RUTGERS North Jersey Orthopaedic Institute

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ARTHROSCOPIC SMALL/MEDIUM ROTATOR CUFF TEAR REPAIR POST-OPERATIVE PHYSICAL THERAPY PROTOCOL

RECOMMENDATIONS:

- No driving until 6 weeks post-surgery
- Encourage passive ROM at home daily by family member
- Wean from sling during daytime after 2 weeks; nighttime between 4-6 weeks

PHASE I (0-2 Weeks Post-Op)

Precautions:

- ER to 40 degrees at 0 degrees elevation in the scapular plane
- Elevation to 140 degrees; IT with thumb tip to L1 (avoid extension)
- Sling for days 1 to 14 then discourage except as visible sign of vulnerability in uncontrolled environment
- Sleep in sling
- No lifting heavy objects
- No shoulder motion behind body
- Keep incision clean and dry

Physical Therapy:

- Grade I-II glenohumeral joint mobilizations; scapulothoracic joint mobilizations
- PROM within precautionary ROM (emphasize isolated GH elevation)
- **Minimal manual resistance** for isometric ER/IR at 45-60 degrees scapular plane elevation (supported) in supine after POD 7
- **Minimal manual resistance** for rhythmic stabilization of GH joint at 90 degrees elevation after POD 7
- Elbow/hand ROM and gripping exercises

Home Exercise Program:

- Scapular elevation, depression, protraction, retractions ("scapular clocks")
- Pendulums with emphasis on "relaxed" shoulder and using trunk as prime moving force
- Supine passive ER and elevation in scapular plane with cane

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- Closed chain isometric ER and humeral head depression with arm in scapular plane and supported at 90 degrees of elevation
- Cryotherapy (ice) 6 to 7 times daily

PHASE II (2-6 Weeks Post-Op)

Goals:

- Allow healing of soft tissue
- Avoid over stress of healing tissue
- Reestablish dynamic shoulder stability
- Decrease pain and inflammation
- Gradually restore fully passive ROM (target to achieve FROM by 8 weeks)

Precautions:

- No supporting body weight by arms and hands
- No lifting heavy objects

Physical Therapy:

- Grade I-IV glenohumeral mobilizations and scapulothoracic mobilizations
- Passive ROM with target of normal ROM by 8 weeks
- Minimal manual resistance for isometric ER and IR and rhythmic stabilization (flexion, extension, horizontal abduction/adduction) at 45, 90, and 120 degrees elevation in the scapular plane as patient gains control of upper extremity
- AAROM progressing to minimal manual resistance for PNF patterns
- Aquatic therapy: increase speed of movement and resistance as tolerated, progress to using hand as a "paddle" and then to webbed gloves; also add periscapular strengthening
- Begin active ROM without weights
- Add light resistance as patient gains control of movement with good biomechanics. Exercises should include:
 - Elevation in scapular plane (supine initially, progress to inclined, then upright)
 - Sidelying ER; prone rowing; supine serratus "punches"
 - Progress to IR on light pulleys or Theraband (after 6 weeks post-op only)
 - Progress to upper body ergometer (UBE) at low resistance

Home Exercise Program:

- As in Phase I, progress PROM as to FROM
- Add shoulder pulley

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PHASE III (6-12 Weeks Post-Op)

Goals:

- Primary goal is to restore full PROM by 6-12 weeks
- Active ROM and strength should be within functional limits prior to discharge

Precautions:

• Refer to physician for advice regarding activity restrictions

Physical Therapy:

- Glenohumeral joint mobilizations and PROM when indicated
- Progress exercises in Phase II with increased weight based on 3 sets of 10 reps
- Gradually add following exercises and progress weights:
 - Periscapular strengthening
 - Manually-resisted PNF patterns
 - ER, IR, and PNF patterns on pulleys
 - ER, IR at 90 degrees abduction
 - "Empty can" exercise
- Begin functional progression for sports and activity specific tasks
- Begin isokinetics for ER and IR at 12 weeks post-op; begin in modified abduction and progress to supine or sitting 90 degrees abduction position

Home Exercise Program:

- Maintain PROM
- Light Theraband for ER, IR, elevation, and "empty can" on non-op PT days
- Progress to independence with strengthening program prior to discharge

PHASE IV (12-20 Weeks Post-Op)

Goals:

- Advanced strengthening
- Gradual return to functional activities and sport