

**POST-OPERATIVE REHABILITATION PROTOCOL
ARTHROSCOPIC ROTATOR CUFF REPAIR – MASSIVE REPAIR WITHOUT
SUBSCAPULARIS REPAIR**



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RATIONALE:

This protocol is designed with the goals of: 1) maximizing the healing potential of the rotator cuff repair, 2) restoring pain-free motion, 3) restoring pain-free function. This protocol emphasizes a self-directed home exercise program. The Therapist and patient will determine the optimum interval and frequency of visits based on individual patient needs.

IT IS CRITICALLY IMPORTANT THAT YOU PERFORM THE EXERCISES AS DIRECTED. NOT PERFORMING THE EXERCISES WILL LEAD TO A POOR RESULT FROM YOUR SURGERY.

Exercises should be performed 2 - 3 times per day, for a 5 – 10 minutes at a time. The exercises are more effective when performed in short bursts than for a single longer session.

This protocol differs from the standard protocol as it is more conservative. Based on tear size, repair integrity, and the degree (or lack thereof) of post-operative stiffness, motion exercises will begin at some point between 2 and 6 weeks post-op.

Weeks 1 – 6 Post-Op

PRECAUTIONS:

- Maintain arm in sling at all times. Remove only when performing exercises, for personal hygiene, showering
- NO active motion of the shoulder
- No supporting of any weight or weight bearing
- No lifting objects > 5 lbs
- No excessive stretching or sudden movements
- No shoulder motion behind back

EXERCISES:

- Pendulum/Codman's exercises for dressing activities, personal hygiene
- Passive Range of motion – External Rotation: 0 – tolerance, limit 30 degrees.
- Passive Range of Motion – Forward Elevation: 0 – tolerance, limit 120 degrees; utilize table slides as part of Forward Elevation program
- Scapular Retraction with arms at side and
- Scapular Kinematic exercises
- Elbow, wrist, finger exercises

Weeks 6 – 12

PRECAUTIONS:

- Discontinue sling use
- No supporting of any weight or weight bearing
- No lifting objects > 5 lbs
- No excessive acceleration/deceleration, jerking, or sudden movements
- No shoulder motion behind back
- Emphasize slow, steady improvement each and every day – do not attempt large “heroic” improvement on any one given day.

EXERCISES:

- Continue passive ROM exercises, progress ROM as tolerated towards full ROM
- Begin active-assist motion of the shoulder; incorporate pulley exercises to facilitate active assist Forward Elevation ROM
- Progress from active assist to active ROM exercises as tolerated. Progress Active ROM as tolerated.
- Continue scapular retraction and kinematic exercises
- Emphasize appropriate scapular retraction and kinematics as active motion progresses

Week 12 – 6 months post-surgery

PRECAUTIONS:

- No excessive acceleration/deceleration, jerking, or sudden movements
- No heavy lifting activities.

EXERCISES:

- Begin Progressive Strengthening Program
- Begin with theraband exercises.
- Progress from therabands to light weights, and then progress as tolerated
- Goal of Progressive Strengthening program is to be performing strengthening exercises as tolerated in a gym by 4 ½ months post-op
- Theraband strengthening
- Low row exercises

Sport Specific Precautions:

GOLF:

1) may put at 3 months post-op, 2) chips from 10 yards and in at 4 months, 3) start ½ wedge shots at 5 months, gradually lengthen out to full swing by 6 months

TENNIS:

(Non-Dominant Arm) 1) may begin volleys and 1 armed ground strokes at 4 months, 2) may begin toss for serve at 4 ½ months

(Dominant Arm): 1) may begin volleys at 4 ½ months, 2) may begin light groundstrokes at 5 months, progress to full strength ground strokes by 6 months. **NO OVERHEADS OR SERVES UNTIL 6 MONTHS POST-OP!**

THROWING:

1) no overhead throwing until 6 months post-op. Competitive throwers begin throwing program at 6 months.