

PHYSICAL THERAPY PROTOCOLS

TYPE ONE - ROTATOR CUFF REPAIR

Small Tear (Less than 1 cm)

I. PHASE I – IMMEDIATE POST-OPERATIVE PHASE (WEEKS 0-6)

DAYS 0-14

Patient is seen 2 days post-operative to remove surgical dressings and pain catheter. Showering is allowed once dressings and catheter are removed. The patient is seen 2-3x/week for supervised rehab. MD visits at 2 weeks and 6 weeks.

REHABILITATION GOALS

- Gradual return to full ROM
- Increase shoulder strength
- Decrease pain

Brace Use: During the first 2 weeks, the patient wears sling/bolster 24 hrs/day except when in PT, showering or performing exercises at home.

MODALITIES

- Cryotherapy, interferential stimulation for pain control

EXERCISES

1. Passive ROM exercises (NO PULLEYS)
 - Flexion and abduction (within patient's tolerance)
 - IR & ER in scapular plane (within patient's tolerance)
2. Hand grip with putty or tennis ball
3. AROM: Elbow flexion-extension, forearm pronation-supination
4. AROM: Cervical spine
5. Submaximal, non-painful isometric shoulder exercises in all planes
6. Initiate rhythmic stabilization drills (Week 2)
7. Continuous Passive Motion Machine (CPM) if ordered by MD

WEEKS 3-4

Brace Use: Brace is typically discontinued at 2 weeks by MD

MODALITIES

- Ice, electric stimulation for pain control

EXERCISES

1. Continue ROM exercises – may begin AAROM with cane (no pulleys)
 - Flexion, abduction, ER, IR, all within patients tolerance
2. Initiate proprioception training
3. Rhythmic stabilization
4. Isometric shoulder exercises all planes
5. PRE's for elbow and wrist
6. Cardio: Stationary cycling

WEEKS 5-6: EXERCISES

1. Continue ROM – passive stretching and self stretches
2. May initiate light strengthening program: SL ER, manual resistance IR & ER, biceps, triceps
3. Tubing IR & ER with arm at side
4. Initiate active shoulder flexion, scaption and abduction without resistance
5. Initiate prone rowing, prone horizontal abduction

II. PHASE II – INTERMEDIATE PHASE: MODERATE PROTECTION PHASE (WEEKS 7-12)

The patient is seen usually 2 days/week for supervised rehab and performs home program 3x/week.
MD visit at 12 weeks.

GOALS

- Restore full range of shoulder motion
- Improve shoulder dynamic stability
- Improve shoulder proprioception

WEEKS 7-8: EXERCISES

1. Continue with stretching to achieve full ROM by Week 8
2. May begin light isotonic exercises: Flexion, full can, bicep curls, tricep extensions, prone ex's, ceiling punches, tubing IR & ER at 0 degrees abd.
3. Initiate PNF strengthening with manual resistance and tubing
4. Cardio: Stationary cycling, elliptical trainer, deep water running with vest

WEEKS 9-12: EXERCISES

1. May initiate more aggressive strengthening: Push-ups (progression), lat pulldowns (in front only), two armed plyometrics
2. Progress ER to overhead motion
 - ER at 90 degrees abduction (Weeks 10-12)
3. Progress strengthening exercises
4. Continue all stretching exercise
5. Cardio: May begin running at 10-12 weeks

*****Progress ROM to functional demands of sport or work*****

III. PHASE III – MINIMAL PROTECTION PHASE (WEEKS 13-20)

Patient is seen by MD at 4, 5 and 6 months.

GOALS

- Establish and maintain full ROM
- Improve muscular strength, power and endurance
- Gradually initiate functional activities

WEEKS 13-20: EXERCISES

1. Stretching to maintain ROM for overhead activity
2. Continue all isotonic exercises, weights and tubing
3. Chest press (protected ROM), shoulder press
4. Two armed plyometrics, progress to one-armed
5. Initiate interval sport/work program (throwing, work simulation)

IV. PHASE IV – RETURN TO ACTIVITY PHASE (MONTHS 4-6)

GOALS

- Enhance muscular strength, power and endurance
- Progress functional activities
- Maintain shoulder mobility
- Gradual return to sport or work activities

4-6 MONTHS: EXERCISES

1. Continue all flexibility and strengthening exercises
2. Progress Interval sport or work conditioning programs
3. Gradually progress to sport or work activities to unrestrictive participation