



**Rehab Practice Guidelines for:
Repair of Rotator Cuff Tears with Retraction**

Assumptions: 1. tears \leq 2 centimeters
2. retraction

Primary surgery: repair of supraspinatus tendon and subacromial decompression
Secondary surgery (possible): distal clavicle excision

Precautions:

- NO BEHIND THE BACK INTERNAL ROTATION (TOWEL STRETCH)**
- No resisted** abduction for 8 weeks (Primary repair, split deltoid)
- No heavy resisted** flexion for 6 weeks (Subacromial decompression)
- For all passive IR and ER guidelines check with surgeon
- No additional precautions for distal clavicle excision

Expected # of visits:**17-32**

<u>Week 1-2</u>	Treatment	Milestones
No formal PT Use sling with abduction pillow 24 hrs/day No driving	Ice shoulder for pain and inflammation control Remove sling TID for Codman’s exercises	Comfortably sleep through the night
<u>Weeks 3-5</u> Begin PT 2-3 visits/week Continue sling use 24 hours per day; d/c abduction pillow Week 4 Sling use in crowds and uncontrolled situations TOTAL VISITS 6-9	Modalities for pain and inflammation control as needed Incision mobilization Test glenohumeral accessory motions <i>if hypomobile</i> - Rx: grade III/IV mobilizations <i>if normal mobility</i> - Rx: grade I/II mobilizations for pain control and to prevent adhesions Passive Range of Motion (ROM) exercise in all planes except IR in 0 degrees abduction Active ROM in all planes except abduction, focus on scapulo-humeral rhythm and scapular stabilization	No hypomobility or hypersensitivity of scars PROM: Full Horizontal adduction, flexion and abduction; ER/IR at 90 degrees of abduction to surgeon’s limit. Full gleno-humeral joint mobility (e.g. inferior, posterior, anterior glides) Normal scapulo-humeral rhythm



Delaware Physical Therapy Clinic

540 S. College Ave., Suite 160
University of Delaware
Newark, Delaware 19713
Ph: (302) 831-8893
Fax: (302) 831-4468

Weeks 6-8 D/C use of sling 1-3 visits/wk TOTAL VISITS 9-18	Begin abduction in gravity minimized positions progressing to gravity resisted Begin with active assisted range of motion; progress to active PRE's for all other shoulder motions	Full PROM for all motions except IR in 0 degrees abduction Full AROM for all motions
Weeks 9-11 1-3 visits/wk TOTAL VISITS 12-27	PRE's for all shoulder motions Dynamic stabilization exercises Progress to home exercise program for strengthening	Maintain full AROM and PROM Independent with home exercises Strength increasing
Weeks 12-16 1 visit per week TOTAL VISITS 17-32	Progress strengthening program	Full ROM MMT 5/5 all shoulder motions
Weeks 17-24 Physical therapy is as needed for sport/work specific activities	Begin progression of sport/work specific rehabilitation	Return to sport/work