

University of Washington Shoulder and Elbow Service

General Rehabilitation Guidelines

Please note that these are general guidelines and the specifics of the management of a particular patient must be determined by the surgeon responsible.

After Rotator Cuff Tear Repair – 840.4

Interventions:

in hospital:

Start CPM (continuous passive motion) machine in recovery room

Instruct in, and begin, self-assisted **passive** elevation and external rotation on post-op day 0 or 1.

Goals of 140° elevation and 40° external rotation. Both of these are goals rather than limits.

May benefit from use of pulley for assisted elevation, particularly if other arm has any weakness.

Graph progress on wall charts.

Instruct in, and begin, elbow range of motion as tolerated immediately.

Provide with written copy of home exercises to be done 5 times/day and precautions regarding keeping arm at sides, except when using other arm to assist with exercises.

Biggest challenge throughout the first 6 weeks is to avoid active use. As the shoulder gets more comfortable, it's just natural to start using the arm and this really has to be avoided.

after discharge:

At 6 weeks, depending on quality of the repair and recovery, may instruct in, and begin, very gentle assisted range of motion into internal rotation and horizontal cross-body adduction.

At 12 weeks, instruct in, and begin, internal rotator strengthening with lightest weight rubber tubing, as comfort allows.

Therapy goals (before discharge from hospital):

>140° assisted elevation to allow eventual active overhead reach

40° assisted external rotation to allow eventual progression to full function and prevention of secondary impairments

independence in home exercise program

understanding of precautions, especially passive motion

Return to clinic to see surgeon at 2, 6, and 12 weeks post op.

Precautions/restrictions:

no resisted internal motion – in any direction for at least 6 weeks

no pushing, pulling, or heavy lifting for at least 12 weeks

long term: no forceful, jerking movements (starting outboard motor); no repetitive impact loading (such as chopping wood)

Usual visits to therapist occur at 2 weeks to monitor motion, give feedback to patient regarding progress, and any techniques needed to assist with exercises, at 6 weeks to again monitor motion and instruct in new exercises (as above), and at 12 weeks to re-examine the patient's motion and strength and again advance the home exercise program depending on what is found in the reexamination and the patient's stated functional goals, and review continued (long term) precautions,

Total number of physical therapy visits post-op: 2-8

Duration: 6-20 weeks