

# Postop Rotator Cuff Repair Protocol A

## ( RCR-A)

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*Instructions to patient: Take this written protocol to your therapist. If you do not have therapy scheduled to start within 1 week of seeing Dr. Metzger, please call Dr. Metzger's office so that any problems or conflicts can be resolved and therapy begun. Dr. Metzger thinks that therapy is very important to your good recovery, and that your outcome will not be as good if you do not have the therapy as prescribed.*

*Instructions to therapist: Below are specific guidelines which are just that-guidelines. Every patient is different and there is room for adjusting protocol depending on progress. There should NEVER be ANY pain during ANY part of the rehabilitation. Pain causes inflammation which causes scar and stiffness and guarding and worsens the long-term prognosis.*

### Week 1

- Immobilizer full-time except bathing (gravity abducts the arm) and exercises:
  - Pendulums
  - Pulleys
  - Passive forward flexion limited by pain
  - Wall walking facing wall, and side-to-wall
  - Periscapulars (protraction, retraction, shrugs, shoulder circles done with no weights or therabands)
  - Bicep / tricep isometrics. NO deltoid isometrics.
  - Elbow / wrist / hand AROM
- Remove pain pump when empty, usually day 3-4, usually done by patient

### Week 2-6

- Any steristrips or sutures may be removed at the end of week 2
- Modalities and needed for pain control and inflammation
- Consider aquatherapy (if available) for ROM, in patients who progress slowly. Do not substitute aquatherapy for the exercises outlined below.
- No active abduction in this phase
- Replace immobilizer with sling
- A/AAROM and patient assisted PROM in all directions except abduction
- Continue week 1 exercises until full ROM achieved in flexion, extension and rotation
- Early stretching, very gently, causing NO PAIN at ANY TIME

- Wand exercises for ER
- Towel / wand exercises for IR
- Any other stretching techniques needed
- Postural awareness

### Week 6-12

- Discontinue sling
- Continue modalities as needed
- More aggressive stretching to establish full ROM if not achieved by now
  - Still should NOT BE PAINFUL
  - Maintain position gained for 30 seconds each time, doing each stretch 20-30 times per day
  - Types of positions for that include “Superman,” “wall-climbing,” lying flat on back and placing hand overhead with palm behind head, and in the “raising hand” position
- Initiate strengthening
  - Light place and hold at 90 flexion, scaption, and abduction
  - Therabands in all directions except abduction and scaption
  - Light dumbbells and cable row exercises ok, with very low weight and high reps (minimum 15 done easily with no breaks in posture or motion of the trunk/abdomen)
    - Continue with scapular stabilizers
    - Avoid cross-chest position which can compress AC joint
    - Never do upright rows
    - With pull-down exercises for the traps, patient should always see the back of the hands
    - Weights should be handled slowly, with complete control and smooth rhythm. If the patient jerks or moves the body, too much weight is being used

### Week 12 and beyond

- Advance strengthening as needed with no limitations other than pain
- Sports specific rehab as indicated. Consider throwing mechanics program.
- Progress to home exercise program

*COMMENTS: During this phase you will work to improve coordination/endurance and return to sports and heavy activities including return to work, and overhead reaching and lifting.*