

Edmonton Region Shoulder Rehabilitation Guidelines - NON-STANDARD Arthroscopic / Mini-Open Rotator Cuff Repair

Surgery Date: _____ Surgeon: _____ Procedure / Tissue Repaired: _____

Additional Intervention: AC Resection Biceps Tenodesis Subscapularis Repair Labral repair

Additional Information: _____

PHASE Ia. – Immobilization (0 – 4/6 weeks)

GOALS OF PHASE	SPECIFIC TREATMENT INTERVENTION	CRITERIA FOR PROGRESSION TO PHASE Ib.
<p>Primary:</p> <ul style="list-style-type: none"> • Optimize / Protect healing (musculotendinous) tissue • Decrease Pain and Inflammation <p>Secondary:</p> <ul style="list-style-type: none"> • Scapulothoracic Stabilization • Address Kinetic Chain (adjacent joints, posture, etc.) • General Health / Wellness <p>Cautions:</p> <ul style="list-style-type: none"> • No AROM or AAROM • No PT assisted stretching and/or passive ROM • No lifting, pushing and/or pulling with affected arm 	<p>Primary:</p> <ul style="list-style-type: none"> • Immobilization in sling/swath/pillow for 4 or 6 weeks as dictated by surgeon • Out of sling 3 – 4 times/day for washing only • Ice/EPAAs needed for pain relief • Advice on sleep/rest/ positions <p>Secondary:</p> <p style="text-align: center;"><i><u>Dosage for all exercises are dictated by pain and patient being able to perform without compensation</u></i></p> <ul style="list-style-type: none"> • Scapular setting exercises in sitting (retraction/retraction & depression) <ul style="list-style-type: none"> • Shoulder in sling • May progress to sitting on physio ball or standing • Wrist / hand / elbow ROM with shoulder in sling • C-spine/T-spine ROM exercises (as directed by PT) • Posture exercises (as directed by PT) • CV exercises with shoulder in sling (recumbent stationary bike, walking) 	<ul style="list-style-type: none"> • Tissue healing ie. no sign of abnormal / disruption to repair / adherence to immobilization • Pain significantly reduced at rest • Patient able to properly set scapula with arms at side

For more information regarding these guidelines please go to:

<https://www.ualberta.ca/rehabilitation/research/core/shoulder-and-upper-extremity-research->

[group-of-edmonton/treatment-guidelines/index.html](https://www.ualberta.ca/rehabilitation/research/core/shoulder-and-upper-extremity-research-group-of-edmonton/treatment-guidelines/index.html)

PHASE Ib. – Protected Mobilization (4/6 weeks – sling discharge)

GOALS OF PHASE	SPECIFIC TREATMENT INTERVENTION	CRITERIA FOR PROGRESSION TO PHASE II
<p>Primary:</p> <ul style="list-style-type: none"> • Optimize / Protect healing (musculotendinous) tissue • Decrease Pain and Inflammation <p>Secondary:</p> <ul style="list-style-type: none"> • <i>Protected</i> GH joint ROM • Scapulothoracic Stabilization • Address Kinetic Chain (adjacent joints, posture, etc.) • General Health / Wellness <p>Cautions:</p> <ul style="list-style-type: none"> • No PT assisted stretching and/or passive ROM • No specific strengthening or loading into GH joint rotation and/or abduction • No lifting, pushing and/or pulling with affected arm 	<p>Primary:</p> <ul style="list-style-type: none"> • Immobilization in sling/swath as dictated by surgeon/PT • Out of sling 3 – 4 times/day for washing / PT exercises /<u>simple</u> ADL (brushing teeth, eating, writing) if painfree • Ice/EPAAs needed for pain relief • Advice on sleep/rest/ positions <p>Secondary:</p> <p><i>Dosage for all exercises are <u>dictated by pain</u> and patient being able to perform <u>without compensation</u></i></p> <ul style="list-style-type: none"> • Standing pendular ROM exercise (unweighted; ROM to dinner plate circumference only) <ul style="list-style-type: none"> ○ Can add scapular retraction / protraction if able • AAROM as pain allows - flexion / scaption/extension / ER <i>No abduction and/or hand behind back motions allowed</i> <i>No <u>Active</u> Glenohumeral Joint ROM</i> • Scapular setting exercises in sitting (retraction/retraction & depression) <ul style="list-style-type: none"> • Shoulder in sling or supported at side in adduction/IR • May progress to sitting on physio ball or standing • Wrist / hand / elbow ROM with shoulder in sling or supported at side in adduction/IR • C-spine/T-spine ROM exercises (as directed by PT) • Posture exercises (as directed by PT) • CV exercises with shoulder in sling (recumbent stationary bike, walking) 	<ul style="list-style-type: none"> • Tissue healing ie. no sign of abnormal / disruption to repair / adherence to immobilization • Pain significantly reduced at rest • Patient able to properly set scapula with arms at side

**PHASE II - Initial Mobilization & Scapular Muscle Retraining
(Sling Discharge – 12/14 weeks)**

GOALS OF PHASE	SPECIFIC TREATMENT INTERVENTION	CRITERIA FOR PROGRESSION TO PHASE III
<p>Primary:</p> <ul style="list-style-type: none"> • Increase GH joint ROM (Active-Assist → Active) • Improve shoulder girdle neuromuscular strength and control • Protect healing musculotendinous tissue • Minimize shoulder pain <p>Secondary:</p> <ul style="list-style-type: none"> • Increase functional activities (ADL) • Increased integration of kinetic chain (adjacent joints, posture, etc.) • General Health / Wellness <p>Cautions:</p> <ul style="list-style-type: none"> • No passive PT stretching of the shoulder <u>unless</u> directed by surgeon • No strengthening or loading of the shoulder through active abduction ROM plane • No lifting, pushing, or pulling with affected arm 	<p>Primary:</p> <ul style="list-style-type: none"> • Immobilization in sling/swath discontinued by 4 weeks • Pendular ROM exercises (unweighted; increase ROM as pain allows) <ul style="list-style-type: none"> ○ Add scapular retraction / protraction if not done in Phase I • AAROM → AROM exercises <p><i>Patient can progress to all shoulder active ROM (including abduction) when able to move through range <u>without pain</u> and <u>without compensation</u></i></p> <p><i>No PT assisted stretching beyond AROM limit / Gentle stretching into terminal ROM by <u>patient</u> only</i></p> <ul style="list-style-type: none"> • Functional / U/E Kinetic Chain Exercises (wall washing, ball on the bed or wall, functional movement patterns, PNF patterns) • Scapular stabilization exercises (retraction / retraction & depression AND protraction) <ul style="list-style-type: none"> • Progress to arms at side, short arc/short lever dynamic movements (rowing, ball on bed ex.) <p><i>All scapular strength exercises should be performed <u>Painfree</u> with <u>Proximal Stability</u> (proper spine posture and stable scapula) and progressed only if patient can maintain this position while performing the exercise</i></p> <ul style="list-style-type: none"> • Closed Kinetic Chain (CKC) exercises <ul style="list-style-type: none"> ○ Affected arm in flexion to scaption plane of movement only ○ Eg. gentle weight-bearing onto large physio ball/table, quadruped position *all done with proper scapular positioning • Ice and EPAs as needed for pain relief <p>Secondary:</p> <ul style="list-style-type: none"> • Continue wrist / hand / elbow / spine ROM and posture exercises as required (especially C-spine side flexion & T-spine extension and rotation ROM) • Progress CV exercises (directed by PT) • Educate/advise on appropriate and safe return to ADL activities 	<p>ROM Goals:</p> <ul style="list-style-type: none"> • Patient able to actively elevate shoulder to a minimum of 120° flexion and 40° ER <p><i>AROM achieved with minimal to no pain and with proper scapulohumeral rhythm</i></p> <ul style="list-style-type: none"> • Patient able to perform prescribed dosage of exercises with good technique/control and without reproducing pain and/or symptoms • Improved strength of shoulder girdle musculature from initial assessment (outcome measure: resisted isometric testing) • Patient reports overall increase in use of affected arm in ADL activities and overall decrease of pain (associated mostly with use)

PHASE III – Strengthening (12/14 – 24+ weeks)

GOALS OF PHASE	SPECIFIC TREATMENT INTERVENTION	CRITERIA FOR RTA / HOME PROGRAM
<p>Primary:</p> <ul style="list-style-type: none"> • Full, functional ROM of GH joint and entire U/E kinetic chain • Improve and normalize shoulder girdle neuromuscular strength, endurance & proprioception <p>Secondary:</p> <ul style="list-style-type: none"> • Full return to all ADLs, work and recreational activities • Protect healing musculotendinous tissue <p>Cautions:</p> <ul style="list-style-type: none"> • Avoid strengthening in positions that encourage impingement (i.e. poor scapular positioning, long lever exercises, abduction ROM) • Lifting, pushing, pulling of affected arm • Overhead activities 	<p>Primary:</p> <ul style="list-style-type: none"> • Range of Motion / Stretching <ul style="list-style-type: none"> • Continue AROM – focus on combined, functional ROM • May begin PT assisted stretching as required • Joint mobilization techniques as required • Posterior capsule and/or pectoralis minor stretching as required • Shoulder Girdle Strengthening (emphasis on scapular stabilizers and rotator cuff) <ul style="list-style-type: none"> • Begin with isometrics → isometrics in varied positions → isotonic • Begin with flexion, scaption planes of movement → progress to abduction with low load and short lever arm only • Begin with shoulder in neutral at side then gradually progress to performing exercises at waist level, shoulder level, etc. • Progress to combined, functional movement patterns vs. isolated movements • Dosage should reflect strength & endurance goals • Avoid long lever positions for all strength exercises <p><i>All exercise progressions based on patient being able to perform prescribed dosage with good technique (ie. scapular control) AND without reproducing pain and/or other symptoms</i></p> <ul style="list-style-type: none"> • Functional/U/E Kinetic Chain Exercises <ul style="list-style-type: none"> ○ Progress from Phase II - dosage, ROM, functional positions, speed, reaction time, L/E challenge • Closed Kinetic Chain exercises (as in Phase II) <ul style="list-style-type: none"> • Progress by increasing weight bearing through U/E, adding perturbations, endurance, functional positions, etc. <p><i>All kinetic chain exercises should be performed <u>Painfree</u> with <u>Proximal Stability</u> (proper spine posture and stable scapula) and progressed only if patient can maintain this position while performing the exercise</i></p> <p>Secondary:</p> <ul style="list-style-type: none"> • Activity-specific exercises to address functional goals for returning to ADL/work/recreational activities <ul style="list-style-type: none"> ○ including advise on weight training exercises – avoid all long lever exercises and exercises such as dips, chin ups, or any exercise that places the arm/elbow behind the plane of the body • Advise on maintaining or increasing CV fitness 	<ul style="list-style-type: none"> • Full, functional GH joint AROM AROM should be painfree and performed with proper scapulohumeral rhythm • Improved strength and endurance of shoulder girdle musculature (compared to beginning of Phase III) • Patient able to demonstrate proper scapular control with dynamic testing (ie. GH joint ROM and/or functional movement pattern) • Patient able to use affected arm in most to all ADL activities • Return to heavy work/sport at 6 months (throwing at 6 – 8 months) as directed by surgeon & PT

