

### **Rotator Cuff Repair Protocol**

The following procedures were performed:

- △-Debridement of an acromial bone spur and removal of the inflammed bursa
- △-Arthroscopic repair of your rotator cuff
- △-Mini- open repair of your rotator cuff (deltoid splitting)
- △-Large open repair of your rotator cuff (took down deltoid)
- △-Rotator cuff debridement with \_\_\_\_%\_repair
- △-Resection of the arthritis on the end of your clavicle (collarbone)
- △-Labral repair
- △-Tenodesis of the biceps to the top of arm
- △-Release of the biceps tendon

### **General Guidelines:**

1. Leave your sling on unless your sitting around with your arm propped up in your lap
2. Use ice as much as possible the first week
3. Take your pain medicine as directed. You may add Motrin, Aleve ( if you have no stomach problems) in between doses as needed. If pain medicine is inadequate or causing problems let us know
4. Dr. Herring will release you to drive, discontinue your sling and begin your PT.
5. You may remove your dressing 4 days after surgery and get in the shower. Replace dressing with gauze and tape. Do not soak in a tub until sutures are removed.
6. You will find sitting or sleeping in a recliner will be much more comfortable then lying flat.
7. IF a pain pump was placed pull out catheter at 48 hours after surgery

### **Rotator Cuff PT Protocol**

#### **Exercises On Hospital Release:**

1. Gentle pendulums
2. Sawing wood
3. Work hand and wrist as needed

## **Formal PT Guidelines:**

### **PHASE 1 (Maximal Protection) Usually 0-4 weeks**

Precautions:

- ER to 40 at 0, 45 degrees at 90 deg of abduction
- Elevation to 140
- IR to thumb to L1
- No active range of motion on dry land

Treatment:

- Grade 1-II Glenohumeral and scapulothoracic mobilizations
- Passive range of motion with the above guidelines
- Minimal manual resistance- isometric ER and IR at 45-60 scapular plane (supported)
- AROM, prom of hand, wrist, elbow (if no biceps release completed)

Home Program:

- Scapular elevation, depression, protraction, retraction
- Pendulums
- PROM with cane with the above precautions
- Closed kinetic chain isometric ER and humeral head depression with arm in scapular plane and supported at 90 degrees of elevation
- Cryotherapy

### **PHASE II (moderate protection) Usually 4-8 weeks**

Goals: achieve full passive range of motion by 8-10 weeks  
Eliminate sling as instructed by MD

Physical Therapy Treatment:

Grade 1-IV glenohumeral and scapulothoracic exercises  
Full PROM  
Minimal Manual Resistance for isometric ER and IR and rhythmic stabilizations (flexion, extension, horizontal, ab/adduction) at 45, 90, 120 degrees elevation scapular plane as patient gains control

Aquatic Therapy: active scapular motion and AAROM using buoyancy to assist  
Begin Dry Land Exercises: AROM without weights (good biomechanics)  
Add light resistance, as patient is able  
Include: Elevation in scapular plane  
Prone rowing  
Serratus punches supine  
Sidelying ER  
Progress to IR on light pulleys

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### Cervical Stretching

Home Program:

Match progress in PT

### **Phase III (Minimal Protection) Usually 8-12 weeks**

Goals: Full active and passive range of motion

Physical Therapy:

- Continue passive range of motion until full motion obtained

- Increase phase II exercises based on 3 sets of 10.

- Add the following, as patient is able:

periscapular strengthening: wall pushups, rowing

manual resistance PNF pattern

ER, IR, PNF on pulleys

ER and IR at 90 degrees of abduction

Empty can exercises

Begin functional progression into sports specific exercises

Functional Phase

At approx. 12 weeks: may begin isokinetics for ER, IR

Progress to independent home program specific for patient

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