

Dr. Brent Carlson

Chippewa Valley Orthopedics & Sports Medicine

1200 OakLeaf Way, Suite A

Altoona, WI 54720

ARTHROSCOPIC ROTATOR CUFF(Small/Medium) REPAIR PROTOCOL

** See notes regarding biceps tenodesis and subscapularis involvement**

757 Lakeland Drive, Suite B

Chippewa Falls, WI 54729

| | WEEK 1-2 Begins on DOS | WEEK 3-5 | WEEK 6-8 | WEEK 9-12 | WEEK 13+ | |
|--|---|---|---|---|---|--|
| PASSIVE SCAPTION | At least 0-60° advance as tolerated | At least 0- 90° Advance as tolerated | Goal: Full PROM for scaption and then flexion, as soon as possible | | | |
| ACTIVE SCAPTION | None | None | None | As tolerated | | |
| FLEXION | Painfree, no restrictions, advance as able **subscapularis repair** 0-90° until 4 weeks then advance as tolerated | | | | | |
| PASSIVE ER Subscapularis repair restrictions are ** | 0-30° **0-10°** | Advance as tolerated, do not push through pain. **increase by 10° increments each week** | | | | |
| ACTIVE ER | None | None | As tolerated | | | |
| IMMOB/SLING | yes | Bolster may be weaned per MD | Wean sling, wear in community, not at home after 6 weeks, with MD approval | D/C sling as able Maintain wearing for community activity if patient is too aggressive with activity. | | |
| P.T. visits/week | 1-3 | 2-3 | 2-3 | 2-3 | 2, weaning to 1 | |
| EXERCISES **For surgery with biceps tenodesis and biceps tenotomy , active elbow flexion avoided for 6 weeks. ** <ul style="list-style-type: none"> • PT visits/week may vary • Individual exercise progression may vary | AROM (cervical, elbow, wrist & hand) ** Biceps Tenodesis and tenotomy restrictions** | More aggressive PROM. | AAROM for IR and ER | AROM (FLEX, ER, IR) Start to push IR more aggressively if needed at 10 weeks | AROM (ABD) | |
| | PROM: Scaption, abduction/ER/IR | Increase PROM for Scaption and Rotation as tolerated, following parameters above Advance to PROM and into AAROM for Abduction at 8 weeks | | | | |
| | PROM Note: Table slides with the patient seated, smooth surface, gradual increase in motion to be done for the duration of the recovery. Wand assisted ER in supine, elbow elevated. Avoid increase in pain. Emphasize relaxation. | | | | | |
| Any questions, please contact: Northwoods Therapy Associates Altoona, WI (715) 839-9266 Chippewa Falls, WI (715) 723-5060 April 2016 | Glenohumeral joint mobilizations, Scapular mobilizations. | Progress joint mobilizations based on patient's need, include scapular accessory. | | | | |
| | Passive Pendulums | Scapular retraction/depression | AROM for elbow with biceps involvement. Progress with scapular exercises; anti-gravity then add resistance for row and extension. After week 8: add horizontal abd, then resistance as tolerated. With biceps involvement, gradually add reps and resistance. | | | |
| | <i>Please contact Dr. Carlson if patient is not progressing per protocol.</i> | Weight bearing in closed kinetic chain position | Isometrics-start gentle, sub-max FLEX, EXT, ER, IR No increase in pain. | Manual resistance and/or tubing PRE's, small weights | Work at 90/90 position, PNF's, activity/task specific exercises. | |
| | | | UBE | Start proprioceptive, rhythmic stabilization, gently in a modified neutral position, advance as able. | | |

