



AMERICAN HIP INSTITUTE & ORTHOPEDIC SPECIALISTS

ROTATOR CUFF REPAIR PHYSICAL THERAPY PROTOCOL (+/- SUBSCAPULARIS REPAIR) (+/- MINI OPEN BICEPS TENODESIS)

Dr. Domb would like to personally thank you in advance for taking care of our mutual patient post-operatively. The intent of this protocol is to provide guidelines for your patient's therapy progression. It is not intended to serve as a recipe for treatment. We request that the PT/ PTA/ ATC should use appropriate clinical decision-making skills when progressing a patient forward.

Please call our office at 833-872-4477 to obtain the operative report from our office prior to the first post-op visit. Also please contact Dr. Domb if there are any questions about the protocol or your patient's condition.

Please reference the exercise progression sheet for timelines and use the following precautions during your treatments. Thank you for progressing all patients appropriately and please fax all progress notes to Dr. Domb at [\(630\)323-5625](tel:6303235625), or hand deliver with the patient themselves. **Successful treatment requires a team approach, and the PT/PTA/ATC is a critical part of the team! Please contact Dr. Domb at any time with your input on how to improve the therapy protocol.**

***Please instruct patients on safe methods of dressing, bathing, and personal care.
Please Use Appropriate Clinical Judgment During All Exercise Progressions***

Thank you again for your care of this patient!

-- Team Domb

WEEKS 0-2: PATIENT TO BEGIN AT HOME FOLLOWING SURGERY

Sling Immobilization with abduction pillow to be worn day and night for 6 weeks with the exception of bathing and performing the following exercises:

Perform Pendulum with sling removed twice daily

(for biceps tenodesis, opposite arm supported pendulums)

Passive ROM of elbow and wrist 20 repetitions each twice daily

(for biceps tenodesis, only passive elbow motion, supported by opposite arm)

Ball Squeezes 10 hand squeezes every waking hour

WEEKS 2 – 4: BEGIN FORMAL PHYSICAL THERAPY AT 2 WEEKS PO

Sling Immobilization with abduction pillow x 6 weeks PO

Perform Pendulum with sling removed twice daily

(for biceps tenodesis, opposite arm supported pendulums)

Active ROM Elbow, Active ROM Wrist and Hand

(for biceps tenodesis Passive ROM elbow only; no Active ROM until 6 weeks PO)

Joint Mobilizations: AC, SC, and Scapula, NO GH mobilizations

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Gentle Soft Tissue Massage

Passive ROM Shoulder to restore ROM (progress as tolerated unless limits noted below):

WEEKS 2 – 4 CONTINUED:

Flexion in scapular plane (for subscapularis repair, maintain 20°-30° IR)

ER (for subscapularis repair, to neutral)

IR to resting position (for posterior rotator cuff repair, no IR beyond neutral)

Avoid pulleys or self-assisted passive motion

Scapular Stabilization exercises without stressing the rotator cuff

Postural Education to minimize compensation and emphasize upper trapezius relaxation

WEEKS 5 - 6:

Discontinue sling at 6 weeks PO

Warm-Up Shoulder: Passive Pendulums, Codmans

Active ROM Elbow, Wrist and Hand

(for biceps tenodesis, begin Active Assist and Active ROM)

Joint Mobilizations: GH physiologic G I-II, AC, SC, and Scapula

Gentle Soft Tissue Massage

Passive ROM Shoulder to restore Full ROM unless limits noted below:

Flexion in scapular plane (for subscapularis repair, maintain 20°-30° IR)

ER (for subscapularis repair to 30°)

IR to resting position; ***At 6 weeks, progress IR to tolerance

Begin AAROM at 6 weeks, flexion avoiding scapula elevation (seated pulley and/or supine wand)

At 6 weeks, begin submax pain free isometrics: shoulder flexion with elbow straight; extension and IR

Scapular Stabilization exercises without stressing the rotator cuff

Postural Education to minimize compensation and emphasize upper trapezius relaxation

WEEKS 7 – 8:

Warm-Up Shoulder: Apply moist heat in a supported, gentle stretch position as needed,

Pendulums, Active-Assist to Active Retro UBE

Joint Mobilizations: GH physiologic GI-IV as needed, AC, SC

Active-Assist, Passive ROM Shoulder:

Flexion in scapular plane, progress from supine to upright

ER/IR in abduction

Pulley in pain free range all directions

Soft Tissue Massage if needed

Pain free Isometric Shoulder Flex, Abd, Ext, ER, IR, biceps

Advance periscapular and elbow strengthening exercises

Begin Closed Chain UE activities

Wall Wash with towel- horizontal, vertical and diagonals

At 8 weeks, begin gentle RC strengthening exercises: **NO WEIGHT**

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Prone extension; Prone Row; Prone Horizontal Abduction T position; Lower Trap Y position
Begin Rhythmic Stabilization
Dynamic Light T-band isometrics
Postural Education to minimize compensation and emphasize upper trapezius relaxation

WEEKS 9 - 12:

Active Warm-Up Shoulder: Pendulums, Active UBE
Joint Mobilizations: GH physiologic GIII-IV as needed AC, SC
Active, Active-Assist, Passive ROM Shoulder:
Flexion in the scapular plane, progressing from supine to upright
ER/IR in adduction/abduction
Horizontal abduction/adduction
(Restore Full Passive ROM Shoulder in all directions)
Gentle Soft Tissue Massage if needed
Gradually advance pain free RC strengthening:
Isometrics: As needed all directions
Wand exercises
PNF
Continue progressing isotonic with light weight as tolerated: Sidelying ER; Sidelying abduction to 45 degrees, Standing Scaption thumbs up, Seated Press-Up, Supine Protraction, Prone Horizontal Abduction in full ER, Prone Horizontal Abduction in full IR; Progress to Theraband
Isokinetics: ER/IR at 30°-abd/30°-flex/30°-inclination
CKC- wall push ups (approximately 10 weeks) adjust to various positions
Continue periscapular and elbow strengthening exercises
Postural Education to minimize compensation and emphasize upper trapezius relaxation

WEEKS 13 - 16:

Active Warm-Up Shoulder: Pendulums, Active UBE
Joint Mobilizations: GH physiologic GIII-IV as needed, AC, SC
Advance pain free Rotator Cuff strengthening at increasing angles and elevations
Diagonal Patterns; Bent Row; Progress Closed Chain UE strengthening
Functional Eccentric Strengthening
Begin Sport and Occupational specific strengthening and activities (golf/tennis swings, tossing)
Rhythmic Stabilizations
OKC/CKC Perturbation training
Continue periscapular and elbow strengthening exercises
Postural Education to minimize compensation and emphasize upper trapezius relaxation

WEEKS 17 -20:

Advance strengthening exercises if appropriate
Continue Sport and Occupational specific strengthening and activities including

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Plyometrics if appropriate

Transition to home stretching/strengthening program or work conditioning if appropriate

Dr. Domb will only sign Therapy progress notes/prescription renewals at patient visits or if sent 3 days prior to the office visit. Please send notes by email to dombassistant@drdomb.com.

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