

Shoulder Rehabilitation Information

STANDARD Arthroscopic / Mini-Open Rotator Cuff Repair

PHASE I - Immobilization (0 - 4/6 weeks)

Goals

Primary:

- Optimize / Protect healing (musculotendinous) tissue
- Decrease Pain and Inflammation

Secondary:

- *Protected* GH joint ROM
- Scapulothoracic Stabilization
- Address Kinetic Chain (adjacent joints, posture, etc.)
- General Health / Wellness

Cautions:

- No PT assisted stretching and/or passive ROM
- No specific strengthening or loading into GH joint rotation and/or abduction
- No lifting, pushing and/or pulling with affected arm

Treatment

Primary:

- Immobilization in sling/swath up to 4 weeks as dictated by surgeon/PT
- Out of sling 3 – 4 times/day for washing / PT exercises /simple ADL (brushing teeth, eating, writing) if painfree
- Ice/EPAAs needed for pain relief
- Advice on sleep/rest/ positions

Secondary:

- Standing pendular ROM exercise (unweighted; ROM to dinner plate circumference only)
- Can add scapular retraction / protraction if able
- AAROM as pain allows - flexion / scaption/extension / ER
- Scapular setting exercises in sitting (retraction/retraction & depression)
- Shoulder in sling or supported at side in adduction/IR
- May progress to sitting on physio ball or standing
- Wrist / hand / elbow ROM with shoulder in sling or supported at side in adduction/IR
- C-spine/T-spine ROM exercises (as directed by PT)
- Posture exercises (as directed by PT)
- CV exercises with shoulder in sling (recumbent stationary bike, walking)

Volume of all exercises are dictated by pain and patient being able to perform without compensation

No abduction and/or hand behind back motions allowed

No Active Glenohumeral Joint ROM

Criteria for Progression to Phase II

- Tissue healing ie. no sign of abnormal / disruption to repair / adherence to immobilization
- Pain significantly reduced at rest
- Patient able to properly set scapula with arms at side