

Rotator Cuff Patch

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PRISMA
HEALTH SM

Phase I Immediate Post op Phase (Weeks 0-1)

Goals

- Protect the surgical site
- Ensure Wound Healing
- Diminish pain and inflammation
- Prevent stiffness and regain motion

Activities

- UltraSling x 1 week: Remove the sling 4 or 5 times a day to do pendulum exercises. You will need to sleep with your sling and pillow in place. It is often more comfortable to sleep in a recliner or on several pillows
- Use of the affected arm: you may use your hand on the affected arm in front of your body. It is all right for you to flex your arm at the elbow. Continue to move your elbow, wrist, and hand to help circulation and motion
 - No lifting objects over 5 lbs
 - No excessive shoulder extension
 - No excessive stretching or sudden movements
 - No supporting of body weight by hands
- Ice: continue to ice on a regular basis. At least 20 minutes at a time, 4-5 times per day.
- Appointment: your first therapy appointment should be within 5-7 days after your surgery.

Exercises

- Program: 7 days per week, 4-5 times per day
 - Pendulum exercises
 - Supine External Rotation
 - Supine passive arm elevation
 - Scapular Retraction
 - Shoulder Shrug

Phase II Progressive Stretching & Active Motion (Wks 1-6)

Goals

- Restore non-painful range of motion
- Retard muscular atrophy
- Decrease pain/inflammation
- Improve postural awareness
- Minimize stress to healing structures
- Independent with activities of daily living
- Prevent muscular inhibition
- Wean from sling

Activities

- **Sling:** You will wean out of sling. It is a good idea, however, to continue to use your sling when you are away from your house to “send a signal” that others should not hit your shoulder.
- **Ice:** Continue to ice on a regular basis. At least 20 minutes at a time, 4-5 times per day.
- **Driving:** Unless instructed otherwise, it should be okay to drive at this point.
- **Use of the affected arm:** You can actively use your arm for daily living: bathing, dressing, driving, typing on a computer, eating and drinking.

Range of Motion

- PROM (non-forceful flexion and abduction)
- Active assisted range of motion (AAROM)
- Active Range of Motion (AROM)
- Pendulums
- Pulleys
- Cane exercises
- Self stretches

Strengthening

- **Isometrics:** scapular musculature, deltoid, and rotator cuff as appropriate
- **Isotonic:** theraband internal and external rotation in 0 degrees of abduction
- Once patient has pain free full ROM and no tenderness, may progress to the exercises below:

Exercises

- Initiate isotonic program with dumbbells
- Strengthen shoulder musculature – isometric, isotonic, proprioceptive neuromuscular facilitation (PNF)
- Strengthen scapulothoracic musculature – isometric, isotonic, PNF
- Initiate upper extremity endurance exercises

Manual Treatment

- Joint mobilization to improve/restore arthrokinematics if indicated
- Joint mobilization for pain modulation

Phase III – Intermediate Phase (Wks 6 & beyond)

Goals

- Improve strength, power, and endurance.
- Improve neuromuscular control
- Prepare athlete to begin to throw, and perform similar overhead activities or other sport specific activities

Criteria for progression to this phase

- Full painless ROM
- No pain or tenderness on examination

Exercises

- Continue dumbbell strengthening (rotator cuff and deltoid)
- Progress theraband exercises to 90/90 position for internal rotation and external rotation (slow/fast sets)
- Theraband exercises for scapulothoracic musculature and biceps
- Plyometrics for rotator cuff
- PNF diagonal patterns
- Isokinetics
- Continue endurance exercises (UBE)
- Diagonal Patterns

Return to Sport

- 12 weeks and beyond once adequate strength achieved for sports specific criteria