

SMALL-MEDIUM ROTATOR CUFF CLINICAL REPAIR GUIDELINE



Summary of Recommendations

Risk Factors	<ul style="list-style-type: none"> • Avoid AROM before 6 weeks • Correct scapular substitution with AA/AROM • Smoking • Postural considerations should be addressed
Precautions	<ul style="list-style-type: none"> • Sling use for 6 weeks • Start physical therapy Week 2-4 • Continue post-operative home exercises until starting physical therapy • No behind back stretching x 12 weeks • <i>Subscapularis Repair (12 weeks)</i> <ul style="list-style-type: none"> ○ No ER past 30 degrees ○ No cross body adduction ○ No active IR or IR behind back ○ No supporting of body weight on affected side (i.e. pushing up from chair)
Manual Therapy	<ul style="list-style-type: none"> • Week 2-4: caudal GH mobilizations, PROM flexion and external rotation only, soft tissue mobilization as appropriate, hand/wrist/elbow ROM exercises • Week >4: PROM (flexion, external rotation, internal rotation, abduction), soft tissue and joint mobilization as appropriate
Corrective Interventions	<ul style="list-style-type: none"> • Pain and edema control modalities • Manual for glenohumeral and scapular mobility and shoulder ROM • Therapeutic exercise and neuromuscular re-education for UE strength, control and postural stability • Therapeutic activity for return to work simulations to increase strength and endurance • Sport-specific activity training
Outcome Testing	<ul style="list-style-type: none"> • Disability of Arm, Shoulder, Hand (DASH) • Quick DASH
Criteria for Discharge	<ul style="list-style-type: none"> • Full AROM with no scapular substitution • 5/5 RTC strength • 65-70% IR/ER isokinetic testing

Phase 1: Protection

ROM	<ul style="list-style-type: none"> ● Continue PROM <ul style="list-style-type: none"> ○ Begin PROM in abduction per patient tolerance ● Shoulder joint mobilizations (grade II-III) – posterior and caudal ● Scapular mobilizations ● Pectoralis minor flexibility <ul style="list-style-type: none"> ○ Supine postural stretch ● Begin wand exercises in a seated position <ul style="list-style-type: none"> ○ Shoulder external rotation ○ Shoulder flexion if not contraindicated
Strengthening	<ul style="list-style-type: none"> ● Begin isotonic scapular retraction/protraction <ul style="list-style-type: none"> ○ Supine serratus punches ○ PNF patterns in sidelying (scapular clock) ○ Sitting retraction ● Begin manual resistance scapular stabilization (late phase) <ul style="list-style-type: none"> ○ Scap Squeezes, extension with light resistance
Modalities	<ul style="list-style-type: none"> ● Ice and pain modalities as indicated
Criteria for Progression	<ul style="list-style-type: none"> ● Decrease pain ● Full PROM supine ● Sleeping through the night ● Normal posture

Phase 2–discontinue sling at 6 weeks

Week 6-8

ROM	<ul style="list-style-type: none"> ● AAROM per patient tolerance - all motions, adding abduction, IR, horizontal abduction (maintain subscapularis precautions) ● Ball on wall, UE swiss ball mobility –IR/ER ● Towel wipes on table – any direction
Strengthening	<ul style="list-style-type: none"> ● Initiate sub-max/50% effort strengthening <ul style="list-style-type: none"> ○ Isometric flexion, extension, abduction, ER, IR ○ Isometric lower trap ○ Dynamic isometric walk-outs ● Closed-chain stability – elbow extension with hand on ball performing oscillations ● Progress scapular neuromuscular strengthening

Week 8-10

ROM	<ul style="list-style-type: none"> • AROM per patient tolerance; avoid scapular substitution
Strengthening	<ul style="list-style-type: none"> • UBE light resistance • Begin prone exercise program <u>below shoulder level</u> <ul style="list-style-type: none"> ◦ Extension, rows • Begin closed chain UE activities <ul style="list-style-type: none"> ◦ Towel wipes on wall – horizontal, diagonal and vertical ◦ Serratus punches ◦ Quadruped weight-shifts • Proprioception exercise
Criteria for Progression	<ul style="list-style-type: none"> • Full AROM with no scapular substitution • No reactive inflammation with strengthening • Return to full ADLs pain free

Phase 3

Week 10-12

Strengthening	<ul style="list-style-type: none"> • UBE moderate resistance • Light T-band exercises <ul style="list-style-type: none"> ◦ Shoulder IR/ER ◦ Horizontal abduction/adduction ◦ Diagonal patterns • Progress prone exercise program <ul style="list-style-type: none"> ◦ Row ◦ Shoulder Extension ◦ Horizontal Abduction – T exercise position ◦ Lower Trap – Y exercise position • Begin rhythmic stabilization exercises supine, starting at balance point position (90-100 degrees of elevation); progress to side lying, prone, standing
Criteria for Progression	<ul style="list-style-type: none"> • Full active ROM • No trapezius substitution • No reactive inflammation with strengthening

Week 12-16

Strengthening	<ul style="list-style-type: none"> • Progress prone exercise program • Progressive Dumbbell Program – emphasis on high reps/low weight <ul style="list-style-type: none"> ◦ Scaption ◦ Diagonal patterns ◦ Bent row ◦ Prone Retraction with ER • Functional strengthening <ul style="list-style-type: none"> ◦ Functional positions with eccentrics loads • Progress closed chain UE strengthening <ul style="list-style-type: none"> ◦ Push up with a plus ◦ Swiss ball activities
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	<ul style="list-style-type: none"> ○ Plank BOSU weight shifts ● Trunk and lower extremity strengthening ● Begin short toss and overhead endurance activities per physician release
Criteria for Progression	<ul style="list-style-type: none"> ● Full AROM with no scapular substitution between weeks 10-12 ● 5/5 rotator cuff strength ● 65-70% IR/ER isokinetic testing

Phase 4–return to sport/activity

ROM	<ul style="list-style-type: none"> ● Emphasis on posterior capsule stretching ● General stretching/flexibility program (pectorals, biceps, upper trapezius, etc.)
Strengthening	<ul style="list-style-type: none"> ● Progress T-band exercises <ul style="list-style-type: none"> ○ Begin Diagonal Patterns ● Progress prone exercise program <u>with weight</u> <ul style="list-style-type: none"> ○ Row ○ Shoulder Extension ○ Horizontal Abduction – T exercise position ○ Lower Trap – Y exercise position ● Progress Dumbbell Program with weight <ul style="list-style-type: none"> ○ Scaption ○ Diagonal patterns ○ Bent row ○ Prone Retraction with ER ● Functional eccentric strengthening ● Progress closed chain UE strengthening <ul style="list-style-type: none"> ○ Push up with a plus ○ Swiss ball activities ● Trunk and lower-extremity strengthening ● Initiation of throwing progression ● Continuation of functional UE/LE strengthening and endurance activity
Criteria for Return to Sport	<ul style="list-style-type: none"> ● Completion of throwing progression ● No reactive effusion, pain and/or instability ● 65-70% IR/ER isokinetic testing

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