

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 LARGE TO MASSIVE TEARS >3 CM

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 1-2:

- 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

Post-op week 5-6:

- Pendulums
- PROM for forward elevation and external rotation within surgeon's determined ROM limits based off intra-operative assessment (this may begin later in massive tears).
- Elbow A/AAROM (elbow only if no contraindications-SLAP repair, biceps repair/anchor, biceps tenodesis), wrist/hand AROM/gripping
- Modalities for pain
- 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 7:

- Pendulums
- PROM within surgeon's ROM limits forward elevation/ER
- Elbow A/AAROM, wrist/hand AROM/gripping
- Modalities for pain
- Avoid Extension, IR, AROM, sleeping on involved side, lifting, pushing, pulling, carrying, and reaching for objects

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

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Post-op week 8-9

- Progress PROM as per surgeon for forward elevation and external rotation
- Supine AAROM external rotation with stick within ROM limits. Shoulder at 30-45 degrees of abduction and arm at least level with abdomen (use towel roll/pillow)
- Self supine AAROM forward elevation within ROM limits at end of stage and progress to supine stick forward elevation.
- Pulley in scapula plane if available quality ROM (no scapula hike) and minimal pain/discomfort
- Scapula control exercise by PT in side-lying: active-assisted/active/resistive (to begin to restore scapula stability/force couple)
- Sub-maximal isometrics of uninvolved tendons
- Avoid Extension, IR, AROM, sleeping on involved side, lifting, pushing, pulling, carrying, and reaching for objects

Post-op week 10-11:

- Glenohumeral stabilization and rhythmic stabilization exercises in supine for forward elevation, IR/ER (to restore neuromuscular control and proprioception needed for dynamic stability of GH joint).
- Prone row, extension to neutral (no weight)
- Continue isometrics
- Continue scapula control exercises (manual resistance, scapula PNF)
- Continue pulley and previous AAROM exercises
- Seated/standing ER, IR AROM with towel roll under arm (gravity eliminated)
- Initiate gravity eliminated AROM forward elevation (supine and side-lying) in scapula plane. (This may begin later in massive tears and/or depending on patient's progress)
- Light bicep/triceps strengthening
- Begin IR and extension PROM/AAROM
- Modalities as needed

Post-op week 12-13

- Strive to achieve full PROM
- Side-lying ER/IR AROM
- Progress AROM forward elevation to gravity-resisted positions (semi-recumbent and progress to sitting and/or standing) according to quality of motion. 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. *(This is usually not begun any earlier and may begin later based on patient progress and quality of tissue repair).*

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Post-op week 12-13 (continued):

- Initiate light resistance for the uninvolved tendons if near normal AROM in these planes without abnormal or substituted movement patterns. Start with 1 lb. dumbbell and elastic band/tubing with least resistance:
 - Prone extension/row
 - Scapula protraction supine
 - Side-lying IR/ER when able to perform AROM against gravity
 - Elastic band/tubing for Extension to neutral, scapula retraction, IR/ER later in stage if able.
- Stretch posterior shoulder/capsule (Sleeper stretch)
- Continue P/AAROM with stick all planes
- Continue biceps/triceps strengthening

Post-op week 14-15:

- AROM forward elevation in thumb-up “full can” position if no scapula hiking and may progress with dumbbell/band only when normal AROM has been achieved without substitution/scapula hike.
- Progress strengthening program
- Closed chain exercises
- UBE
- PNF patterns as appropriate
- PROM and stretching as needed

Post-op week 16-17

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

Post-op week 20 +

- Return to work considerations
- Sport specific/recreational activity training when cleared by surgeon