

## **ROTATOR CUFF AND LABRAL PROTOCOL**

### **POST-OP WEEK 0-4:**

#### **Home Expectations:**

1. Patient needs to remain in the full pillow immobilizer for up to 3-4 weeks or per physician recommendation.
2. Keep wounds covered with waterproof dressings at all times.
3. May come out of immobilizer for gentle pendulum exercises and Codman's exercises as tolerated.
4. Active range of motion of the shoulder.
  - a. No Forward flexion.
  - b. External Rotation to 45 degrees at the side.
5. Active range of motion of elbow, forearm, wrist and hand to restore normal ROM of uninvolved joints only.
6. Pain management:
  - a. Cryotherapy: Apply to surgical site to decrease post op edema and help with pain reduction. Use as often as needed.
  - b. Prescription pain medications as needed.
7. Follow up with the Orthopedic Team (Physician Assistant) at 2 weeks post op.

### **POST OP WEEK 4-6:**

#### **Home Expectations:**

1. The pillow can be removed from the immobilizer, but the sling should be continued to be worn.
2. Dr. Johnson: May get out of the immobilizer by 4 weeks.
3. Dr. Edgerton: May get out of immobilizer at therapist discretion at 4-6 weeks.
4. Continue pendulum and Codman's exercises.
5. Pain management:
  - a. Cryotherapy: Continue to use ice to decrease pain and swelling, post exercise and as often as needed.
  - b. Pain medications. Wean off of prescription pain medications and start Acetaminophen and/or NSAIDS as needed.

#### **Therapy Goals: \*Start formal Physical Therapy\***

1. Increase PROM and gentle external rotation (No significant overpressure at end of range).
  - a. Labral repair: NO Passive ROM or Abduction >90 degrees until 6 weeks.
  - b. PROM flexion as tolerated for cuff and labral repair.
  - c. Table Top Slides - Flexion and abductions.
2. Begin AAROM and early strengthening.

- a. Supine assisted cane exercises in flexion.
- b. Wall walking, pulleys, and arm ergometer as appropriate.

#### **POST-OP WEEK 6-8:**

##### **Home Expectations:**

1. Follow up with your Orthopedic Surgeon at 6 weeks post op.
2. Sling can be discontinued.

##### **Therapy Goals:**

1. Progress PROM to progress to patient's tolerance.
2. May utilize joint mobilizations as indicated.
3. Continue to AAROM as needed to work into AROM.
4. Initiate AROM/PRE's - Begin with supine/side-lying/prone exercises.
5. Progress to standing exercises as appropriate.
6. External ROM - Door Frame Stretches - to start after 6 weeks.

#### **POST-OP WEEK 8-12:**

##### **Therapy Goals:**

1. Continue PROM to achieve normal ROM compared to non-involved extremity.
2. AROM/PRE's in pain-free ranges using either hand weights, resistive equipment or tubing.
3. Emphasize rotator cuff, scapular stabilizing, and deltoid musculature in order to achieve normal glenohumeral rhythm without substitution.

**If GRAFT AUGMENTATION is used: Patient will maintain level of activity and exercises from 3-5 months. No increased activities or strengthening during this time. After 5 months, the patient may resume therapy progression.**

#### **POST-OP 12 weeks - 10 months:**

1. Patient to increase difficulty/resistance during rehabilitation activities as able without joint irritation.
2. Progression determined by ability to adequately demonstrate appropriate strength, proprioception, understanding, and independence in execution of exercise program.

*This protocol provides you with general guidelines for the rehabilitation of a Rotator Cuff and Labral Repair of the shoulder. Changes in the program are made as appropriate/indicated for each patient. Any further restrictions on the physician's orders take precedence. If you have any questions regarding the patient and/or protocol, please send a message to the Little Falls Orthopedics Team or Physical Therapy Department at (320) 631-2205.*