

Inland Orthopaedic Surgery & Sports Medicine Clinic

Kyle J. Hazelwood, M.D.

SMALL TO MEDIUM SIZED ROTATOR CUFF REPAIR ± BICEPS TENODESIS REHAB PROTOCOL AND POST-OP INSTRUCTIONS

This protocol may vary in length and aggressiveness depending on factors such as: Size and location of the tear, acute versus chronic condition, strength/pain/swelling/range of motion status, pre-operative function, rehabilitation goals and expectations

I. POST-OP INSTRUCTIONS:

- a. Abduction sling x 6 weeks post-op
- b. May **remove bandage post-op day 3** and clean shoulder with alcohol and gauze. Keep sterri-strips//sutures in place and reinforce with band aids as needed. Sling or abduction pillow at all times except for exercises and shower. **Ok to shower, keeping shoulder covered and as dry as possible** with saran wrap and tape
- c. After removing dressing on 3rd day, do not scrub over incisions while in shower. Just let soap/water drain over shoulder and pat dry. Do not submerge incisions in bath or pool until fully healed (4-5 weeks)
- d. If you had a **nerve block at the time of surgery, it usually wears off 12-24 hrs post-operatively**. It is normal to have some numbness in the shoulder/arm the first few days after surgery as a result. **The first night after surgery take pain medication before going to bed as the nerve block will often wear off during the night.**

II. 0-3 WEEKS POST-OP:

- a. Establish **1st visit with physical therapist within 2 weeks after surgery**. If you did not get a referral for therapy before surgery, please call Dr. Hazelwood's office so that we may fax the referral to the therapist. This first visit will be an educational visit to teach you home exercises and what to avoid. Other than 1-2 visits with PT, the first 6 weeks is a **home program**.
- b. No active motion
- c. **Passive external rotation exercise up to 30-45 degrees ok with arm at side and elbow flexed. No overhead passive motion**
- d. Pendulum exercises, Table Slides 3-6x/day
- e. Modalities, ice as needed. Place a towel or covering between your skin and the ice to protect your skin. Maximum 20 minutes/per hour. Gradually wean off ice as swelling/discomfort decreases.
- f. Hand, wrist range of motion
- g. If no biceps tenodesis, then no elbow ROM restrictions. If there was a biceps tenodesis, **No active elbow flexion or x 4 weeks**

II. 3-6 WEEKS POST-OP:

- a. May remove sling for exercises and around house, continue to wear sling when out of house. Remove for sleep at 3 weeks post op. May submerge wounds at 4-5 weeks
- b. Table Slides/Pendulums 3x/day
- c. Weight Restrictions: <10 lbs
- d. **May progress gentle passive motion, no forward flexion above 100 degrees**
- e. **Initiate active assisted forward flexion in scapular plane**
- f. Wall climbs, pulleys, functional reach behind the back
- g. Initiate sub-maximal pain free isometrics with arm at side at week 4
- g. Hand/wrist motion. Grip strengthening. Begin elbow motion after four weeks if biceps tenodesis was done
- h. Begin gentle posterior capsular strengthening
- i. Deltoid isometrics, active assisted scapular strengthening in protective range (shrugs/retractions)

III. 6-12 WEEKS POST-OP:

- a. Out of sling full time
- b. Advance passive and active assisted motion. Initiate active motion. **Goal: Full passive ROM by 8 weeks. Full forward flexion by 10 weeks. Full motion at 12 weeks**
- c. Begin overhead motion. ROM emphasizing forward flexion. Gentle passive stretch to tolerance forward flexion

2500 W. A Street Suite 201, Moscow, Idaho 83843 (208) 883-2828
825 SE Bishop Blvd., Suite 120, Pullman, WA 99163 (509) 332-2828

Inland Orthopaedic Surgery & Sports Medicine Clinic

Kyle J. Hazelwood, M.D.

- d. Advance posterior capsular strengthening
 - e. Deltoid isotonic in plane of scapula, advance scapular strengthening
 - f. Begin biceps PRE's if had biceps tenodesis
 - g. Progress Rotator cuff isotonic as ROM approaches normal
 - i. Begin Theraband IR / ER
 - ii. Upper extremity progressive resistance exercises for large muscle groups, (pec,lats)
 - iii. Begin isokinetic program
 - h. Weight Restrictions: <20 lbs
- IV. **12-16 WEEKS POST-OP:**
- a. Advance upper extremity PRE's
 - b. IR / ER isokinetics
 - c. Begin push up program if appropriate
 - d. Begin throwing and racquet program if appropriate
 - e. Posterior capsule stretching after warm-up
 - f. Progress PRE's from for overhead athletes
- V. **16+ WEEKS POST-OP:**
- a. Return to normal everyday activity, still avoiding heavy overhead lifting >30 lbs
 - b. Functional exercises, continue Isokinetics
 - c. Lightweight gym exercises may start
- VI. **20+ WEEKS POST-OP:**
- a. Isokinetic test results for the shoulder patterns should demonstrate at least 80% strength and endurance (as compared to the other side) before proceeding to sport specific activities
 - b. Initiate light upper body plyometrics program
 - c. Return to sports/unrestricted activity will vary depending on each individual and factors such as activity demand, strength, range of motion, pain, etc. Generally the earliest return to sports is between 5-6 months
 - d. Overhead athletes initiate throwing program around 6 months from surgery

Inland Orthopaedic Surgery & Sports Medicine Clinic

Kyle J. Hazelwood, M.D.

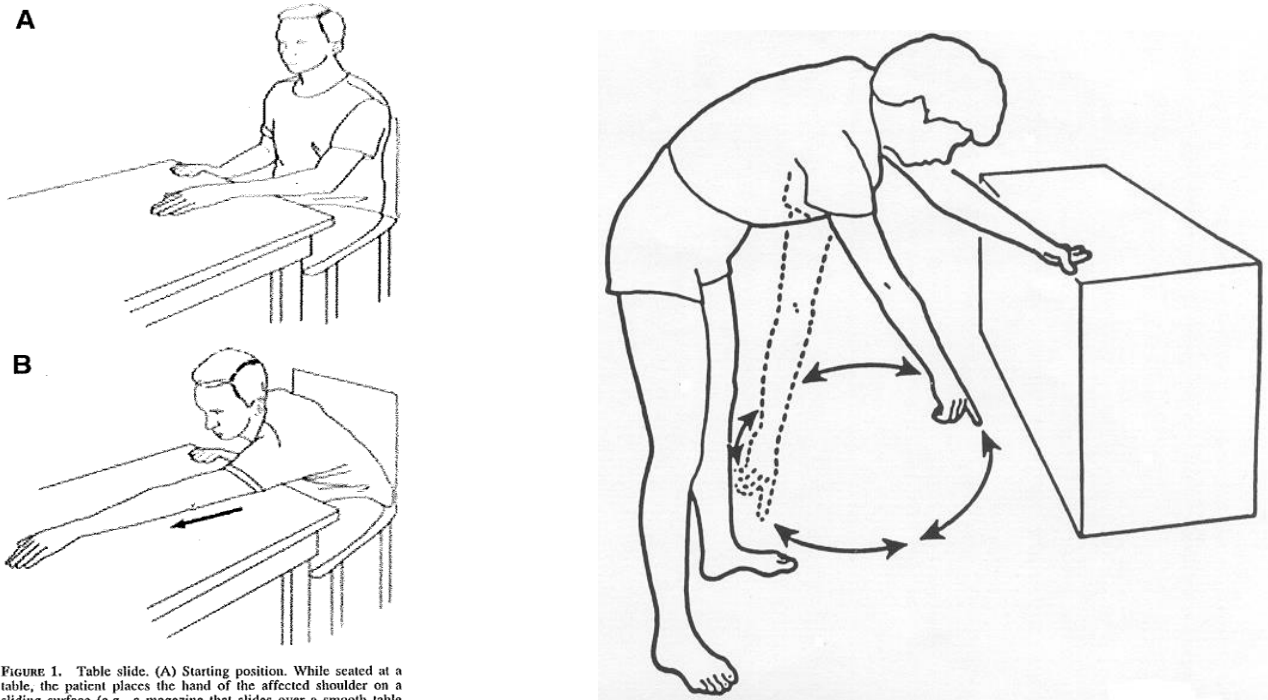
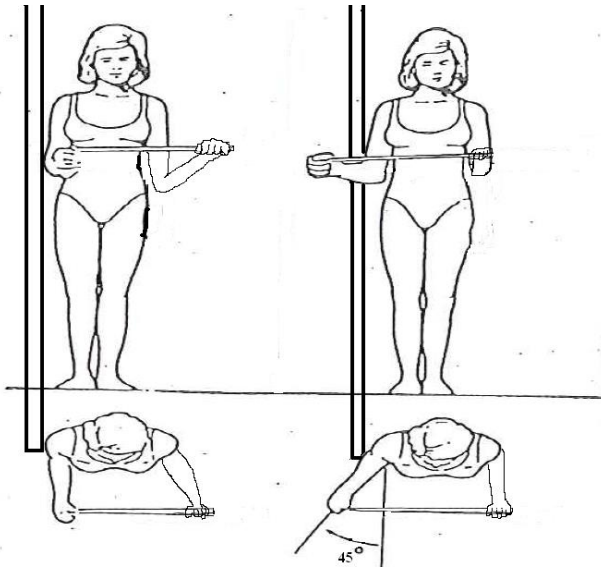


FIGURE 1. Table slide. (A) Starting position. While seated at a table, the patient places the hand of the affected shoulder on a sliding surface (e.g., a magazine that slides over a smooth table surface). (B) Ending position. The patient slides the hand forward, maintaining contact with the table, while the head and chest advance toward the table.



External Rotation Exercise: Using the nonoperative hand, push the stick against the operative side's hand to 45 degrees, and hold for 30 seconds; repeat 10 times per set.

2500 W. A Street Suite 201, Moscow, Idaho 83843 (208) 883-2828
825 SE Bishop Blvd., Suite 120, Pullman, WA 99163 (509) 332-2828