

Arthroscopic Rotator Cuff Repair

Dr Barton Branam

Pre-operative Rehabilitation

GOAL: Optimize medical and physical conditions to maximize likelihood of achieving operative goals. Review post-operative protocol/restrictions and address any concerns about living environment/ADL's, i.e. dressing and bathing without stressing surgical repair. The patient and surgeon should have similar goals and expectations relative to the surgery and the expected outcomes. Focus rehab to restore full ROM to avoid post-operative stiffness.

Postoperative rehabilitation

GOAL: Restore range of motion and strength, such that function is optimized to achieve surgeon and patient goals. Range of motion and strength often dictate functional outcome. Eliminate (or minimize) pain depending on clinical situation. The ranges below are indicative of differences in recovery times as determined by factors such as age, activity level, medical conditions, conditioning and tissue quality. The intent is to rehab as aggressively as possible while allowing for proper healing of the surgically treated tissue. The patient will follow up post-operatively with Dr Branam's office at 3-5 days, 4 weeks, 2 months, and at 3.5-4 months. Additional follow ups may be necessary for massive tears. Clearance for return to sport and/or work is variable, but will be discussed at the last visit. Outside of the regularly scheduled follow up appointments with Dr. Branam, he needs to know about outlier patients i.e. those that are well ahead or behind schedule.

**If the patient is rehabbing out of town, the Athletic Trainer and/or Physical Therapist need to touch base with someone from Dr Branam's team at regular intervals. Communication is key to a successful outcome

General Guidelines

- 1) Wear your sling as directed for 4-6 wks following surgery
- 2) No pushing or pulling with involved arm
- 3) No lifting or carrying with involved arm more than a coffee cup
- 4) Sleep in sling 4 wks, no sleeping on the involved side, use a pillows for comfort
- 5) No leaning on elbows

PHASE I: Weeks 1-4 (may be extended to 6wks depending on size of tear)

- 1) Immediate post-operative PT visit: educate patients on precautions, review swelling and pain management, check wound
 - a. No leaning, pushing, pulling or sleeping on surgical side
- 2) May take down dressing and shower post-op day 3 (no soaking or submerging wound)
- 3) Sling: at all times for at least 4 wks (maybe 6 depending on repair – this will be directed by Dr Branam)
- 4) ROM: PROM only, no active motion

- 5) If biceps tenodesis no resisted elbow flexion x 6 weeks(no restrictions with resisted elbow flexion for biceps tenotomy)
- 6) Exercises/therapy activities
 - a. Pendulums
 - b. Gripping
 - c. Elbow ROM
 - d. Pulleys (flexion and scapular plane)
 - e. Tbar PROM
 - f. Scapular clocks, retraction
 - g. Cervical Flexibility
 - h. Manual PROM
 - i. Shoulder isometrics at wk 4

PHASE II: Weeks 4-8

- 1) Continue to work toward full passive ROM
 - a. Pulleys, Tbar, wall walks
- 2) Start gentle active ROM with good scapulohumeral rhythm
 - a. Flexion, scaption, SL ER and abduction
- 3) Once pt has appropriate AROM, can progress to gentle resistance exercises
 - a. Upper extremity ergometer
 - b. Prone scapular retraction, row, extension, horizontal abduction
 - c. Neuromuscular control
- 4) GOALS: full ROM, normal scapulohumeral rhythm
 - a. This may take up to 3 months for massive tears

PHASE III: Weeks 8-12

- 1) Criteria for advancement: FULL ROM
- 2) Can initiate lower extremity cardio at 8 wks post-op in a controlled environment
 - a. Bike, elliptical, treadmill walking
 - b. This may depend on the size of the tear – caution/consideration to avoid falls
- 3) Continue to normalize scapulohumeral rhythm, neuromuscular control and strength
 - a. CKC with gradually increasing weight through the involved arm
 - b. Progressive resistance TheraBand or free weights → advance to 90deg as appropriate

PHASE IV: Weeks 12 to 4+ months

- 1) GOAL: progressive, consist strengthening with good mechanics
- 2) Initiated sport specific activities at the mid/end of the phase. GOAL: working with physical therapist and athletic training to progressively load tissue to build strengthen/endurance without overloading the surgical repair
 - a. Golf: start practicing around the green, working way thru bag with progressively longer clubs
 - b. Overhead activities (volleyball, tennis): start without impact and progressively load to tolerance
 - c. Baseball/Softball:

- i. Batting from tee → soft toss → live pitching
- ii. Initiated slow, progressive throwing program
- d. GOAL: work mechanics/technique in a controlled setting first then progressively load

Return to functional goals: i.e. sport/work: Upon completion of proper rehab you'll be cleared to return to sport. This may require a functional evaluation by the therapist which will aid the surgeon in determining the appropriate timing. This should be consistent with the preoperative discussions, but are often variable. Please make sure you understand the process for return to sport which will almost always involve a gradual progression.