REHABILITATION GUIDELINES FOR MINI-OPEN ROTATOR CUFF REPAIR FOR TYPE II TEARS (+/- SUBACROMIAL DECOMPRESSION)
Dr. Carson

The rehabilitation guidelines are presented in a criterion based progression. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance and injury severity. Restrictions or precautions may also be given to protect healing.

**PHASE I (Surgery to 2 weeks):** Begin PT 3-5 days post-op; suture removal 7-10 days post-op

**DOS:**

<table>
<thead>
<tr>
<th>APPOINTMENTS</th>
<th>Meet with the physician at 2 weeks</th>
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</table>
| REHAB GOALS | 1. Reduce pain and swelling in the post-surgical shoulder.  
3. Begin PROM of GH joint into forward flexion and abduction  
4. Protect healing of repaired tissues. |
| PRECAUTIONS | 1. Use sling continuously for 6 weeks.  
2. Relative rest to reduce inflammation. |
| SUGGESTED THERAPEUTIC EXERCISES | • Elbow, wrist and neck AROM.  
• Ball squeezes. |
| CARDIOVASCULAR FITNESS | Walking with sling on.  
(avoid running and jumping due to the forces that can occur at landing). |
| PROGRESSION CRITERIA | 14 days post-op. |
**PHASE II (begin at 2 weeks post-op continue to 6 weeks post-op)**

**Begin Date:**

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<thead>
<tr>
<th>APPOINTMENTS</th>
<th>Physical therapy 2 x per week</th>
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</table>
| **REHAB GOALS**    | 1. Controlled restoration of PROM without compensatory shrug to avoid impingement  
  2. Activate shoulder and scapular stabilizers in protected position (0° - 30° abduction).  
  3. Correct postural dysfunctions. |
| **PRECAUTIONS**    | 1. Begin to wean out of the sling slowly during the 6th week (should be out of sling by end of 6 weeks).  
  2. **No ACTIVE glenohumeral motion** (protect repaired tissues). |
| **SUGGESTED THERAPEUTIC** |  
  • Codman’s.  
  • PROM for the shoulder in all cardinal planes (cane, table slide, pulley’s) only after week 6.  
  • Scapular squeezes.  
  • Cervical spine and scapular AROM.  
  • Postural exercises.  
  • Core strengthening. |
| **CARDIOVASCULAR FITNESS** | Walking, stationary bike with sling on. No treadmill. |
| **PROGRESSION CRITERIA** | The patient can progress to phase III when they are at least 5 weeks post-op. |
**PHASE III (6-10 weeks post-op)**

**Begin Date:**

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<tr>
<th>APPOINTMENTS</th>
<th>Physician Appointment:</th>
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<td></td>
<td>Physical Therapy 2 x per week.</td>
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| REHAB GOALS | 1. Full P/AAROM in all planes. |
|            | 2. 5/5 strength for IR/ER at 30° abduction. |
|            | 3. Correct postural dysfunction. |
|            | 4. 8-10 weeks: Initiate glenohumeral AROM |

| PRECAUTIONS | 1. No active abduction for the first 8 weeks post-op. |
|            | 2. No external resistance (bands or wts) for abduction or supraspinatus strengthening for the first 12 weeks. |
|            | Begin strengthening of the supraspinatus very gradually, this should be pain free and avoid long lever arms that will significantly change the torque throughout the motion. |

| SUGGESTED THERAPEUTIC EXERCISE | • IR/ER isometrics, gradually progressing to isotonics with theraband or wts that begin at 30° abduction as strength improves. |
|                                 | • OKC shoulder rhythmic stabilizations in supination at 90° elevation (stars or alphabet). |
|                                 | • Gentle CKC shoulder and scapular stabilization drills |
|                                 | • Short arc PNF patterns. |
|                                 | • Side lying shoulder flexion. |
|                                 | • Scapular strengthening. |
|                                 | • A/AA/PROM exercises as needed. |
|                                 | • Begin core strengthening. |
|                                 | • Begin trunk and hip mobility exercises. |

| CARDIOVASCULAR FITNESS | Walking, stationary bike. |
|                       | No treadmill, swimming or running. |

| PROGRESSION CRITERIA | The patient can progress to phase IV when they have achieved full AROM (equal to uninvolved side) and 5/5 strength for IR/ER at 30° abd. |
**PHASE IV** (begin when pt has met prog. Criteria from phase III, ~12-14 wks post-op)

**Begin Date:**

<table>
<thead>
<tr>
<th>APPOINTMENTS</th>
<th>Physician Appointment: Physical Therapy 1 x per 1-2 weeks.</th>
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<tbody>
<tr>
<td><strong>REHAB GOALS</strong></td>
<td>1. 5/5 rotator cuff strength and endurance at 90° abduction and scaption.</td>
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<td>2. Advance proprioceptive and dynamic neuromuscular control retraining.</td>
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<td>3. Correct postural dysfunctions with work and sport specific tasks.</td>
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<td>4. Develop strength and control for movements required for work or sport.</td>
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<tr>
<td><strong>PRECAUTIONS</strong></td>
<td>1. Post-rehab soreness should alleviate within 12 hours of the activities.</td>
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<tr>
<td><strong>SUGGESTED THERAPEUTIC EXERCISE</strong></td>
<td>• Multi-plane AROM with gradual increase in velocity of movement-assessing scapular rhythm.</td>
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<td>• Shoulder mobilizations as needed.</td>
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<td></td>
<td>• Rotator cuff strengthening at 90° abduction and overhead.</td>
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<td></td>
<td>• Scapular strengthening and dynamic neuromuscular control in OKC and CKC positions.</td>
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<td></td>
<td>• Core and lower body strengthening.</td>
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<tr>
<td><strong>CARDIOVASCULAR FITNESS</strong></td>
<td>Walking, stationary bike, stairmaster. No swimming. Pt may begin light jogging if they have 5/5 strength for IR/ER AT 30° ABD AND NORMAL ACTIVE RANGE.</td>
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<td>✷ NO SWIMMING OR THROWING FOR 5 MONTHS</td>
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<tr>
<td><strong>PROGRESSION CRITERIA</strong></td>
<td>1. Full AROM in all planes and multi-plane movements.</td>
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<tr>
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<td>2. 5/5 strength at 90° abduction.</td>
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<td>3. Negative impingement signs.</td>
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**PHASE V** (begin when pt has met prog. Criteria from phase IV, ~20-22 wks post-op)

**Begin Date:**

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<thead>
<tr>
<th>APPOINTMENTS</th>
<th>Physician Appointment: Physical Therapy 1 x per 2-3 weeks.</th>
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<tbody>
<tr>
<td>REHAB GOALS</td>
<td>1. 5/5 rotator cuff strength at 90° abduction and supraspinatus.</td>
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<tr>
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<td>2. Advance proprioceptive and dynamic neuromuscular control retraining.</td>
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<td></td>
<td>3. Correct postural dysfunctions with work and sport specific tasks.</td>
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<td>4. Develop strength and control for movements required for work or sport.</td>
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<td>5. Develop work capacity cardiovascular endurance for work and/or sport.</td>
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<tr>
<td>PRECAUTIONS</td>
<td>1. Post-rehab soreness should alleviate within 12 hours of the activities.</td>
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<tr>
<td>SUGGESTED THERAPEUTIC EXERCISES</td>
<td>• Multi-plane AROM with gradual increase in velocity of movement-assessing scapular rhythm.</td>
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<td>• Shoulder mobilizations as needed.</td>
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<td>• Rotator cuff strengthening at 90° abduction, provocative positions, and work/sport specific positions-including eccentric strengthening, endurance, and velocity specific exercises.</td>
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<td>• Scapular strengthening and dynamic neuromuscular control in overhead positions and work/sport specific positions.</td>
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<td>• Work and sport specific strengthening.</td>
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<td>• Core and lower body strengthening.</td>
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<td>• Throwing program, swimming program or overhead racquet program as needed.</td>
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<td>CARDIOVASCULAR FITNESS</td>
<td>Use exercise to replicate energy systems needed for work or sport.</td>
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<tr>
<td>PROGRESSION CRITERIA</td>
<td>The patient may return to sport after receiving clearance from Orthopedic Surgeon and the Physical Therapist/Athletic Trainer. This will be based on meeting the goals of this phase.</td>
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**UPDATED: 5/5/16**