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SPORTS MEDICINE SURGERY – HIP ARTHROSCOPY

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– Cutting edge information on the arthroscopic treatment of the hip, knee and shoulder –

REHABILITATION PROTOCOL

Large/Massive Rotator Cuff Repair

Phase I (1 - 5 days post op)

- Wound care: Remove post op dressing at first P.T. appointment and replace with 4x4 gauze and paper tape. Monitor for signs of infection.
- Modalities: PRN for pain and inflammation.
- ROM:
 - Initiate PROM of the shoulder as follows:
 - No shoulder adduction less than 30 degrees.
 - No shoulder flexion/abduction greater than 90 degrees for the first 6 weeks post op.
 - ER as tolerated.
 - No IR.
- Edema: Treat with modalities as appropriate.
- Sling: Sling worn continuously except during therapy or HEP sessions.
- Strengthening: Isometric grip strengthening.

Phase II (5 days - 4 weeks post op)

- Wound care: Monitor for signs of infection.
- Modalities: PRN for pain and inflammation.
- ROM:
 - Continue with Phase I
 - Begin gentle IR in the scapular plane at 2 weeks post op.
- Edema: Continue to treat with modalities as appropriate.

- Sling: Continue sling use, including with abduction pillow, except for during therapy or HEP sessions until 6 weeks post op.
- Strengthening: Isometric grip strengthening only.

Phase III (4-10 weeks post op)

- ROM: at 6 weeks as follows:
 - Initiate pulley exercises
 - Initiate AROM
 - Achieve 120-140 degrees of flexion/abduction by 8 weeks post op.
 - Begin with supine, progress to reclined, followed by standing AROM for shoulder flexion.
 - Increase IR/ER as tolerated.
- Sling: Discontinue at 6 weeks post op.
- Strengthening: at 6 weeks post op as follows:
 - Prone scapular stabilization.
 - At the 5th week post op, may initiate sub-maximal, pain-free shoulder isometrics in all planes.
- Mobs: Glenohumeral joint mobilizations up to Grade III only.

Phase IV (10 weeks + post op)

- ROM: Unrestricted
- Strengthening: Initiate PRE's
- Mobs: Glenohumeral joint mobilizations

Adapted From:

1. *Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby; 2002.*
2. *Wilk, KE, Reinold MM, Andrews, JR. Type Three Rotator Cuff Repair Arthroscopic Assisted-Mini-Open Repair Large to Massive Tears (Greater than 4 cm). Winchester MA: Advanced Continuing Education Institute, 2004.*