
THERAPY PROTOCOLS

Following all procedures, you should receive a demonstration of the therapy exercise you are to perform at the end of each visit. These are to be performed for the time interval until your next visit. Frequently I can provide you with illustrations as well for your reference.

REHABILITATION AFTER ARTHROSCOPIC ROTATOR CUFF REPAIR

- 1.** Following surgery for 6 weeks, you will wear a sling full time including at night. Two times daily for 10 minutes you will carefully remove the sling to perform elbow range of motion (get it straight) and passive external rotation stretches as tolerated. You are encouraged to achieve at least 40 degrees of external rotation past the straight ahead position by the end of six weeks post operation. The exception to this protocol is in the patient with a subscapularis repair. If the subscapularis is repaired as a part of the overall rotator cuff repair, then external rotation is restricted to 20 degrees for the first six weeks, and then is progressed as tolerated after that.
- 2.** Week seven through twelve – Frequently you will begin formal physical therapy or at least be instructed to begin therapy on your own. You will perform passive/assisted elevation as tolerated using a rope and pulley as well as supine overhead stretches using the opposite arm. You will continue with passive external rotation stretches using a cane for assistance. In general, stretching will produce soreness, but should not be pushed to the point of sharp pain. Your goal is to achieve the same motion as possible with your non-operative shoulder.
- 3.** Thirteenth week (three months) and thereafter – You will begin a strengthening program using Thera-Band with our standard “four-pack” exercises. The four-pack includes resisted external rotation, resisted internal rotation, one-armed row, and biceps curl. Start with the smallest diameter Thera-Band, which is a red Thera-Band, and do three sets of ten repetitions two or three times a day. You may progress up to the green Thera-Band, and then only to the blue Thera-Band when authorized by myself. Contrary to stretching, the strengthening exercises should not produce pain and especially not sharp pain. This pain may indicate that too much stress is occurring at the repair site and you should back off on the resistance or discontinue the exercise. Mild muscular soreness after the completion of the exercises is very normal however. Usually you will be under the guidance of a therapist during the strengthening phase of therapy
- 4.** In the case of a revision rotator cuff repair or of a massive multiple tendon rotator cuff repair, I do not begin strengthening until seventeen weeks (4 months) post-op. The reason for this more extended period of immobilization is that we believe that more time is needed for vascular ingrowth in these massive and revision repairs than in smaller repairs to achieve strong mechanical healing before stressing this repair.
- 5.** Six months and thereafter – you may generally resume full unrestricted activities. I do continue to recommend use of caution with heavy lifting/ arm away from body activity, and with more aggressive sporting activities for up to one year. If it is a revision or massive multiple tendon rotator cuff repair, then I suggest the patient to wait until 12 months post-op to resume full unrestricted activities, which would include golf or overhead sports.

Currently, there are three exceptions to the initial six week period of immobilization that I employ in my practice. These exceptions are based on information gleaned from my own published research. The first exception is the patient with calcific tendinitis. I have observed that such patients are likely to develop rather profound chemical synovitis and chemical bursitis from the calcific deposits after the surgery, and if early stretching is not instituted they tend to become very stiff postoperatively. Therefore, I start immediate postoperative stretching, including passive elevation with a rope and pulley as well as passive external and internal rotation. Similarly, patients with a concomitant frozen shoulder are more likely to develop post-operative stiffness in the setting of a rotator cuff repair. I tend to use the same early motion program in this situation. The Final exception is the patient who has a small rotator cuff tear (less than 3 cm diameter) in association with a SLAP lesion that is repaired at the same time. I have found that this combination is also prone to stiffness if early passive stretching is not begun, so I now start immediate passive forward elevation as well as passive external and internal rotation in this situation. In general, these small rotator cuff tears are amenable to double row fixation and we have a great deal of confidence in starting early passive range of motion because of the high fixation strength of this double row repair.

In general, for all categories of rotator cuff tear, internal rotation stretching is begun at six weeks post-op but is not particularly emphasized. We simply have the patient begin to stretch the hand up behind the back as much as possible, and then do a reverse rope and pulley stretch beginning at about eight to ten weeks post-op. Typically, restoration of internal rotation lags behind the restoration of the other ranges of motion.

REHABILITATION AFTER ARTHROSCOPIC SLAP REPAIR

1. After SLAP repair, you will wear a sling for five weeks. During this five-week period, you are encouraged to perform external rotation stretches as far as mild soreness will allow, trying to match the external rotation between the operated arm and the non-operative arm by the end of four weeks. After five weeks, the sling is discontinued. At that point, you will begin overhead stretching and continue with passive external rotation stretching. Sleeper stretches (four sets of ten) are performed twice a day.

2. At 6 weeks post operation, Thera-Band strengthening is begun using the same four-pack program as described above under rotator cuff rehabilitation. There is one exception in that I delay the biceps curl until eight weeks post-op. At eight weeks, closed-chain scapular control exercises are also begun as well as open-chain scapular strengthening. The low row is particularly good for strengthening scapular retractors.

At three months post-op, you will begin working out with strengthening in the gym.

3. If you are a baseball player, you may begin to lob a baseball and initiate some slow throwing motions, gradually progressing to an interval throwing program beginning at 5 months post-op. Baseball players will usually need to include pectoralis minor stretches as a part of their regimen.

4. At seven months post-op, you may return to full unrestricted activities, including all overhead sports activities.

5. If you required multiple structures to be repaired (for example, combined rotator cuff and SLAP repairs), then I adjust the rehabilitation program toward the repaired tissues that require the longest period of immobilization for healing. For example, with a combined SLAP repair and rotator cuff repair, I will not begin strengthening until twelve weeks post-op in order to allow for complete healing of the rotator cuff.

REHABILITATION AFTER ARTHROSCOPIC ANTERIOR INSTABILITY REPAIR (BANKART)

- 1.** From surgery until the end of four weeks post operation, you will wear a sling full time, including at night. You will remove your sling two times daily for 10 minutes to stretch your elbow (achieve full extension) and to externally rotate the arm only to 10 degrees (the straight-ahead position).
- 2.** After five weeks – the sling is discontinued and you begin overhead stretching using a rope and pulley. You will continue passive external rotation stretching, now with a goal of having two thirds of the amount of external rotation that is present on the opposite (normal) side by the end of twelve weeks post-op. Thera-Band strengthening is also begun after six weeks, using the same 4-pack exercise protocol as described in the section above on rotator cuff rehabilitation.
- 3.** Four months post-op – you may begin working out with weights in the gym under a therapist directed program.
- 4.** Six months post-op – the patient is released to full activities including contact sports. In the event of significant bone deficiency in which a Latarjet procedure is performed, I tend to go a bit slower on mobilization in order to allow full healing of the coracoid bone graft. Therefore, after the Latarjet procedure, I keep the patient in a sling for six weeks, allowing only external rotation to 0 degrees. At the end of six weeks, the patient begins overhead stretching and external rotation stretching. Strengthening is delayed until three months post-op, to allow secure healing of the bone graft. At four months post-op, the patient may begin working out in the gym, and at six months post-op, full unrestricted activities will be allowed, assuming that the bone graft is fully healed and incorporated.

REHABILITATION AFTER ARTHROSCOPIC POSTERIOR INSTABILITY REPAIR

The sequence of rehabilitation after arthroscopic posterior instability repair is essentially the same as that for anterior instability repair. You will be kept in a sling for five weeks. During that time, you are allowed passive external rotation as tolerated. At five weeks post-op the sling will be discontinued and overhead stretching will begin along with external rotation stretching. Specific internal rotation stretching behind your back is delayed for 8 weeks. At 6 weeks you will begin the same Thera-Band “Four Pack” exercises, and at 4 months post-op, you may begin working out with free weights under a therapist guided program. Following posterior instability repair, you should avoid the “handstogether” bench press. With the hands located further apart on the bar during the bench press, the force transmission to the shoulder is more in line with the glenoid, protecting the repair. At six months post-op, the patient may return to full unrestricted activities including contact sports.