

**Rotator Cuff Tendon Repair
Drs. Pearce and Wolstenholme**

PHYSIOTHERAPY PRESCRIPTION:

2 - 4 WEEKS (M.D. visit at 2 weeks)

Protection: In a sling unless showering
PROM: For repaired tendons in direction that shortens tendons
AROM: For uninvolved tendons using caution to avoid stressing repair
Isometrics: For uninvolved tendons as tolerated (submaximal to maximal)
Other activities: Lower body conditioning, pool therapy

4 - 8 WEEKS (M.D. visit at 6 weeks)

Protection: In sling when out in public. No sling at home.
PROM: GENTLE passive motion into previously protected ranges (as tolerated)
Resting pain should be considerably decreased
Motion in most planes should be at least 75% of normal
* It is important to check the integrity of the glenohumeral joint at this phase in the patient's rehabilitation in particular for signs of excessive decrease in glenohumeral mobility.
Mobs: Grade I - II without restrictions, Grade III cautiously until 6 weeks
AROM: Gradually introducing against gravity active range of motion exercises into extension, pure abduction and external rotation. Goal to achieve 45 degrees abduction, forward elevation, elevation in scapular plane by 6 weeks post op
Other activities: Road cycling, stair machines with weight on arms

8 - 12 WEEKS

PROM: Continue with passive stretching of involved tendons to pain tolerance
Mobs: Grade I - IV as tolerated
AROM: Progression should be high repetitions before adding resistance, (i.e. one pound increments, attaining 50 repetitions at each weight before progressing).

* It is important to closely monitor shoulder/postural mechanics and pain throughout all exercises.

Goal to achieve 100 degrees abduction, forward elevation, elevation in scapular plane by 12 weeks post op

Other activities: Jogging, swimming in protected range of motion, UBE for range of motion

3 - 6 MONTHS (M.D. visit at 3 months, 4.5 months, as needed)

Range of motion: If motion is still limited, then emphasis remains on achieving full range.

If motion is not limited, then the emphasis shifts to strengthening.

* Goal to achieve full ROM by 18 weeks post op

* More aggressive stretching and resistive exercises can be added at 4 months as tolerated.

PNF patterns: Can be performed cautiously, increasing as tolerated

Other activities: Rowing, UBE for strengthening, protected range weightlifting (be cautious not to do exercises that stress repair)

6 MONTHS (M.D. visit at 6 months as needed)

Range of motion: Aggressive stretching and strenuous resistive exercises can be performed.

Other activities: Swimming, weightlifting, begin throwing progression program (assumes adequate range of motion of 90 abduction and external rotation)