

TYPE II ROTATOR CUFF REPAIR (1CM ≤ 5 CM) ARTHROSCOPIC

Phase I – Protective Phase (0 – 6 Weeks post-op)

Goals:

- Maintain integrity of repair
- Gradual increase in PROM
- Gradual increase in shoulder strength while respecting repair
- Decrease pain and inflammation

Precautions:

- No lifting of objects
- No excessive shoulder extension, stretching or sudden movements
- No supporting of body weight on hands

Weeks 0 – 3:

- Sling or brace (determined by physician) for 5 weeks
- AROM: Perform elbow/hand/wrist/scapulothoracic AROM to tolerance
- Codman's Pendulums start at 3 weeks post-op

Weeks 3 – 5:

- Discharge sling at 5 weeks (unless specified by MD)
- PROM/AAROM:
 - Pendulums
 - Flexion to 115°
 - ER to 45 degrees in scapular plane
 - IR to 20 degrees in scapular plane
- Strengthening:
 - Sub-maximal/pain-free isometrics (all with bent elbow):
 - Flexion
 - Abduction
 - ER/IR
 - Extension
- Elbow Flexion/Extension strengthening
- Pain-control modalities



Home to the Texas Rangers

Weeks 5 - 6 post-op

- PROM/AAROM:
 - Flexion to 145 degrees
 - ER to 60 degrees in scapular plane
 - IR to 40 degrees in scapular plane
- Pain control modalities

Phase II – Intermediate Phase (6 – 12 weeks post-op)

Goals:

- Full, non-painful A/PROM (week 10)
- Gradual improvement of strength and power
- Gradual return to light functional activities

Weeks 6 – 12:

- Progress to full AAROM/PROM
- Strengthening:
 - Progress to ER/IR tubing and scapular stabilization strengthening
 - Closed kinetic chain stabilization drills
 - Progress isotonic dumbbell exercises: *patient must be able to elevate arm without scapular hiking before initiating isotonic; if unable then continue with humeral head stabilizing exercises.* Progress 1 pound/wk with max of 5 pounds based on progress.
 - Flexion to 90 degrees
 - Scaption to 90 degrees
 - Flexion/Horizontal Abduction (“T’s”): limit hor. abd. to scapular plane
 - ER/IR in side lying
 - Prone rows
 - Prone horizontal abduction
 - Bicep/Tricep strengthening
 - Initiate isokinetic high-speeds for ER/IR in neutral at 8 weeks post-op
 - Isokinetic strength test at neutral for IR/ER at 60 deg/s and 180 deg/s at 12 weeks post-op

Phase III – Advanced Strengthening Phase (12 – 20 weeks post-op)

Goals:

- Maintain full, non-painful ROM
- Improve shoulder complex strength and neuromuscular control
- Gradual return to functional activities

Weeks 13 – 20:

- Maintain PROM, AAROM and AROM
- Initiate self capsular stretches if shoulder is tight
- Strengthening:
 - High-speed isokinetics for ER/IR in neutral
 - Begin general shoulder strengthening with precautions:

Latissimus pulls with narrow grip and arms in front of body
Chest press with light dumbbells keeping elbows anterior to shoulder
Machine rows without going past neutral shoulder

- Initiate plyometric program (2 handed chest pass -> 2 handed chops -> 1handed 90/90) at 16 weeks

Phase IV – Return to Activity Phase (21 – 28 weeks post-op)

Goals:

- Maintain shoulder ROM, strength and neuromuscular control
- Gradual return to recreational sport activities
- Gradual return to strenuous occupational activities

Weeks 20 – 24:

- Continue flexibility, strength, stabilization and plyometric exercises
- Isokinetic strength test for ER/IR in neutral at 60°/ sec, 180°/ sec, and 300°/sec
- Initiate interval sport program

Weeks 24 – 28:

- Continue flexibility, strength, stabilization and plyometric exercises
- Continue with interval sport program and progress to return to play when released

Criteria for return to play:

- Physician approval
- Satisfactory ROM
- Satisfactory strength test
- Satisfactory clinical exam
- Satisfactory completion of interval sport program