

Mini Open Rotator Cuff Repair for Type II tears



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.

REHABILITATION GUIDELINES MINI OPEN ROTATOR CUFF REPAIR FOR TYPE II REPAIRS (+/-) SUBACROMIAL DECOMPRESSION

PHASE 1: 0-2 WEEKS

DOS:

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| APPOINTMENTS | Meet with the physician at 2 weeks |
| REHAB GOALS | <ol style="list-style-type: none"> 1. Reduce pain and swelling in the post-surgical shoulder. 2. Maintain AROM of elbow, wrist, and neck. 3. Begin PROM of GH joint into forward flexion and abduction 4. Protect healing of repaired tissues. |
| PRECAUTIONS | <ol style="list-style-type: none"> 1. Use sling continuously for 6 weeks. 2. Relative rest to reduce inflammation. |
| SUGGESTED THERAPEUTIC EXERCISES | <ul style="list-style-type: none"> • 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 2: 2-6 WEEKS

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| APPOINTMENTS | Physical therapy 2 x per week |
| REHAB GOALS | <ol style="list-style-type: none"> 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 | <ol style="list-style-type: none"> 1. Begin to wean out of the sling slowly during the 6th week (should be out of sling by end of 6 weeks). 2. <u>No ACTIVE glenohumeral motion</u> (protect repaired tissues). |
| SUGGESTED THERAPEUTIC | <ul style="list-style-type: none"> • 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 | Walking, stationary bike with sling on. No treadmill. |

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| FITNESS | |
| PROGRESSION CRITERIA | The patient can progress to phase III when they are at least 5 weeks post-op. |

PHASE 3: 6-10 WEEKS **DATE:**

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| APPOINTMENTS | Physician Appointment: Physical Therapy 2 x per week. |
| REHAB GOALS | <ol style="list-style-type: none"> 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 | <ol style="list-style-type: none"> 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 | <ul style="list-style-type: none"> • IR/ER isometrics, gradually progressing to isotonic 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 4: AFTER MEETING PHASE 3 PROG. CRITERIA ~12-14 WEEKS **DATE:**

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| APPOINTMENTS | Physician Appointment: Physical Therapy 1 x per 1-2 weeks. |
| REHAB GOALS | <ol style="list-style-type: none"> 1. 5/5 rotator cuff strength and endurance at 90° abduction and scaption. 2. Advance proprioceptive and dynamic neuromuscular control retraining. 3. Correct postural dysfunctions with work and sport specific tasks. 4. Develop strength and control for movements required for work or sport. |
| PRECAUTIONS | 1. Post-rehab soreness should alleviate within 12 hours of |

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| | the activities. |
| SUGGESTED THERAPEUTIC EXERCISE | <ul style="list-style-type: none"> • Multi-plane AROM with gradual increase in velocity of movement-assessing scapular rhythm. • Shoulder mobilizations as needed. • Rotator cuff strengthening at 90° abduction and overhead. • Scapular strengthening and dynamic neuromuscular control in OKC and CKC positions. • Core and lower body strengthening. |
| CARDIOVASCULAR FITNESS | <p>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.</p> <p>❖ NO SWIMMING OR THROWING FOR 5 MONTHS</p> |
| PROGRESSION CRITERIA | <ol style="list-style-type: none"> 1. Full AROM in all planes and multi-plane movements. 2. 5/5 strength at 90° abduction. 3. Negative impingement signs. |

PHASE 5: BEGIN AFTER MEETING PHASE 4 PROG. CRITERIA ~20-22 WEEKS DATE:

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| APPOINTMENTS | <p>Physician Appointment: Physical Therapy 1 x per 2-3 weeks.</p> |
| REHAB GOALS | <ol style="list-style-type: none"> 1. 5/5 rotator cuff strength at 90° abduction and supraspinatus. 2. Advance proprioceptive and dynamic neuromuscular control retraining. 3. Correct postural dysfunctions with work and sport specific tasks. 4. Develop strength and control for movements required for work or sport. 5. Develop work capacity cardiovascular endurance for work and/or sport. |
| PRECAUTIONS | <ol style="list-style-type: none"> 1. Post-rehab soreness should alleviate within 12 hours of the activities. |
| SUGGESTED THERAPEUTIC EXERCISES | <ul style="list-style-type: none"> • Multi-plane AROM with gradual increase in velocity of movement-assessing scapular rhythm. • Shoulder mobilizations as needed. • Rotator cuff strengthening at 90° abduction, provocative positions, and work/sport specific positions-including eccentric strengthening, endurance, and velocity specific exercises. • Scapular strengthening and dynamic neuromuscular control in overhead positions and work/sport specific positions. • Work and sport specific strengthening. • Core and lower body strengthening. • Throwing program, swimming program or overhead |

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| | racquet program as needed. |
| CARDIOVASCULAR FITNESS | Use exercise to replicate energy systems needed for work or sport. |
| PROGRESSION CRITERIA | 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. |