Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

ROTATOR CUFF REPAIR WITH / WITHOUT PATCH

PHYSICAL THERAPY PROTOCOL

Bryan M. Saltzman, M.D.
Chief, Division of Sports Medicine & Shoulder/Elbow Surgery
Indiana University Health Physicians
Assistant Professor of Orthopaedic Surgery, Indiana University
Sports Medicine, Cartilage Restoration, Shoulder/Elbow Surgery
IU Health Methodist Medical Plaza North (MSK) – 201 Pennsylvania Pkwy #100, Carmel, IN 46280
IU Health Methodist Hospital – 1801 N Senate Ave, Indianapolis, IN 46202
317-944-9400
www.bryansaltzmanmd.com

Patient Name: _____ **Date of Surgery**: _____

Procedure: **Right / Left Rotator Cuff Repair**

___ **Evaluate and Treat** ___ **Provide patient with home program**

Frequency: _____**x/week x** _____**weeks**

WITH MASSIVE CUFFS START FORMAL PT AFTER FIRST POST-OP

***Associated Procedure*:**

-If Distal Clavicle Resection was also performed, avoid cross-body adduction x 8 wks

-If Biceps Tenodesis was also performed, avoid resisted elbow flexion x 4 wks

__ Phase I (0-6 wks): ***Period of protection: In general, sling should be worn at all times during this phase (except for hygiene and PT). Passive shoulder ROM only (ie. NO active ROM). No cuff strengthening until after 3 months.***

PLEASE NOTE:

- **NO shoulder extension or combined extension/abduction**
- **NO UBE or Body Blade**

Weeks 0-1:

- Sling at all times (except for hygiene and pendulums); pillow behind elbow at night to prevent extension.
- Home exercises (pendulums, elbow + wrist ROM, grip strengthening).

Weeks 1-6:

- Sling at all times (except for hygiene and PT); pillow behind elbow at night to prevent extension.
- ROM: PASSIVE ROM ONLY: forward elevation, ER with arm at side, abduction without rotation, as tolerated.
  - Goals by 6 wks: fflex 140 deg, ER @ side 40 deg, abduction max 60-80 deg without rotation. Heat before, ice after.
- Strengthening: NONE except grip strengthening.

__Phase II (6-12 wks): ***Transition to active motion and protected strengthening*.**

STILL NO SHOULDER EXTENSION OR COMBINED EXTENSION/ABDUCTION.
NO UBE or BODY BLADE

- D/C sling if cleared by MD
- ROM: Light passive stretching at end ranges. Begin AAROM (canes, pulleys, etc.) and progress supine to vertical; gradually progress to AROM after 8 weeks.
  - Goals: full motion by 12 weeks.
- Strengthening:
  - Begin periscapular, pec/latissimus/trapezius isometrics with arms below shoulder level @ 6wks.
  - @ 8 wks, begin deltoid and cuff isometrics with arm at the side.
  - **No resisted shoulder motions until after 12 wks**.

__Phase III (3-9 months): ***Begin gentle cuff strengthening and progress to sport-specific/occupation-specific rehab.***

- ROM: Passive stretching at end ranges if full motion not achieved. Advance to full active ROM as tolerated.
- Strengthening/Activities:
  - @ 3 months

        - Advance as tolerated from isometrics → bands → light weights (1-5lbs) w/ 8-12 reps x 2-3 sets for cuff, deltoid, scapular stabilizers (*Only do this 3x/wk to avoid cuff tendonitis*)
        - Begin eccentrically resisted motions, plyometrics (*weighted ball toss*), proprioception (*body blade*)
    - @ 4.5 months, begin sports-specific/job-specific rehab and advanced conditioning
- Throwing:
    - @ 6 months, if full-strength return to light tossing
        - @ 9 months, throw from the pitcher's mound and/or return to collision sports (hockey, football, etc.)
- Work:
    - Overhead work without lifting is usually possible @ 6 months
    - Can resume heavy labor once full-strength achieved (usually by 9-12 months)

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient __ would __would not benefit from social services.

_____ **Date:**_____

Bryan M. Saltzman, MD