

ARTHROSCOPIC ROTATOR CUFF REPAIR REHABILITATION PROTOCOL DAVID R. MACK, M.D.

INTRODUCTION

Proper rehabilitation after rotator cuff repair is essential for success, and progresses in stages. The goals of rehabilitation are to eliminate pain, restore strength, flexibility, and function, and maintain the integrity of the repair. Dr. Mack recommends the following staged approach:

- Phase 1: Immediate (weeks 0-4)
- Phase 2: Early (weeks 4-8)
- Phase 3: Intermediate (weeks 8-12)
- Phase 4: Late (weeks 12-36)

<u>Full return to sports and other activities</u> is individualized on a case by case basis. Requirements for return to sports include near normal strength, flexibility, and endurance. Dr. Mack and your physical therapist will work together to determine when you are ready to return to normal activities without restrictions.

An arm sling with abduction pillow is used in all cases during the first 4 weeks. The sling is removed to perform range of motion exercises, but worn otherwise at all times. The sling is worn for comfort only during weeks 5 and 6, and discarded at the end of week 6.

<u>Cryotherapy</u> (ice or other commercial cold therapy devices, like Cryocuff ®) is recommended for 20-30 minute intervals daily for the first 2 weeks, then after physical therapy and exercise sessions and as needed.

ARTHROSCOPIC ROTATOR CUFF REPAIR REHABILITATION PROTOCOL David R. Mack. M.D.

Phase 1: Immediate (Weeks 0-4)

GOALS

- Control pain, swelling and inflammation
- Become independent with ADL's
- Limit activities to protect the repair
- Home exercises are done weeks 0-3. Formal physical therapy typically does not begin until the start of week 4.

EXERCISES

ROM

- Cervical AROM
- Elbow, wrist and hand AROM
- Scapular isometrics
- May begin pendulum exercises at 21 days

Sling and Abduction Pillow

- o To be worn at all times except while exercising elbow, wrist, and hand
- Cryotherapy 1-2 hours daily until end of week 2, then as needed

- No active ROM of shoulder
- No lifting of any kind
- No pushing up or supporting body weight with the operated arm
- No reaching behind the back

ARTHROSCOPIC ROTATOR CUFF REPAIR REHABILITATION PROTOCOL David R. Mack, M.D.

Phase 2: Early (Weeks 4-8)

GOALS

- Continue to control pain, swelling and inflammation
- Restore full <u>passive</u> ROM
- Continue to limit activities to protect the repair

EXERCISES

ROM

- Passive ROM in scapular plane, unlimited
- o ER to 45° until end of week 6, then unlimited
- IR to 30° until end of week 6, then unlimited
- Home pendulum exercises
- Supine wand exercises within the prescribed limits
- Manual scapular manipulation by physical therapist

Sling and Abduction Pillow

- May discontinue sling at the end of week 4 while at home but continue to wear in public places until the end of week 6
- o Cryotherapy as needed after exercise

- No lifting other than weight of the arm only
- No pushing up or supporting body weight with the operated arm

ARTHROSCOPIC ROTATOR CUFF REPAIR REHABILITATION PROTOCOL David R. Mack, M.D.

Phase 3: Intermediate (Weeks 8-12)

GOALS

- Restore full <u>active</u> ROM
- Restore strength, power, endurance, and proprioception
- Begin return to functional activities

EXERCISES

ROM

- Active ROM in all planes, unlimited
- o Passive ROM in all planes, unlimited

Strengthening

- o ER/IR with Therabands, gradually increasing resistance to black bands
- o Begin active abduction
- Full can exercises in scapular plane. Progress to empty can exercises when able to elevate arm in scapular plane without use of accessory muscles (scapular hiking/shoulder shrugging)
- Prone/Sitting rows
- Progress scapular stabilization

- No lifting greater than 10 pounds
- No sudden lifting, pushing, or pulling resulting in sudden contraction

ARTHROSCOPIC ROTATOR CUFF REPAIR REHABILITATION PROTOCOL David R. Mack, M.D.

Phase 4: Late (Weeks 12-36)

GOALS

- Maintain full active ROM
- Continue to restore strength, power, endurance, and proprioception
- Gradually return to all activities, including sports

EXERCISES

ROM

- Continue all active ROM exercises
- Passive ROM/stretching as needed to maintain ROM

Strengthening

- o Continue all previous exercises
- Begin sports specific drills at weeks 16-20 if pain-free and full active ROM has been restored, including:
 - Golf: Begin chipping, wedge play, progressing to shorter irons then longer clubs
 - o Throwing: Begin interval throwing program at 20 weeks.
 - Weight lifting: Begin with light machine weights, easy sets of 8-12 repetitions. Progress to free weights with spotter, then unrestricted after 24 weeks.

- Gradually resume sporting and other activities
- Use pain as guide regarding lifting restrictions