

Island Orthopaedics and Sports Medicine, P.C.

Jonathan B. Ticker, MD

James Egan, PT

660 Broadway • Massapequa, NY 11758

516/798-0111

POST-OPERATIVE GUIDELINES FOR ARTHROSCOPIC ROTATOR CUFF REPAIR OF AN ISOLATED SUBSCAPULARIS TEAR INVOLVING 50% 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

Post-op week 1:

- Pendulums
- Gentle pain-free PROM for forward elevation and external rotation within surgeon's ROM limits based off intra-operative assessment
- 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.

Post-op week 2:

- 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
- 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.*

Post-operative guidelines for arthroscopic rotator cuff repair of an isolated subscapularis tear involving 50% of the tendon

Jonathan B. Ticker, MD • James Egan, PT

Post-op week 3-4:

- Continue PROM and AAROM with stick for ER within surgeon's limits
- PROM and supine AAROM for forward elevation within limits if any
- Pulley in scapula plane with quality ROM (no scapula hike) and minimal pain
- Pain-free Sub-maximal isometrics except Internal Rotation
- Scapula control exercise by PT in side-lying: active-assisted/active/resistive (to begin to restore scapula stability/force couple)
- Continue elbow/wrist/hand AROM/gripping
- Modalities for pain
- Continue to avoid extension, IR, lifting, pushing, pulling, carrying, AROM, and sleeping on the involved side

Post-op week 5-6:

- 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.
- AROM External Rotation within ROM limits. Begin gravity eliminated and progress to side-lying.
- Prone row, extension to neutral (no weight)
- 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)
- Continue previous PROM and AAROM exercises
- Avoid extension past neutral, internal rotation past stomach, active internal rotation, and maintain lifting, pushing, pulling, and carrying restrictions.

Post-op week 7:

- Advance PROM and AAROM external rotation as tolerated
- Begin PROM/AAROM/AROM extension past neutral
- Begin PROM internal rotation beyond stomach
- Begin AAROM internal rotation and carefully progress to AROM in gravity eliminated positions (sitting)
- 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
- Continue week 5-6 program

***Post-operative guidelines for arthroscopic rotator cuff repair of an isolated
subscapularis tear involving 50% of the tendon***

Jonathan B. Ticker, MD • James Egan, PT

Post-op week 8-9:

- Strive to achieve full PROM and AROM in all planes
- Active IR in side-lying
- Initiate light resisted forward elevation with thumb-up, “full can” position with dumbbell/band only when normal AROM has been achieved without substitution/scapula hike.
- Progress strengthening program except IR
- UBE
- Stretch posterior shoulder/capsule (Sleeper stretch)
- Continue PROM/AAROM with stick/pulley as needed all planes

Post-op week 10-11:

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

Post-op week 12-13:

- 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 14-15:

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