

## **Island Orthopaedics and Sports Medicine, P.C.**

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### **POST-OPERATIVE GUIDELINES FOR ARTHROSCOPIC ROTATOR CUFF REPAIR OF AN ISOLATED SUBSCAPULARIS TEAR INVOLVING 100% OF THE TENDON**

*Please Note: The time period refers to the seven days of the particular week noted. As examples, Post-op Week 1 includes days 1-7 and Post-op Week 7 includes days 43-49.*

*A full description can be found at [www.shoulders.md/handouts.htm](http://www.shoulders.md/handouts.htm)*

#### **Post-op week 1-2:**

- wrist, hand AROM
- Modalities (Ice, electrical stimulation)
- Dangling the arm at side during showering only
- Avoid shoulder ROM unless specified by surgeon, shoulder extension past neutral (use towel roll/pillow under elbow in supine), IR beyond stomach, lifting, pushing, pulling, carrying, and sleeping on the involved side.

#### **Post-op week 3-4:**

- Continue with week 1-2 program
- PROM and AAROM for forward elevation and external rotation might begin within surgeon's ROM limits based off intra-operative assessment, but are often delayed until post-op week 5-6.

#### **Post-op week 5-6:**

- Pendulums
- Gentle pain-free PROM for forward elevation and external rotation within surgeon's ROM limits based off intra-operative assessment
- Supine AAROM external rotation with stick within surgeon's ROM limits based off intra-operative assessment. Shoulder at 30-45 degrees of abduction and arm at least level with abdomen (use towel roll/pillow)
- Self supine AAROM forward elevation within surgeon's ROM limits
- Pain-free Sub-maximal isometrics except Internal Rotation
- Elbow, wrist, hand AROM (elbow only if no contraindications-SLAP repair, biceps repair/anchor, biceps tenodesis)
- Modalities (Ice, electrical stimulation)
- Avoid shoulder extension past neutral (use towel roll/pillow under elbow in supine), IR beyond stomach, lifting, pushing, pulling, carrying, AROM, and sleeping on the involved side

*\*The initiation of physical therapy and the exact timing of progression during the rehabilitation process may vary.*

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**Post-op week 7:**

- Continue PROM and AAROM with stick for forward elevation and ER within surgeon's limits
- Pulley in scapula plane with quality ROM (no scapula hike) and minimal pain
- AROM External Rotation in gravity eliminated position within ROM limits
- Glenohumeral stabilization and rhythmic stabilization exercises, except those involving internal rotation, in supine for forward elevation, ER (to restore neuromuscular control and proprioception needed for dynamic stability of GH joint).
- Scapula control exercise (manual resistance, scapula PNF)
- Prone row, extension to neutral (no weight)
- Continue week 5-6 program
- Avoid extension past neutral, internal rotation past stomach, active internal rotation, and maintain lifting, pushing, pulling, and carrying restrictions

**Post-op week 8-9:**

- Initiate AROM forward elevation in the scapula plane beginning with gravity eliminated positions (supine and side-lying) and progress according to quality of motion (semi-recumbent, sitting and/or standing). Avoid scapula hiking and begin with elbow flexed (short lever arm) and progress to elbow extended. Can begin with supported and progress to unsupported AROM exercises.
- Begin AAROM internal rotation
- Begin PROM/AAROM/AROM extension past neutral
- Begin PROM internal rotation beyond stomach
- Continue week 7 program

**Post-op week 10-11:**

- Begin AROM internal rotation in gravity eliminated position (sitting) and progress to side-lying
- Initiate strengthening of the posterior shoulder and scapula muscles. Start with 1 lb. dumbbell and elastic band/tubing with least resistance:
  - Side-lying ER
  - Prone extension/row
  - Scapula protraction supine
  - Elastic band/tubing for ER, extension to neutral, scapula retraction.
- Light bicep (if not contraindicated)/triceps strengthening
- UBE
- Stretch posterior shoulder/capsule (Sleeper stretch)
- Continue PROM/AAROM with stick/pulley as needed all planes

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**Post-op week 12-13:**

- Begin IR strengthening
- Progress strengthening program
- PROM and stretching as needed
- Begin PNF patterns
- Closed chain exercises

**Post-op week 14-15:**

- Progress open and closed chain as appropriate
- Maintain PROM and flexibility
- Begin light functional activity as appropriate and within surgeon's guidelines

**Post-op week 16+:**

- Progress functional activity
- Return to work considerations
- Sport specific activity/plyometrics when cleared by surgeon