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Arthroscopic Rotator cuff repair - Complex

I. Weeks 0-6:

a. Precautions:

- i. No lifting, pushing or pulling with surgically repaired shoulder.
- ii. No lifting of objects greater than 5 lb with opposite arm x 6 weeks.
- iii. No pushing/pulling greater than 20 lb with opposite arm x 6 weeks.
- iv. No shoulder range of motion.
- v. Keep incision clean and dry.

b. Goals:

- i. Maintain integrity of repair.
- ii. Promote tissue healing.
- iii. Diminish pain and inflammation.
- iv. Prevent muscular inhibition.

c. Bracing:

- i. Shoulder immobilizer will be placed on patient in surgery.
- ii. Immobilizer should be used 24/7 and removed only for hygiene and exercises.

d. Exercises:

- i. Arm hangs.
- ii. Active assistive range of motion of the involved elbow, wrist and hand.
- iii. Scapular retraction isometrics.
- iv. Aerobic conditioning:
 1. Stationary bike.
 - a. Do not lean forward or hold onto handle bars.
 2. Avoid elliptical trainer due to stress on shoulder.

v. PRICE:

1. Ice pack 5-7 times per day.

II. Weeks 7-16:

a. Goals:

- i. Functional AROM of the shoulder at 12 weeks post-op.

b. Bracing:

- i. Immobilizer is worn at night for sleep until 8 weeks post-op.
- ii. Sling is worn for comfort during the day after six weeks and weaned from as tolerated.

c. Exercises:

- i. Supine passive range of motion in all planes beginning after 6 week recheck.
 1. IR/ER at 45 degrees of abduction in the plane of the scapula.
 2. Therapist or caregiver is sure to give support to the arm especially when lowering the upper extremity.
- ii. Scapular retraction active range of motion.
- iii. Core training:
 1. If patient is interested in core training, this may be started approximately 2-3 weeks after surgery assuming that passive range of motion is progressing. The exercises should place no stress on the involved rotator cuff.
 2. Examples:
 - a. Bridging exercise (arms folded across chest).
 - b. Ankle band walks.
 - c. Step up exercise.
 - d. Crunches.
- iv. Patient may begin AAROM of the shoulder at 8 weeks post-op assuming full PROM has been achieved.
- v. Patient may advance to AROM at 12 weeks post-op assuming that full AAROM has been achieved.
- vi. Shoulder isometrics may be started at 6 weeks.
- vii. Rhythmic stabilization drills may be started at 8 weeks if pain free.
 1. IR/ER at 45 degrees in the plane of the scapula.
 2. Flexion at 100 degrees.
- viii. Shoulder scapular stabilizer and rotator cuff exercises may be started at 12 weeks assuming the following:

1. The isometric strengthening has been going well.
2. The patient does not demonstrate shoulder or scapular hiking with active range of motion.

ix. Core/Lower extremity training:

1. Training should not place any stress on the rotator cuff.
2. Multi-planar training.
 - a. Begin with mat-based and advance to weight bearing exercises as able.
 - b. No weight bearing thru the involved shoulder until 20-24 weeks post-op.

d. Aerobic conditioning:

- i. Bike.
- ii. May start elliptical trainer or Stairmaster at 12 weeks post-op.

e. PRICE

III. Weeks 17-24

a. Goals:

- i. Gradual return to strenuous work activities.
- ii. Maintain full, pain free range of motion.
- iii. Improve upper extremity, lower extremity, and core muscular strength and power.
- iv. Maintain integrity of rotator cuff repair.
- v. Return to sport at 6 months. May take up to 12 months.
- vi. Return to interval sports program at 5 months.
 1. Patient must have met milestones:
 - a. Strength.
 - b. Mobility.
 2. Entrance into throwing program, golf program, running program.

b. Milestones:

- i. Full active range of motion of the involved shoulder in all planes.
- ii. Normal scapular mechanics of involved shoulder.
- iii. Pain free strength training.
- iv. Pain free sports-specific movement patterns.

c. Exercises:

- i. Patient needs to understand that strength training cannot aggravate their rotator cuff.

1. Upper extremity plyometrics cannot be started without MD approval.

- ii. Exercise examples:

1. Lower extremity strength training that is sports specific.

2. Continued core training.

- a. May progress core training to planks assuming that quadruped weight bearing pressure has gone well.

- i. This may take up to six months. Avoid if painful.

- b. Incorporate physio ball exercises as able.

- c. Multi-planar core training as able.

- d. Aerobic/anaerobic training:

- i. Begin aerobic interval and/or anaerobic interval training if appropriate for patient's sport.

- e. PRICE principles.