BRACE

Discharge brace at week 3-4 MODALITIES

E-stim as needed

D/C wk 3-4

## Ice 15-20 minutes

- Control pain and inflammation
- Initiate light RC muscle contraction
- Gradual increase in ROM
- Initiate light scapular stabilizer contraction



#### Phase 3: Week 6-12 Rotator Cuff Repair

WEEK

#### EXERCISE

## GOAL

Full ROM 10-12 wk

6-12

ROM Continue all ROM from previous phases Posterior capsule stretching Initiate Grade III-IV joint mobs as needed Rope/Pulley (flex, abd, scaption) Towel stretching

Wand activities in all planes

## STRENGTH

Continue with all strengthening from previous phases increasing resistance and repetition Manual rhythmic stabilization exercises at 90° flex

Shoulder shrugs with resistance

Shoulder retraction with resistance

Supine punches with resistance

- Prone shoulder extension
- Prone rowing

Prone ER with abduction

Initiate forward flexion, scaption, empty can

Sidelying ER

Initiate D1/D2 patterns supine then standing

Push-up progression

UBE for endurance training

Initiate plyotoss at chest then progress to overhead Bicep/Tricep work

Isokinetic ER/IR at neutral at week 10-12

## MODALITIES

Ice 15-20 minutes

- Minimize pain and swelling
- Reach full ROM
- Improve upper extremity strength and endurance
- Enhance neuromuscular control
- Normalize arthrokinematics



#### Phase 4: Week 12-24 Rotator Cuff Repair

**WEEK** 12-24

#### EXERCISE

Continue with all ROM activities from previous phases Posterior capsule stretching

Towel stretching

ROM

Grade III-IV joint mobs as needed for full ROM STRENGTH

Progress strengthening program with increase in resistance and high speed repetition

Initiate IR/ER exercises at 90° abduction

Progress rhythmic stabilization activities to include standing PNF patterns with tubing

Initiate single arm plyotoss

Initiate military press, bench press, flys, lat pulldowns UBE for strength and endurance

Initiate sport specific drills and functional activities Initiate interval throwing program week 16-20

Initiate light upper body plyometric program week 16-20 Progress isokinetics to 90° abduction at high speeds

MODALITIES

Ice 15-20 minutes

- Full painless ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Initiate sports specific training/functional training