LAKESHORE
BONE & JOINT INSTITUTE
ORTHOPEDIC EXCELLENCE. KEEPING YOU IN MOTION.

Neel P. Jain, MD
Orthopedic Surgery
Sports Medicine
Direct Line (219) 250 - 5038
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Rotator Cuff Repair Protocol

Name _____ **Date** _____

Procedure _____

Size Small Medium Massive **Graft** Yes No **Tissue Quality** Good Adequate Poor

*****If massive repair or superior capsular reconstruction, delay all by 2 weeks, no resistance x 4 months**

Procedure Date _____

Frequency 1 2 3 4 5 times/week **Duration** 1 2 3 4 5 6 weeks

FIRST THERAPY VISIT

- Therapy appointment should be scheduled for 3-5 days postoperatively.
- Goals of therapy visit include:
  - Surgical site evaluation (see below for instructions)
  - Brace/sling education and adjustment as needed
  - Review of therapy protocol, expectations, and plan
  - Initiation of early phase therapy ONLY if applicable (follow protocol as outlined below)
- Surgical site evaluation
  - Incisions are closed with one or combination of below methods
    - Staples
    - Nylon sutures (black sutures)
    - Monocryl sutures covered with steristrips or glue
    - Prineo dressing (clear adherent glue dressing)
- Dressing Care:
  - Wash hands with antibacterial soap before changing or examining the dressing.
  - If a **Tegaderm dressing** is present near the armpit, **DO NOT REMOVE IT**—this should remain intact until the first physician appointment. The rest of the dressing may be changed as instructed below.
  - There will be gauze and padding over the incisions, and the extremity may be wrapped with an ACE wrap.
  - The therapist should **change the surgical dressing using sterile technique,** which includes:
    - Sterile field
    - Sterile gloves
    - Betadine or chlorhexidine skin cleanser
    - Sterile supplies

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- **Do NOT remove** Steri-Strips, glue dressing, sutures, or staples.
- The new dressing should include dry gauze and tape/ACE wrap. If there is a prineo dressing, no covering is needed. Ensure wounds are clean and dry before applying a new dressing, without removing Steri-Strips or glue.
- Do **not** use **Tegaderm** unless it was applied during surgery or specifically stated in the orders.

If there are any concerns regarding the incisions or dressings, the therapist should call the office immediately at (219) 250-5038.

- Post-Op Incision Care
  - **Unless otherwise instructed, incisions must remain dry for seven days.**
  - **Showering:**
  - The incisions must be **sealed off in the shower** until cleared by the physician.
  - Prineo and glue dressings are water-resistant, and **incisions covered by these dressings may get wet after 3-5 days** (minimize water exposure).
  - **Do NOT scrub the area.** Instead, gently rinse with warm, soapy water.
  - Pat dry with a clean towel and **avoid lotions or creams.**
  - **Do NOT soak** in a **pool, bath, or hot tub** until cleared by the surgeon.
  - Wear **clean clothes** after showering and avoid pet hair or other contaminants near the surgical site.
  - **Do NOT apply ointments or medications** to the surgical area.

*****Range of motion is an important progression of therapy, but limiting swelling is important. Respecting swelling will decrease pain and improve motion.*****

Weeks 0-1:

- Patient to do home exercises given post op (posture, shrugs, pinches, pendulums, elbow ROM grip strengthening)
- Patient to remain in post op sling for 4-6 weeks (8 weeks if massive) – **CHECK END OF DICTATED OPERATIVE NOTE**

***Note: if subscapularis repaired then ER limitations are as follows:
Weeks 0-2 ER- O°
Weeks 3-4 ER- 20°
Weeks 4-6 ER- 30°
Weeks >6 ER- full

- No active IR x 6 weeks, No extension or dorsal IR (DIR) for 6 weeks

***** If biceps tenodesis also performed, NO active elbow flexion x 4 weeks and NO elbow resistance x 6-8 weeks**

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Weeks 1-6:

- True PROM only! The rotator cuff tendon needs to heal back to bone!
- 0-3 weeks ROM goals: 90°FF/40°ER at side, Scaption 60°-80° without rotation
- 4-6 weeks ROM goals: Full FF/Full ER at side, ABD max 60°-80° without rotation, ER wand with towel under neutral arm
- At 4 weeks, begin submaximal isometrics in neutral (monitor pain)
- Precaution- no IR for 7 weeks; No resisted motion of shoulder until 12 weeks
- Grip strengthening
- No pulleys or overhead wand until 6 weeks post op because these exercises are active assist exercises!
- Heat before therapy, ice after therapy, soft tissue mobs and modalities
- Encourage HEP

Weeks 6-12:

- Begin AAROM➔ AROM as tolerated, at 7 weeks begin IR
- Goals same as above, but increase as tolerated
- Light passive stretching at end ranges
- Begin scapular stabilization exercises

Months 3-12:

- Advance to full ROM as tolerated with passive stretching at end ranges especially anterior capsule
- Advance to strengthening as tolerated, isometrics➔ bands➔ light weights (1-5#); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers (if massive RCR, no resistance until 4 months post op)
- Begin eccentrically resisted motions, plyometrics (ex- weighted ball toss), proprioception (ex- body blade)
- Begin sports related rehabilitation at 4.5 months, including advanced conditioning
- Return to throwing at 6 months
- Throw from pitcher's mound at 9 months
- Collision sports at 9 months
- MMI is usually 12 months

Comments:

Teach HEP_____

Modalities PRN

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

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Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature_____ **Date** _____