CRYSTAL CLINIC ORTHOPAEDIC CENTER

Small or Medium Sized Rotator Cuff Repair Protocol
Dr. Sal Frangiamore

**** Please keep in mind, these are guidelines only. Other than specifics regarding slingwear and specific limitations, I trust your expertise to provide the best treatment strategy for my patients** if there are any questions don't hesitate to contact, myself or my team**

Precautions:
****In general: focus on gaining passive motion before focusing on active motion****
**** If biceps tenodesis is performed (arthroscopic or mini open (arm pit incision):**

- No limits to passive elbow ROM or Active non-weighted elbow flexion
- Avoid resisted elbow flexion or forearm supination for the first six weeks post-operatively to avoid stressing the biceps tenodesis

**** If operative report reads "Upper Border Subscapularis Repair****

- **No specific subscapularis precautions need to be followed, just follow general guidelines**

****If traditional subscapularis repair is performed****

- No ER past 30 degrees for 6-8 weeks
- No cross-body adduction for 6-8 weeks
- No active IR or IR behind the back for 6-8 weeks

Phase 1: Maximal Protection (0-4 weeks)
GOALS:

- Maintain integrity of the repair
- Gradually increase passive range of motion
- Minimize shoulder pain & inflammatory response
- Ensure adequate scapular & postural function
- Minimize negative effects of immobilization

PRECAUTIONS:

- Proper sling use for 3-4 weeks even while sleeping (discharged by physician)
- Avoid shoulder AROM before 4 weeks
- ROM should be gradual and never forced (avoid pain or pinching) before 6 weeks. Can get more aggressive with ROM from that point on.
- Limit use of UE and avoid lifting with arm.
- Towel roll placed underneath arm to avoid humeral extension for ROM

Phase 2: Minimal Protection (4-10 weeks)
GOALS:

- Allow healing of soft tissue/repair
- Do not overstress healing tissue

- Gradually restore full PROM & initiate AROM
- Minimize shoulder pain & inflammatory response
- Reestablish dynamic shoulder stability
- Minimize negative effects of immobilization

PRECAUTIONS:

- Avoid shoulder AROM before 4 weeks
- ROM should be gradual and never forced (avoid pain or pinching)
- Limit use of UE and avoid lifting with arm (computer use with supported arm, avoid activation)
- Towel roll placed underneath arm to avoid humeral extension for ROM

Phase 3: Initial Resistance Strengthening & Proprioception (10-16 weeks)

GOALS:

- Maintenance of full ROM (continue gradual progression PRN)
- Gradual restoration of shoulder strength
- Enhance dynamic shoulder stability
- Gradual return to everyday activities

PRECAUTIONS:

- Avoid lifting with arm and limit overhead activity
- Emphasize proper scapulohumeral rhythm with all below activity
- Towel roll placed underneath arm to avoid humeral extension for ROM

Phase 4: Advanced Strengthening & Proprioception (3.5-6 months)

GOALS:

- Maintenance of full non-painful ROM
- Improve muscular strength, endurance and power
- Enhance functional use of upper extremity
- Gradual return to functional activities and/or sport

PRECAUTIONS:

- Do not increase stress to shoulder in a short period or uncontrolled manner
- Do not progress into activity-specific training until full ROM and strength are achieved
- Avoid weight lifting exercises that places undue stress on shoulder (e.g. lat pulldowns behind the head, tricep dips)
- If patient does not perform velocity dependent tasks during work/sport/ADLs do not perform plyometrics

CRITERIA FOR PLYOMETRIC TRAINING

1. Adequate strength of scapular stabilizers & rotator cuff: MMT 4+/5 (70-80% bilateral comparison with handheld dynamometer)
2. Involved extremity ER to IR ratio >66% (isokinetic or handheld dynamometry testing)
3. Pain-free ADLs and with previous strengthening
4. Minimum 3 weeks of multi-plane activity at increased speed of movement