



Post-operative Rotator Cuff Repair Protocol

Therapist Instructions

Immediate Therapy

The MOON Shoulder Group is a collection of shoulder experts who study the best methods to treat patients with rotator cuff tears. Your Patient is part of a study evaluating the effect of timing of post-operative therapy after rotator cuff repair.

This patient is to begin therapy in the first week after surgery.

The patient should work with the therapist 1-3x/week until released by the surgeon.

Your patient has received a home therapy exercise guide. You should review this home exercise program with the patient.

Do not add or skip any part of this program. If you have concerns, please contact the surgeon.

General Instructions

Modalities	Level-1 evidence supports the use of cryotherapy. Patients are encouraged to use cryotherapy after surgery.
Sling Use	A sling with a small pillow is to be worn for six weeks after surgery. The sling may be removed for showering and activities as directed. The sling should be worn when the patient is in an uncontrolled environment: sleeping, around children, pets, and crowds, during these six weeks.
Activity Restrictions	<ul style="list-style-type: none">• Showering: 48 Hours• Deskwork: When comfortable with sling• Driving: Not until sling is off at 6 weeks• Using arm for Activities of Daily Living (no weight): 6 weeks• Using arm to reach overhead: 12 weeks• Using arm to reach behind back: 12 weeks• Using arm to carry objects: 12 weeks• Pushing/Pulling: 12 weeks• Sport/Heavy Activity: When finished with therapy program
Exercise Programs	Therapy is to begin within 7 days after surgery. Exercises should be performed once per day at home or with a therapist. The exercise program is divided into four time-dependent phases. Do not advance into the next phase until the appropriate time after surgery.
Questions/Concerns	If you have questions or concerns, please contact your surgeon.

Phase 1

Passive Motion (0-4 weeks)

Passive range of motion begins within 7 days after surgery. Passive range of motion requires the therapist or an assistant at home to put the arm through a comfortable range of motion while the patient is supine. Motions include forward elevation, external rotation, and abduction – all within a comfortable range. Pendulum exercises are begun during this time. Scapula exercises begin at 1 week, and are done while the patient's arm is in the sling. Scapula exercises should include shrugs, depression, retraction and protraction. Hand, wrist, and elbow motion should be done ad lib.

In addition, pendulum exercises can be initiated during this time. These can be done at home, twice each day



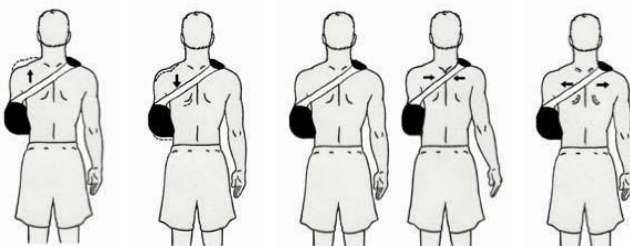
Passive Range of Motion: The patient lies supine and relaxes. The therapist will move the arm. The patient should relax and should not contract any muscles while the therapist moves the arm. *This should be done at each therapy visit, three times each week.*



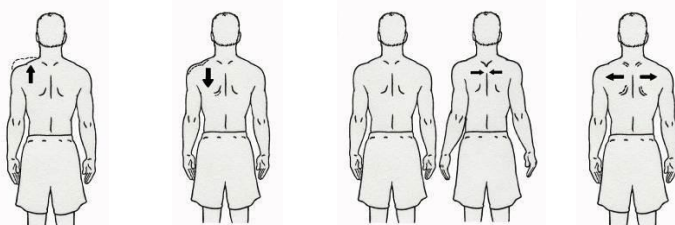
Pendulum Exercises:
Use torso to move arm by rocking body weight. Go in clockwise direction then counter clockwise. *Pendulum exercises can be done twice each day.*

Scapula Exercises (0-12 weeks)

Scapula exercises begin within 1 week and are done while the patient's arm is in the sling. Scapula exercises should include elevation with shrugs, depression, retraction and protraction. Six weeks after surgery, these can continue out of the sling until strengthening exercises begin, 12 weeks after surgery. These exercises can be done daily.



Scapula Exercises with Sling (0-6 weeks after surgery): While upright and wearing the sling bring shoulder blades up as you shrug, down as you depress the shoulder, together toward the spine, and apart. Practice upright posture. These can be done daily.



Scapula Exercises without sling (6 weeks after surgery): After six weeks these same exercises can be done without the sling, with the arm at the side. These can be done daily.

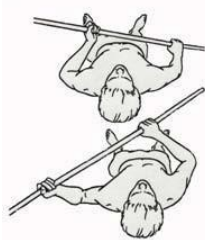
Phase 2

Active Assisted Motion (4 weeks)

The second phase of therapy begins with active assisted range of motion, and starts 4 weeks after surgery. The patient lies supine and uses the unaffected arm (or a stick or cane) to move the postoperative arm into forward elevation, external rotation and abduction. *These can be done daily.*



Supine Active Assisted Forward Elevation: Using a stick or cane, the normal arm will move the affected arm over the head.



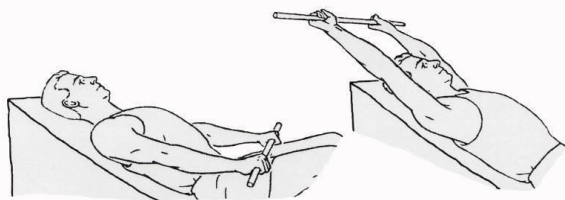
Supine Active Assisted External Rotation: Keep the affected arm tucked close to the body. Bend the elbow to 90 degrees so the hand is pointed to the ceiling. Using a cane, the health arm moves the affected arm in external rotation.



Assisted Abduction: While keeping the elbow of the affected arm straight, the unaffected arm will move the affected arm out to the side of the body as high as is comfortable

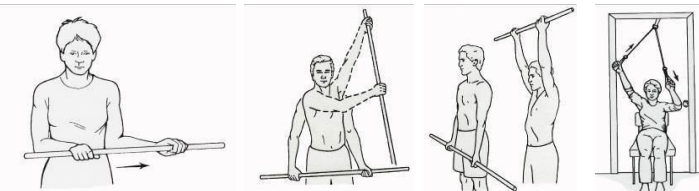
Active Assisted Range of Motion (5-8 Weeks)

Five weeks after surgery, the patient's back is propped up approximately 45 degrees and uses the unaffected arm to move the postoperative arm (or a cane or stick) into forward elevation, external rotation and abduction. After six weeks, the patient can do these exercises while upright. *These exercises can be done daily.*



45 Degree Active Assisted Range of Motion: While propped on a pillow at 45 degrees and using a stick or cane, the normal arm will move the affected arm over the head. The arm is moved in forward elevation, abduction, and external rotation. This begins 5 weeks after surgery and is done daily.

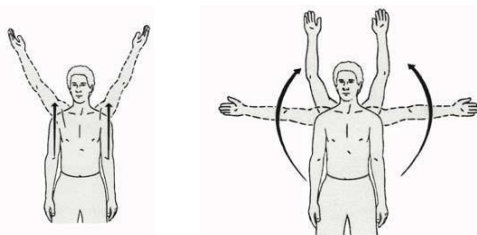
Upright Active Assisted Range of Motion: Six weeks after surgery using a stick or cane, the normal arm will move the affected arm in external rotation, abduction and forward elevation while upright. Sitting in a chair while using pulleys is allowed at this time as well. *These exercises should be done daily.*



Phase 3

Active Motion (8-12 weeks)

While continuing to work on active assisted range of motion, the patient now begins active range of motion in forward elevation, external rotation and abduction. In addition, isometric strengthening exercises begin at this time. *These exercises can be done daily.*



Active Range of Motion: While upright, the patient moves the arm in front of the body (forward elevation) and to the side of the body (abduction).

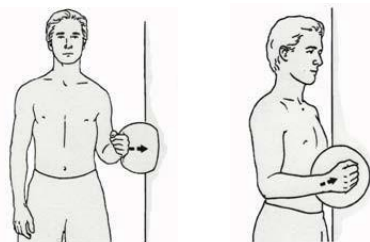
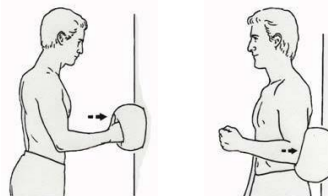
Active Range of Motion: It is important to avoid “hiking” the shoulder. Place the uninvolved hand on the affected shoulder, or do these exercises in front of a mirror to avoid this.



Isometric Exercises (8-12 weeks)

Beginning 8 weeks after surgery, the patient can begin isometric exercises. Using a pillow or folded towel, the patient applies pressure to the wall without moving the shoulder.

Isometric Push & Pull: With a pillow against the wall, and the arm tucked close to the body, create pressure with the fist for forward push, and with the elbow to push backward. *Hold the position for 15 seconds then rest for 30 seconds. Repeat this 10-15 times. This can be done daily.*

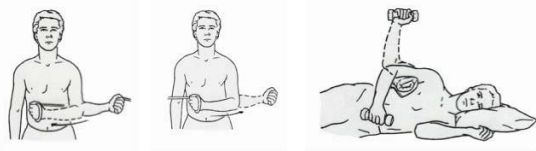


Isometric External & Internal Rotation: With a pillow against a wall, and the arm tucked close to the body, create pressure with the back of the hand for external rotation, and with the palm of the hand for internal rotation. *Hold the position for 15 seconds then rest for 30 seconds. Repeat this 10-15 times. This can be done daily.*

Phase 4

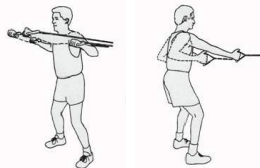
Resisted Exercises (12-16 weeks)

After 12 weeks, the patient can begin strengthening with resisted exercise using elastic bands and/or hand weights. Resisted exercises should be done 3 days per week. *Each exercise should be performed as 10-15 repetitions followed by 2 minutes of rest, and repeated 3-4 times.*



Rotator Cuff Strengthening: With the arm tucked close to the body, use rubber tubing to provide resistance to internal rotation of the arm. Turn around to use the tubing to provide resistance to external rotation of the arm. Alternatively, you may lie on your side and use small hand weights to provide external rotation resistance. *Do 10-15 repetitions, for 3-4 sets, for 3 days/week.*

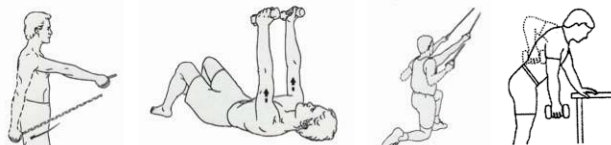
Deltoid Strengthening: With the arm tucked close to the body, use rubber tubing to provide resistance to forward punches. Turn around to use the tubing to provide resistance to pulling the arm. *Do 10-15 repetitions, for 3-4 sets, for 3 days/week.*



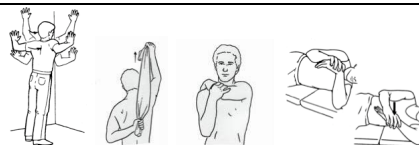
DO NOT DO FULL-CAN OR EMPTY-CAN EXERCISES! These place too much stress on the rotator cuff.



These exercises include scapula strengthening and light stretching.



Resisted Scapula Strengthening: Scapula strengthening exercises include locked elbow extension to work the trapezius, press-up plus - reaching toward the ceiling to work the serratus. Rows may be done kneeling with elastic bands, and upright with a hand weight. *Like other strengthening exercises, each exercise should be performed as 10-15 repetitions, followed by 2 minutes of rest, and repeated as 3-4 sets. Strengthening exercises should be done 3 days each week.*



Shoulder Stretching: *Stretching should be done daily. Hold each stretch for 15 seconds, rest for 15 seconds, and repeat 5 times.* The corner stretch will stretch the anterior shoulder. The towel stretch, crossbody stretch and the sleeper stretch will stretch the posterior shoulder. Begin with gentle stretching. After 16 weeks, aggressive stretching may be used if needed.