

**ROTATOR CUFF SIDE TO SIDE REPAIR
(NON-AVULSIVE/LINEAR REPAIR)
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DURING REHABILITATION BE AWARE OF THESE TWO CONCEPTS:

1) STRENGTH, TIMING AND MUSCULAR BALANCE: Appropriate intensity and timing of the muscle contraction is essential around the shoulder complex. If the deltoid works alone it will pull the humeral head superior, increasing subacromial impingement. If the rotator cuff muscles are working and strong, they will help keep the humeral head in good position (rotator cuff down and in, deltoid up and in create balance in the gleno-humeral joint). Impingement or superior humeral head migration is attributed to overworking deltoid (i.e., At 90 degree of ABD, deltoid contracts and causes humeral head compression with rotator cuff contraction and some compression as well).

2) CRITICAL ZONE: Avascular region in the supraspinatus tendon (1 cm proximal to the insertion) age and position dependent (i.e., >40 years: adduction and distraction increases the avascularity).

IMMEDIATE POST OP, DOS: _____

- Patient will be released from hospital in an ULTRA-SLING or ABDUCTION PILLOW. ABD PILLOW will be worn 4 weeks and then transferred to ULTRA-SLING for 2 weeks. If released with the Ultra-Sling, wearing time will be six weeks. This will vary between patients, and the surgeon should be consulted with each patient. Instruct patient how to rest in brace or sling.
- Elbow, forearm, wrist and hand ROM
- Isometrics for wrist, forearm and elbow

3-5 DAYS POST OP UNTIL 3 WEEKS POST OP, Begin Date: _____

- Gentle passive ROM for shoulder, limits are pain and substitution patterns. Included are all gleno-humeral motions; be very cautious with rotations. Minimize subacromial compression.
- Shoulder shrugs for scapular stabilization/mobilization

3 WEEKS POST OP, Begin Date: _____

- Add isometrics for shoulder except forward flexion with shoulder abducted 60 degrees and resting on a pillow, etc.

4-5 WEEKS POST OP, Begin Date: _____

- Add gentle active assisted range of motion
- May progress to active range of motion (all motions except forward flexion).

6-7 WEEKS POST OP, Begin Date: _____

- Patient is released from brace or sling
- Progress to active range of motion (all motions)
- Begin light strengthening; don't push weights before patient is ready (i.e., pain or substitution)

8-10 WEEKS POST OP, Begin Date: _____

- Progressive strengthening

** Communication with the surgeon is encouraged to endure optimal rehabilitation for the patient. Each phase of the rehabilitation protocol is at the discretion of the surgeon.**