

FULL THICKNESS ROTATOR CUFF REPAIR

OPEN/MINI-OPEN/AND ARTHROSCOPIC TECHNIQUE

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DOS:

Ultra-sling for 6 weeks – Cryo-cuff and TENS as indicated. AROM of fingers, wrist, and elbow.

Phase I: Begin Date:

First six weeks – PROM in all directions in the scapular plane, with gentle internal/external rotation utilizing manual techniques, pulleys, or dowel. **No dowel for flexion/abduction until phase II** May start pendulum exercises at week one.

Three weeks post-op – May begin isometric deltoid exercises with elbow flexed 90°, i.e. extension, abduction, forward flexion, internal/external rotation. Improve scapular mobility, i.e. shoulder shrugs, scapular adduction, etc.

Phase II: Begin Date:

Six weeks post-op – Begin AAROM and AROM. Continue passive stretching. ****In side-to-side mini-open repairs, phase II may be at 4 weeks if patient tolerates and is approved by surgeon.****

Phase III: Begin Date:

Eight weeks post-op at the earliest – Begin resistive exercises when the extremity can move synchronously against the force of gravity. Focus on deltoid, internal/external rotators and scapular stabilizers. ****Avoid supraspinatus until there is no pain with manual testing which is usually at 3 months post-op.**** Progress resistance as tolerated, i.e. manual to Thera-bands to free weights. Active and active assisted stretching should accompany phase III.

****Massive rotator cuff tears**, i.e. those with significant retraction or involving the subscapularis or infraspinatus, Phase II is broken down into three components. (1) Passive elevation and then actively holding the arm overhead. Goal is to hold the position for 30 seconds, 10 reps 3x/day. (2) Passive elevation, begin with active assistance. Each stage should be completed before advancing to the next. Once patients can actively elevate the arm (or at three months post-op) they can start phase III.