



Rehab Practice Guidelines for: Repair of Rotator Cuff Tears with Retraction

- Assumptions 1. Tears ≤ 2 centimeters
 2. Retraction
- Primary surgery: Repair of supraspinatus tendon and subacromial decompression
- Secondary surgeries (possible): Distal clavicle excision
- Expected # of visits: 17-32

Precautions

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Rotator Cuff Tear with Retraction Rehab Protocol

<u>Timeline</u>	<u>Treatment</u>	<u>Milestones</u>
<u>Weeks 1-2</u> <ul style="list-style-type: none"> ▪ No formal PT ▪ Use sling with abduction pillow 24 hours/day ▪ No driving 	<ul style="list-style-type: none"> ▪ Ice shoulder for pain and inflammation control ▪ Remove sling TID for Codman's exercises 	<ul style="list-style-type: none"> ▪ Comfortably sleep through the night
<u>Weeks 3-5</u> <ul style="list-style-type: none"> ▪ Begin PT ▪ 2-3 visits/week ▪ Continue sling use 24 hours per day; d/c abduction pillow ▪ Week 4 sling use in crowds and uncontrolled situations <p>Total Visits: 6-9</p>	<ul style="list-style-type: none"> ▪ Modalities for pain and inflammation control as needed ▪ Incision mobilization ▪ Test glenohumeral accessory motions <ul style="list-style-type: none"> ○ <i>if hypomobile</i> - Rx: grade III/IV mobilizations ○ <i>if normal mobility</i>- Rx: grade I/II mobilizations for pain control and to prevent adhesions ▪ Passive Range of Motion (ROM) exercise in all planes, except IR in 0 degrees abduction. ▪ Active ROM in all planes except abduction, focus on scapulo-humeral rhythm and scapular stabilization 	<ul style="list-style-type: none"> ▪ No hypomobility or hypersensitivity of scars ▪ PROM: Full Horizontal adduction, flexion and abduction. ▪ ER/IR at 90 degrees of abduction to surgeon's limit ▪ Full gleno-humeral joint mobility (e.g. inferior, posterior, anterior glides) ▪ Normal scapulo-humeral rhythm
<u>Weeks 6-8</u> <ul style="list-style-type: none"> ▪ D/c use of sling ▪ 1-3 visits/week <p>Total Visits: 9-18</p>	<ul style="list-style-type: none"> ▪ Begin abduction in gravity minimized positions progressing to gravity resisted ▪ Begin with active assisted range of motion; progress to active ▪ PRE's for all other shoulder motions 	<ul style="list-style-type: none"> ▪ Full PROM for all motions except IR in 0 degrees abduction ▪ Full AROM for all motions
<u>Weeks 9-11</u> <ul style="list-style-type: none"> ▪ 1-3 visits/week <p>Total Visits: 12-27</p>	<ul style="list-style-type: none"> ▪ PRE's for all shoulder motions ▪ Dynamic stabilization exercises ▪ Progress to home exercise program for strengthening 	<ul style="list-style-type: none"> ▪ Maintain full AROM and PROM ▪ Independent with home exercises ▪ Strength increasing
<u>Weeks 12-16</u> <ul style="list-style-type: none"> ▪ 1 visit per week <p>Total Visits: 17-32</p>	<ul style="list-style-type: none"> ▪ Progress strengthening program 	<ul style="list-style-type: none"> ▪ Full ROM ▪ MMT 5/5 all shoulder motions
<u>Weeks 17-24</u> <ul style="list-style-type: none"> ▪ Physical therapy is as needed for sport/work specific activities 	<ul style="list-style-type: none"> ▪ Begin progression of sport/work specific rehabilitation 	<ul style="list-style-type: none"> ▪ Return to sport/work