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## Rotator Cuff Repair Rehab Protocol - Delayed

	GOALS	PRECAUTIONS	SLING	ROM GOALS	EXERCISES / MODALITIES
PHASE I – Post-Op 0-6 weeks	<ul> <li>Maintain &amp; protect integrity of repair</li> <li>Diminish pain and inflammation</li> <li>Prevent muscular inhibition</li> <li>Independent with ADLs with modifications while maintaining repair integrity</li> </ul>	<ul> <li>Maintain arm in abduction sling/brace</li> <li>Remove only for exercise</li> <li>No lifting objects</li> <li>No shoulder motion behind back</li> <li>No excessive stretching</li> <li>No sudden movements</li> <li>No supporting any weight</li> <li>No lifting of body weight by hands</li> <li>Keep incisions clean/dry</li> </ul>	<ul> <li>Abduction brace/sling at all times (including sleep)</li> <li>Position in NEUTRAL to avoid excessive shoulder IR</li> </ul>	• NO SHOULDER ROM (PROM, AROM, AAROM)	<ul> <li>Pendulum exercises several times per day</li> <li>Finger, wrist, and elbow AROM</li> <li>Begin scapula musculature isometrics / sets</li> <li>Cervical ROM</li> <li>Cryotherapy (ice)</li> <li>Resume general conditioning after 1 week (walking, stationary bike, etc)</li> <li>Patient education: posture, joint protection, positioning, hygiene, etc</li> </ul>
Phase II – Passive Motion 6-8 Weeks	<ul> <li>Allow healing of soft tissue (rotator cuff still needs to heal to bone)</li> <li>Do NOT overstress healing tissue</li> <li>Gradually restore PROM</li> <li>Decrease pain/inflammation</li> </ul>	<ul> <li>No resisted motions of shoulder until <u>12 weeks</u> post-op</li> <li>No lifting</li> <li>No supporting body weight by hands/arms</li> <li>No sudden jerking movements</li> <li>Avoid UE bike or UE ergometer at all times</li> </ul>	• May discontinue brace/sling at the end of week 6	<ul> <li>True PROM only!</li> <li>Progressive PROM: <ul> <li>90°FF</li> <li>20° ER at side</li> <li>Abd max 60-80°</li> <li>without rotation</li> <li>(scapular plane)</li> <li>IR to abdomen</li> </ul> </li> </ul>	<ul> <li>Grip strengthening</li> <li>No canes/pulleys until 8 weeks post-op (these are active-assist)</li> <li>Heat before PT, ice after PT</li> <li>Initiate prone rowing to neutral arm position</li> <li>Continue cryotherapy PRN</li> <li>May use pool (aquatic therapy) for ROM exercises</li> </ul>

• Do NOT change bandages unless instructed by physician

- Monitor for pain and swelling. Modify as necessary.
- Encourage home exercises program daily
- Encourage ice 4x a day for 20 minutes while swelling is present.
- For any questions or concerns please contact Dr. Tauberg's office



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	GOALS	PRECAUTIONS	SLING	ROM GOALS	EXERCISES / MODALITIES
PHASE II – Protection / Active Motion 8-12 weeks	<ul> <li>Maintain integrity of repair</li> <li>Do not overstress healing tissue</li> <li>Gain full PROM</li> <li>Start/advance AAROM to AROM (week 10-12)</li> <li>Dynamic shoulder stability</li> <li>Optimize neuromuscular control</li> <li>Gradual return to functional activity</li> </ul>	<ul> <li>No resisted exercises</li> <li>Avoid exercises in coronal plane and ABDuction</li> <li>No lifting heavy objects (&gt;5lbs)</li> <li>No sudden lifting/pushing objects objects</li> <li>No sudden jerking motions</li> <li>No overhead lifting</li> <li>Avoid upper extremity bike/ergometer</li> </ul>	• none	<ul> <li>Gradually progress to full PROM all planes</li> <li>Full ROM by weeks 9-10</li> <li>Begin AAROM progression to AROM as tolerated</li> <li>Flexion scapular plane, abduction, ER, IR</li> </ul>	<ul> <li>Continue with Phase I</li> <li>Continue periscapular exercises</li> <li>Light passive stretching at end ranges</li> <li>Week 10: Begin rotator cuff isometrics with arm at side</li> <li>Begin scapular exercises, PRE's for large muscle groups (pecs, lats, etc)</li> </ul>
PHASE III – Early Strengthen 12-16 weeks	<ul> <li>Progressive rotator cuff strengthening and scapular stability</li> <li>Progressive functional training</li> <li>Gradual restoration of strength, power, and endurance</li> <li>Dynamic shoulder stability</li> </ul>	<ul> <li>Avoid exercise in coronal plane and ABDuction</li> <li>No weight training</li> <li>No lifting of objects heavier than 5lbs</li> <li>No sudden lifting or pushing</li> <li>No sudden jerking motions</li> <li>No overhead lifting</li> <li>Avoid upper extremity bike or ergometer</li> </ul>	• none	<ul> <li>Advance to full ROM as tolerated</li> <li>Passive stretching at end ranges</li> </ul>	<ul> <li>Week 12: Initiate Strengthening         <ul> <li>Isometrics → bands → light weights (1-5 lbs, 8-12 reps/2-3 sets per cuff, deltoid, and scapular stabilizers)</li> <li>ER/IR with therabands/tubing</li> <li>ER in lateral decubitus position</li> <li>Full can in scapular plane (NOT in full abduction)*</li> <li>Prone rowing</li> <li>Prone horizontal abduction</li> <li>Prone extension</li> <li>Elbow flexion</li> <li>Elbow flexion</li> <li>Only do strengthening 3x/week to avoid rotator cuff tendinitis</li> <li>Week 14:</li> <li>Continue all exercises listed above</li> <li>Progress to fundamental shoulder exercises</li> <li>Eccentrically resisted motions, plyometrics, proprioception</li> </ul> </li> <li>* Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonics; if unable, continue glenohumeral joint exercises</li> </ul>



	GOALS	PRECAUTIONS	SLING	ROM GOALS	EXERCISES / MODALITIES
PHASE IV –	Maintain full non-	Continue to avoid	None	Continue full motion	• Week 16
Advanced	painful AROM	excessive force on the		<ul> <li>Continue self-capsular</li> </ul>	- Continue progression of strengthening
Strengthen	<ul> <li>Advance conditioning</li> </ul>	shoulder		stretching for ROM	- Advance proprioceptive and neuromuscular activities
16-26+ weeks	exercises for enhanced functional use	<ul> <li>Slow progression of weight training</li> </ul>		maintenance	<ul> <li>Light sports if doing well (golf chipping/putting, tennis ground strokes, etc</li> </ul>
	• Improve muscular				- Theraband: may add T's, diagonal up and down, prone U
	strength, power, and				<ul> <li>Advance as tolerated</li> </ul>
	endurance				- Only do 3x/week to avoid rotator cuff tendonitis
	<ul> <li>Gradual return to full</li> </ul>				• Week 20-22
	functional activities				<ul> <li>Begin sports related rehab, including advanced conditioning</li> </ul>
					- Interval sports program (Golf, doubles tennis, etc)
					- Continue strengthening/stretching
					• 6 Months
					- Return to throwing
					• 9 Months
					- Throw from pitcher's mound
					- Return to collision sports
					• 12 Months
					- Usually reach MMI

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