

University of Washington Shoulder and Elbow Service

General Rehabilitation Guidelines

Please note that these are general guidelines and the specifics of the management of a particular patient must be determined by the surgeon responsible.

After Rotator Cuff Tear Repair – 840.4 (rotator cuff tear); 728.87 (muscle weakness), 719.51 (stiff shoulder)

Interventions:

in hospital:

Start CPM (continuous passive motion) machine in recovery room

Instruct in, and begin, self-assisted **passive** elevation – done only via dangling (non-moving pendulum) on post-op day 0 or 1.

Instruct in, and begin, elbow range of motion as tolerated immediately.

Provide with written copy of home exercises to be done 5 times/day and precautions regarding keeping arm at sides, except when doing exercises.

Biggest challenge throughout the first 12 weeks is to avoid active use. As the shoulder gets more comfortable, it's natural to start actively using the arm and this really has to be avoided.

after discharge:

At 6 weeks, depending on quality of the repair and recovery, may instruct in, and begin, very gentle assisted range of motion into elevation using pulley or in supine, and review posture and impact on shoulder flexibility and function.

At 12 weeks, instruct in, and begin, range of motion into internal rotation and horizontal cross-body adduction and initiate strengthening for shoulder external and internal rotators with lightest weight rubber tubing, as comfort allows. Initiate progressive strengthening for scapular stabilizers.

Therapy goals (before discharge from hospital):

Comfortable **passive** elevation done only via dangling. (This will eventually allow sufficient motion to achieve active overhead reach.)

40⁰ assisted external rotation to allow eventual progression to full function and prevention of secondary impairments

independence in home exercise program

understanding of precautions, especially passive motion

Return to clinic to see surgeon at 2, 6, and 12 weeks post op.

Precautions/restrictions:

no resisted motion – in any direction for at least 6 weeks

no pushing, pulling, or heavy lifting for at least 12 weeks

long term: no forceful, jerking movements (starting outboard motor); no repetitive impact loading (such as chopping wood)

Usual visits to therapist occur at 2 weeks to monitor passivity of motion, give feedback to patient regarding progress, and any techniques needed to assist with exercises, at 6 weeks to again monitor motion and instruct in new exercises (as above), and at 12 weeks to re-examine the patient's motion and strength and again advance the home exercise program depending on what is found in the reexamination and the patient's stated functional goals, and review continued (long term) precautions,

Total number of physical therapy visits post-op: 2-8

Duration: 6-20 weeks