

Johns Hopkins Shoulder Surgery
Rotator Cuff Rehabilitation Program

Johns Hopkins Shoulder Surgeons

INTRODUCTION:

This program is designed for rotator cuff repairs involving fixation of the tendon to bone, and includes those done either open (with deltoid release and reattachment) or closed (arthroscopically assisted). This program is designed to guide the therapist and patient.

Important variables with the surgical procedure include:

1. Tension on repair (relates to size of tear)
2. Repair of the deltoid - the amount deltoid was released and security of repair
3. Trade-off between motion and healing of tissue

The physician should provide guidance about which motions should be avoided based upon these variables.

PREOPERATIVE PHYSICAL THERAPY:

MD: Prescription for outpatient physical therapy.

P.T.:

Evaluate

Instruct in donning and doffing sling or shoulder immobilizer

Icing instruction

Instruction in AROM exercises: elbow, wrist, hand, and Codman

Schedule post-op Physical Therapy appointment (Approximately 7 - 10 days after surgery)

INPATIENT PHYSICAL THERAPY:

MD: Prescription for inpatient and outpatient Physical Therapy

P.T.: Instruct in gentle elbow/wrist/hand AROM, cryotherapy, functional mobility Early Acute Phase

1-7 Days

In hospital (approx length of stay= 1 - 2 days)

POD #1

1. Begin active finger, wrist and elbow ROM
2. Icing techniques to decrease surgical inflammation; if ice device then continuous use as tolerated
3. Observe for finger swelling; may need Coban wrapping or isotoner glove
4. Instruct in use of sling/abduction pillow/shoulder immobilizer

Instruct in home program

1. AROM fingers, wrist and elbow
2. Arrange office visit and physical therapy visits
3. Per physician's order:
 - a. Codman's exercises
 - b. PROM in abduction in scapular plan (below 90 degrees)
 - c. PROM forward flexion, opposite arm cradle (below 90 degrees) ADLs: Can shower out of brace 3 - 5 days after surgery but no baths or hot tubs

Confirm Out-Patient appointment with patient (Day 8 - 10 post-op)

OUTPATIENT THERAPY

I. Late Acute Phase:

1 - 3 Weeks (8 - 21 days)

Goal: 2 - 4 weeks post-op PROM 130 degrees, progress ROM and functional mobility (No ACTIVE ROM for 3-4 weeks) (MD to remove sutures)

Begin formal P.T. program, 2x/week

1. Passive range of motion in abduction in scapular plane
2. Wand ROM- flexion in supine
3. Begin shoulder pinches (scapular retraction) and depression (discourage shrug or "wounded wing sign")
4. Continue Codman's
5. Home program, 1 to 2 times per day, icing afterwards x 15 - 20 minutes
6. Encourage home cryotherapy
7. Avoid arm adduction across body, avoid shoulder extension; IR, ER as dictated by surgeon
8. Watch for RSD and provide stockinette if swelling is noticed.

II. Intermediate (Repair) Phase:

4 - 6 Weeks

Goal: Progression of A/PROM, functional mobility, and beginning strengthening (Limit lifting to the weight of a coffee cup)

1. Continue home program and passive range of motion exercise
2. Progress AAROM using Wand therex beginning with overhead pulley
3. Start active range of motion

(Note: In some cases, surgeon may restrict active range until 6 weeks.) If deltoid is involved may want to start active below 90° at 10 - 12 weeks.

Shoulder forward flexion below shoulder level

Abduction in scapular plane

Gravity eliminated internal/external rotation

4. With forward flexion/abduction, discourage scapular compensation; consider exercises in front of mirror

5. Biceps and triceps with elbow supported

6. No lifting of heavy objects causing axial traction

6 - 8 Weeks

1. Continue AAROM

2. Progress functional use of arms to allow patient to use arms in front of body, below shoulder level

3. Begin low level isometrics for shoulder flex., ext., abd., IR, ER.

8 - 10 Weeks

Continue working to achieve full range of motion

1. Continue passive stretching/motion

2. May start using UBE, wall pulleys (AAROM) and stretching

3. Begin submax/max isometrics (pain-free), abd, ext, IR, ER

4. Begin Jobe's program with low-weight dumbbells, can progress to lightest tubings as tolerated; avoid impingement; recommend strengthening with arm at side, on side or prone

III. Advanced (Remodeling) Phase

10 - 12 Weeks

Attain full ROM @ 12 weeks

1. 90% full range of motion
2. Continue strengthening, including scapular stabilizers, serratus, latissimus dorsi and trapezius
3. Golfers may begin putting at 10-12 weeks

5 to 6 Months

1. Formal weight training program
2. Isokinetics, if needed
3. Throwing/ light toss progress as necessary