

Rotator Cuff Dermal Allograft Reconstruction Protocol

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Post-operative Day of Surgery Goal:

- 1. Control edema
- 2. Initiate elbow, wrist and hand and shoulder shrug exercises for early ROM
- 3. Use immobilizer all the time except for performing exercises, squeeze exercise ball as much as possible

Ultrasling: will be used for approximately 6 weeks per the surgeon's instruction. Okay to remove for treatment

PHASE I (Week 0-2)

Shoulder - Phase 1 home exercises

- wrist, elbow and hand exercises
- squeeze exercise ball as much as possible
- Begin addressing restrictions of the upper quarter
 - Cervical spine stretching: Upper Trapezius, Levator Scapulae, Scalenes
 - Thoracic Spine and costovertebral joint mobilizations
 - Scapular glides
 - Posture training
- Modalities for control of pain and inflammation
- Grad I-II joint mobilizations

Maintain cardiovascular health using walking, exercise bike

PHASE Ia (Week 2-4) (Passive only)

Shoulder

- Modalities for control of pain and inflammation

- Grad I-II joint mobilizations

- PROM supine scapular plane

- Codman pendulum exercises
- Scapular mobilization
- Flex: to tolerance 0 90 degrees
- Abduction: 0 90 degrees
- ER: 0 30 degrees at modified neutral (do not stretch ER/IR)
- Consider initiating pool where available

- Extension and Horizontal Adduction: Avoid

Scapula

- AROM scapular shrugs, scapular retraction, scapular depression



Elbow/Hand - AROM Flex/ext in neutral and hand strengthening

Maintain cardiovascular health using walking, exercise bike

Continue work on the upper quadrant to reduce restrictions to proper physiologic movement

PHASE Ib (Week 4-6) (Passive only)

Shoulder

- Modalities for control of pain and inflammation
- Grad I-II joint mobilizations PA/Inferior for pain/spasms

- PROM (supine)

- Flex: to tolerance 0 120 degrees
- Abduction: maintain at 90 degrees until ER increases to 45 degrees then progress abduction to 120 degrees
- ER: 0 45 degrees at modified neutral. Slowly increase abduction position during ER/IR to 80 90 degrees by 4 weeks. No aggressive stretching.
- Be VERY cautious with IR to avoid tension on the Infraspinatus if repaired.
- Ext and Horizontal Adduction: Avoid

Scapula - AROM scapular shrugs, scapular retraction, scapular depression

Elbow/hand

- Sub-max isometrics elbow flex/ext in neutral shoulder position

Maintain cardiovascular health: walking, exercise bike. Initiate LE and trunk exercises (no bouncing)

Continue work on the upper quadrant to reduce restrictions to proper physiologic movement

PHASE Ic (Week 6-8) (Passive only – active assist)

Shoulder

- Modalities for control of pain and inflammation

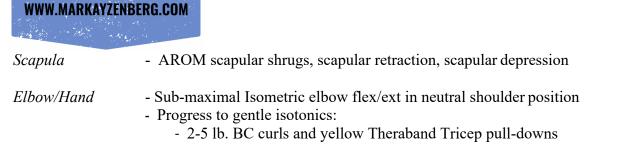
- Grad II-III joint mobilizations

- **PROM** (supine)

- Flex: to tolerance 0 180 degrees or equal to uninvolved side
- Abduction: 150 180 degrees w/ deviation toward scapular plane
- ER: 70 90 degrees; IR: 40 60 degrees
- Ext: 30 degrees without stretching
- Supine stabilization exercises for the scapular muscles

- Horizontal Adduction: Avoid

- Initiate AAROM exercises in scapular plane and IR and ER (No Resistance) *Focus is on quality uncompensated movement



Maintain cardiovascular health: walking, exercise bike. Progress LE and trunk exercises (no bouncing)

Continue work on the upper quadrant to reduce restrictions to proper physiologic movement

PHASE II (Week 8-12)

Shoulder	 Modalities for control of pain and inflammation Grad II-III joint mobilizations
	- Full ROM is allowed for PROM, AAROM, and AROM.
	*Focus on proper technique and progress as tolerated.
	- No resistance for rotator cuff until week 14
	- Progress stabilization exercises to standing for the scapular muscles
Scapula	
	- Peri-Scapular PRE's
	- (Rhomboids, Middle/Lower Trapezius, Lats, Serratus Anterior etc.)
Elbow/Hand	- Progress to 6 lb curls and increase resistance w/ triceps pull-downs

Maintain cardiovascular health: walking, exercise bike, Progress LE and trunk exercises (no bouncing)

<u>PHASE III (Week 12 – 16)</u>

- Modalities for control of pain and inflammation
- Grad II-III joint mobilizations
- Initiate light Rotator Cuff PRE's (**at 14 weeks**) at 0 degrees abduction w/ Theraband and progress to moderate resistance
- Progression of standing stabilization exercises
- Progress Bicep/Tricep/Peri-Scapular strength/conditioning
- Add PNF movements

Maintain cardiovascular health using walking, exercise bike, consider light jogging LE and trunk exercises to be progressed



PHASE IV (Week 16-20)

- Modalities for control of pain and inflammation
- Grad II-III joint mobilizations
- Moderate Rotator Cuff PRE's at 30 degrees abduction w/ Theraband and progress to high resistance at 60 degrees abduction
- Progression of standing stabilization exercises
- Progress Bicep/Tricep/Peri-Scapular strength/conditioning
- Begin UBE
- Begin closed chain stability exercises

Maintain cardiovascular health using walking, exercise bike, jogging, bleachers LE and trunk exercises to be progressed

PHASE V (Week 20-24)

- Modalities for control of pain and inflammation
- Grad II-III joint mobilizations
- High resistance Rotator Cuff PRE's at 90 degrees abduction w/ Theraband
- Begin plyometric exercises
- Progression of standing stabilization exercises
- Progress Bicep/Tricep/Peri-Scapular strength/conditioning
- Progress UBE/closed chain stability exercises
- Add gym exercises
- Initiate sport specific training/job related tasks/interval throwing program