Inland Orthopaedic Surgery & Sports Medicine Clinic

Kyle J. Hazelwood, M.D.

ROTATOR CUFF REPAIR WITH SUBSCAPULARIS 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-OPERATIVE INSTRUCTIONS:**

a. Abduction sling x 6 weeks post-op. Remove for showers and below exercises. **Begin physical therapy 4 weeks after surgery.**
b. May **remove bandage post-op day 3** and clean shoulder with alcohol and gauze. Keep streri-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 around 2 days post-operatively**. It is normal to have some numbness in the shoulder/arm the first few days after surgery as a result.
e. Take the prescribed pain medications as directed. You can supplement your pain control with ice and over-the-counter ibuprofen if needed, making sure to follow the dosage as recommended on the bottle.
f. Decrease the frequency of your pain medicine as your symptoms allow. Although everyone is different, generally patients are able to be off of pain medicine around 1 week post-op.
g. There is no conclusive data about when it is safe to return to driving after shoulder surgery. You cannot drive while taking pain medications. Generally it is a good idea to arrange for someone else to drive for you for the first few weeks. Return to driving is highly individualized and is generally guided by your ability to drive safely and your ability to make evasive maneuvers if that was required.
h. The risk of blood clots is extremely low after surgery of the shoulder or upper extremity. However, certain conditions may increase your risk including smoking, family or personal history of blood clots or birth control pills. If any of these situations apply, please let Dr. Hazelwood know and take 1 tablet of aspirin (325 mg) per day for 3 weeks after surgery.

II. **REHABILITATION PROTOCOL. 0-4 WEEKS POST OP:**

a. **Establish 1st visit with physical therapist 4 weeks after surgery**. first visit will be an educational visit to teach you home exercises and what to avoid.
b. **No external rotation past neutral x 6 weeks from date of surgery**
c. **No overhead motion x 6 weeks**
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 restrictions. **If there was a biceps tenodesis, gentle active motion is allowed but no lifting > 5 lbs.**

III. **4-6 WEEKS POST-OP:**

a. May remove sling for exercises and showering. May submerge wounds at 4-5 weeks.
b. Passive forward flexion in plane of scapula not beyond 100 degrees
c. Table Slides/Pendulums 3x/day
d. Weight Restrictions: <10 lbs
e. Continue hand/wrist motion. Grip strengthening. **If no biceps tenodesis was done may initiate biceps isometrics**.
f. Begin gentle posterior capsular strengthening
g. Begin submaximal ER isometric exercises in neutral, arm at side (week 5)
h. Deltoid isometrics, active assisted scapular strengthening in protective range (shrugs/retractions)

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IV. **6-12 WEEKS POST-OP:**

a. Out of sling full time
b. Advance passive and active assisted motion. **Goal: Restore Full Flexion by Week 10. Full motion at 12 weeks**
c. Passive/Active **external rotation up to 45 degrees**
d. Begin overhead motion. ROM emphasizing forward flexion. Gentle passive stretch to tolerance forward flexion
e. Wall climbs, pulleys, functional reach behind the back
f. Advance posterior capsular stretching
g. Deltoid isotonics in plane of scapula, only after positive rotator cuff strength is determined
h. Continue with scapular PRE's. Begin biceps PRE's
i. Progress Rotator cuff isotonics as ROM approaches normal
    i. Begin Theraband IR / ER
    ii. Progress to open chain scapular exercises
    Iii. Upper extremity progressive resistance exercises for large muscle groups, (pec, lats)
    iv. Begin isokinetic program
j. Weight Restrictions: <20 lbs.

V. **12-16 WEEKS POST-OP:**

a. Advance upper extremity PRE's
b. IR / ER isokinetics
c. Begin plyometric program for overhead athletes
d. Continue with throwing and racquet program if appropriate
e. Posterior capsule stretching after warm-ups
f. Progress PRE's from side for overhead athletes
g. Weight Restrictions: <30 lbs. through week 12

VI. **16+ WEEKS POST-OP:**

a. Return to normal everyday activity, still avoiding heavy overhead lifting
b. Functional exercises, continue Isokinetics
c. May start push-ups if. 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

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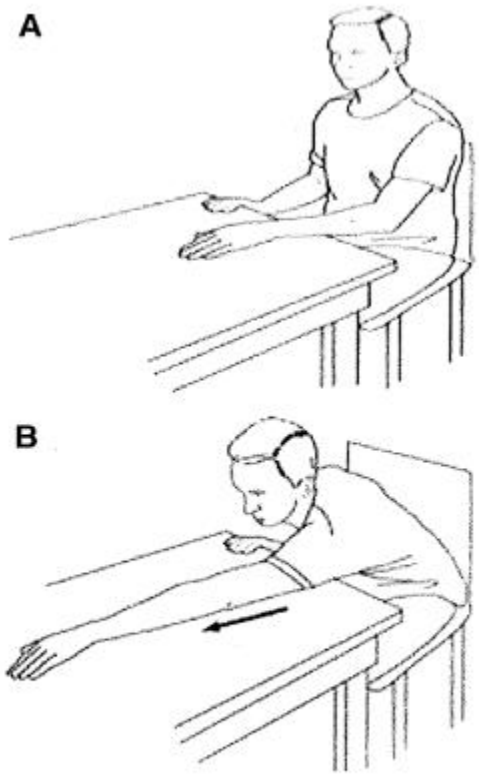
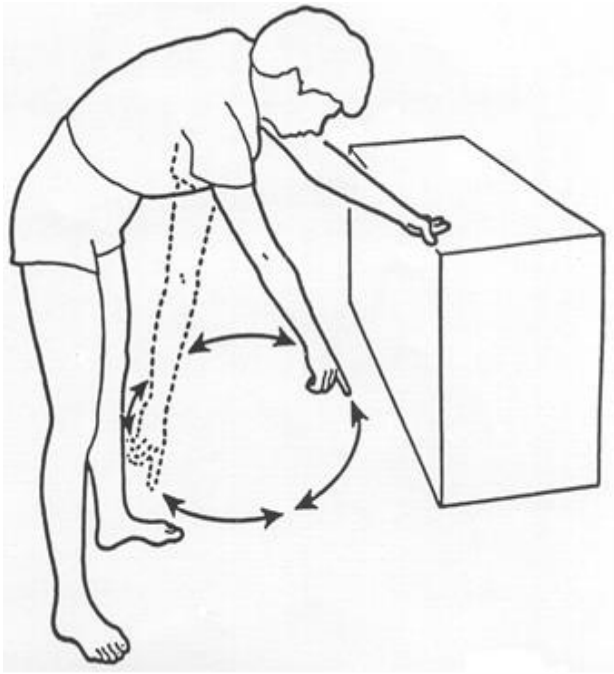


FIGURE 1. Table slide. (A) Starting position. While seated at a table, the patient places the hand of the affected shoulder on a sliding surface (e.g., a magazine that slides over a smooth table surface). (B) Ending position. The patient slides the hand forward, maintaining contact with the table, while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



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