

This protocol is a guideline only; actual progression will be based on clinical presentation

GENERAL CONSIDERATIONS

- Early passive range of motion of the glenohumeral joint to prevent capsular adhesions is essential
- This early ROM is done in a manner that shortens the involved muscle: i.e., for supraspinatus avoid adduction past midline and external rotation
- DO NOT elevate surgical arm above 70 degrees in any plane for the first 4 weeks post-op
- DO NOT lift any objects over 5 pounds with the surgical arm for the first 6 weeks
- AVOID EXCESSIVE reaching and external/internal rotation for the first 6 weeks
- Ice shoulder 3-4 times (15 minutes each time) per day to control swelling and inflammation
- An arm sling is used for 4 weeks post-op. Sling wear during sleep is optional depending on comfort
- Maintain good upright shoulder girdle posture at all times--especially during sling use
- M.D. follow-up visits at Day 1, Day 8-10, Month 1, Month 3 and Year 1 post-op

Weeks 0-2:

Key factors: protection, rest, ice, compression, elevation, manual therapy, early motion and medication for pain/inflammation

- M.D. visit day 1 post-op to change dressing and review home program
- Suture removal at day 8-10 post-op
- Exercises (3x per day): 1) pendulum exercises, 2) squeeze ball, 3) triceps and biceps training with Theraband, 4) pulley passive flexion and scaption (scapular plane) 0-60 degrees, 5) isometric shoulder abduction, adduction, extension and flexion with arm at side, 6) scapular pinches every hour, 7) neck stretches for comfort

Weeks 2 - 4:

- M.D. visit at 8-10 days for suture removal and check-up
- Use of strapping tape for secondary AC compression and support (optional)
- Soft tissue treatments for associated shoulder and neck musculature for comfort

Weeks 4 - 8:

- M.D. visit at Week 4 post-op and will usually be progressed to a more aggressive ROM and strength program
- At Week 4: start mid-range of motion (ROM) rotator cuff external and internal rotations active and light resistance exercises (through 75% of ROM as patient's symptoms permit) without shoulder elevation and avoiding extreme end ROM
- Strive for progressive gains to 90 degrees of shoulder flexion and abduction

Weeks 8 - 12:

- Seek gentle full shoulder ROM in all planes-- especially with flexion, abduction, external rotation and internal rotation
- Increase mobilizations of soft tissue as well as glenohumeral and scapulothoracic joints for ROM
- Exercises: wand exercises, ROM shoulder pulleys, scapular training (rows, protraction, lower trapezius work, etc), PNF
- No overhead lifting

Weeks 12 and beyond:

- Start a more aggressive rotator cuff program as tolerated
- Start progressive resistance exercises with weights as tolerated
- Continue to seek full shoulder range of motion in all planes
- Increase the intensity of strength and functional training for gradual return to activities and sports
- Return to specific sports is determined by the physical therapist through functional testing specific to the targeted sport