

Yuri Lewicky MD

1840 N. Jasper Dr.

Flagstaff, Az 86001

Phone (928) 226-2900 Fax (928) 774-7767

Rotator Cuff Repair with SLAP Repair Protocol:

Postop Rehab All-Arthroscopic Small to Large Rotator Cuff Tear Repair and SLAP repair: The following guidelines should be followed with the noted precautions if the Subscapularis was repaired as well: 1) External rotation initially to only 0 degrees, followed by up to 30 degrees by 6 weeks, and 45 degrees by 12 weeks. The following guidelines should be followed with the noted precautions: 1) Avoid external rotation with > 60° abduction until Stage III of the protocol; 2) Avoid hyperextension of humerus past neutral until Stage III of the protocol; 3) Avoid resisted biceps activity until Stage III of the protocol.

Stage I (Maximum Protection 1-6 weeks from the date of surgery)

- Wear sling at all times except to bath and do PROM exercises
- PROM: Pendulums and table slides. If formal PT initiated then PROM initially in the scapular plane. External rotation performed in lower ranges of abduction (<60°) to avoid "peel-back"
- Cervical muscular stretching and ROM
- Ipsilateral elbow, forearm, wrist, and hand ROM active assist and active
- Modalities to control pain as indicated

Stage II (Moderate Protection 6-12 weeks from the date of surgery)

- D/C sling
- Progress gentle PROM with 90° of abduction to terminal ranges. Full ER at 90° abduction should be expected between 8-10 weeks post-op
- Rhythmic stabilization at 90° of shoulder elevation with limited manual resistance to flexion to protect the SLAP repair
- Begin Active-Assistive ROM: flexion to tolerance, ER/IR to tolerance (shoulder 90 degrees abduction)
- Progress to full Active-Assistive ROM progressing to AROM
- Scar care and soft tissue mobilization
- Modalities as necessary

Stage III (Minimum Protection 12-18 weeks from the date of surgery)

- Begin scapular exercises without transfer of resistance through the upper extremity
- Begin submaximal isometrics for shoulder musculature at week 12 (be cautious about location of the RCR)

- Initiation of biceps exercises with resistance.
- Progress scapular exercises with resistance through UE
- Progress isotonic strengthening of rotator cuff musculature to tolerance
- Continue proximal scapular strengthening progression

Stage IV (Return to Activity: Initiate at 24 weeks from the date of surgery)

- Depending on extent of the surgical repair, muscle tissue quality, and physician discretion)
- Continue shoulder girdle and rotator cuff strengthening program progressing to independence
- Progress to more advanced shoulder strengthening
- Initiate sport specific activities and return to sport/work program