

Dr. Brent Carlson

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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, active elbow flexion avoided for 6 weeks. ** • 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.					
	Glenohumeral joint mobilizations, Scapular mobilizations.					
Any questions, please contact: Northwoods Therapy Associates Altoona, WI (715) 839-9266 Chippewa Falls, WI (715) 723-5060 July 2018	Passive Pendulums	Scapular retraction/depression	Progress joint mobilizations based on patient's need, include scapular accessory. AROM for elbow with biceps involvement.			
	<i>Please contact Dr. Carlson if patient is not progressing per protocol.</i>		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.			
		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.						