

Arthroscopic Rotator Cuff Reconstruction Level III-Massive/Revision

Dr. Hwang

General Considerations:

Continually monitor for signs of infection. Encourage icing program

Consider patient age and tissue quality (bump up one level for elderly/poor tissue)

Monitor patient for signs of adhesive capsulitis

Abduction Pillow

****If subscapularis repair-treat per Open Bankart repair/bump up one level (Full Flexion, Abduction as tolerated, no ER, no active IR)**

Time Frame	Treatment	Goals
Post-Op Day		
Phase I 0-3 Weeks Post-Surgery	<p>Do not lift arm against gravity No resistive shoulder activities HEP: Shoulder shrugs/scapular squeezes; AROM to hand, wrist and elbow; Codman's Pendulum exercises per patient tolerance. Gentle shoulder isometrics. Gentle/cautious scapular A-AAROM PROM flexion, external rotation, abduction No external rotation with subscapularis Abduction pillow to remain in place at all times, even with PROM pendulum exercises. Patient should be instructed in bathing with a large ball in axilla to maintain abduction.</p>	<p>Promote optimal healing of tissue Pain free at rest 125 degrees scaption No ER beyond neutral if subscapularis External rotation to tolerance but try to progress quickly to 90 degrees.</p>
Phase II 3-6 weeks Post-Surgery	<p>PROM ONLY until 6-8 weeks' post-operative. PROM flexion, external rotation, abduction toward full Scapular and trap work with light resistance. No external rotation with neutral if subscapularis. Once down at side, may place in regular immobilizer. At 5 weeks post op, may gradually bring arm down to side with physical therapist (usually 5-6 weeks) See 1-3 x weekly.</p>	<p>165 degrees scaption 90 degrees' external rotation-no external rotation beyond neutral if subscapularis 90-100 degrees' abduction RC and deltoid at 1/5</p>
Phase III 6-12 Weeks Post-Surgery	<p>AAROM starting at either 6 or 8 weeks (per MD) PROM progression to full ROM See 1-3 x weekly</p>	<p>Full ROM 2/5 Strength</p>
Phase IV 12-24 Weeks Post-Surgery	<p>AROM all directions, progressing to PRE's See in clinic as needed. Provide patient with independent HEP for further RC/Shoulder needs.</p>	<p>4/5 Strength</p>

