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Rotator Cuff Repair Small or Medium – Stable Tears

Pre-Operative

Fitting of abduction sling and shower sling.

Instruction in active ROM for peripheral joints (ball squeezes, pendulums, wrist, elbow, scapula and neck)

Instruct the caregiver to perform passive ROM of shoulder in flexion.

Protective Phase

No External Rotation or Abduction for 4 weeks

Week 1

Physical therapy evaluation 3 days post-operative

Brace: Full brace and use of shower sling

Wound Care: Continue with icing

Exercise: Continue with exercises initiated at pre-operative visit

Goal: Pain Control

Week 2

Brace: Full brace and use of shower sling

Wound Care: Continue with icing, steri-strips can come off, begin scar massage

Exercise: Instruct patient in self-passive ROM – Assisted flexion. Continue with active ROM for peripheral joints and pendulums.

Joint Mobilization: Grade I-II for pain control

Goal: Pain control, increasing independence with passive mobility

Week 3

Brace: Sling portion of brace, discontinue pillow

Wound Care: Continue with icing

Exercise: Continue with active ROM for the peripheral joints and pendulums.

Instruct patient in AAROM - pulley's, wand exercises and wall exercises.

Joint Mobilization: Grade I-III for pain control and increasing mobility

Goal: Pain control, increasing independence with passive mobility

Week 4

Brace: Sling only – physician may discontinue sling, NO AROM

Wound Care: continue ice

Exercise: Instruct patient in the use of pulleys for flexion. Instruct patient in isometrics – sub maximal - in all planes resisting to tolerance.

Start External Rotation and Abduction PROM/AAROM

Joint Mobilization: Grade I-III for pain control and increasing mobility

Goal: 50-75% of non-operative shoulder ROM

Week 5

Brace: Sling only – physician may discontinue sling, NO AROM

Wound Care: Ice after exercise

Exercise: Instruct patient in AAROM (wall walks), in flexion. Focus on proper scapulothoracic and glenohumeral joint mechanics.

Continue shoulder retraction / depression/ backward circles

If sling has been discontinued, the peripheral joint AROM may be discontinued.

Joint mobilization: Grade IV in all planes to restore mobility of the glenohumeral joint and scapulothoracic joint if needed.

Goal: 75% of non-operative range should ROM

Week 6-7

Brace: Discontinue the use of the sling

Wound Care: Ice after exercise

Exercise: Instruct patient in AROM in all planes: 0-180 degrees flexion, 80 degrees abduction, 75 degrees scaption, side lying internal and external rotation, bilateral horizontal abduction and extension against gravity (hips flexed to 90 with head resting on table, prone or over a Swiss ball). Begin with 1 set of 10, 3 times per day and increase by week 8 to 3 sets of 10, one time per day. Stretches should continue 3 times per day.

Continue wall or wand stretches, being internal and external rotation stretching.

Discontinue isometrics

Joint Mobilization: Grade IV all planes glenohumeral and scapulothoracic

Goal: Full PROM, 50% AROM, 3-/5 strength

Week 8-10

Wound Care: Ice after exercise

Exercise: Begin resisted ROM in the same planes with very lightweight. Begin with 1 set of 10, 3 times per day and work up to 3 sets of 10 one time per day as tolerated. Begin scapular stabilization exercises such as wobble board and wall push up plus.

Joint Mobilization: Grade IV all planes glenohumeral and scapulothoracic

Goal: Full PROM, 50% AROM, 3-/5 strength

Expected number of visits: 10

Circumstances requiring additional visits:

Cervical pathology	Post surgical infection
Multiple injury sites	Poor scapulothoracic/ glenohumeral mechanics
Tendonitis/ Bursitis	Adhesive capsulitis
Job requiring extensive strength training	
Sports that will require addition visits for plyometric and throwing training	

Criteria for Discharge

- 90% of non-surgical ROM
- 4-4+/5 strength that is showing continuing improvement
- Independence with home exercise program