

**Edmonton Region Shoulder Rehabilitation Guidelines - NON-STANDARD Arthroscopic / Mini-Open Rotator Cuff Repair**

Surgery Date: \_\_\_\_\_ Surgeon: \_\_\_\_\_ Procedure / Tissue Repaired: \_\_\_\_\_

Additional Intervention: AC Resection      Biceps Tenodesis      Subscapularis Repair      Labral repair

Additional Information: \_\_\_\_\_

**PHASE Ia. – Immobilization (0 – 4/6 weeks)**

GOALS OF PHASE	SPECIFIC TREATMENT INTERVENTION	CRITERIA FOR PROGRESSION TO PHASE Ib.
<p><b>Primary:</b></p> <ul style="list-style-type: none"> <li>• Optimize / Protect healing (musculotendinous) tissue</li> <li>• Decrease Pain and Inflammation</li> </ul> <p><b>Secondary:</b></p> <ul style="list-style-type: none"> <li>• Scapulothoracic Stabilization</li> <li>• Address Kinetic Chain (adjacent joints, posture, etc.)</li> <li>• General Health / Wellness</li> </ul> <p><b>Cautions:</b></p> <ul style="list-style-type: none"> <li>• <b>No AROM or AAROM</b></li> <li>• <b>No PT assisted stretching and/or passive ROM</b></li> <li>• <b>No lifting, pushing and/or pulling with affected arm</b></li> </ul>	<p><b>Primary:</b></p> <ul style="list-style-type: none"> <li>• Immobilization in sling/swath/pillow for 4 or 6 weeks as dictated by surgeon</li> <li>• Out of sling 3 – 4 times/day for washing only</li> <li>• Ice/EPAAs needed for pain relief</li> <li>• Advice on sleep/rest/ positions</li> </ul> <p><b>Secondary:</b></p> <p><i><b>Dosage for all exercises are <u>dictated by pain</u> and patient being able to perform <u>without compensation</u></b></i></p> <ul style="list-style-type: none"> <li>• Scapular setting exercises in sitting (retraction/retraction &amp; depression)                             <ul style="list-style-type: none"> <li>• Shoulder in sling</li> <li>• May progress to sitting on physio ball or standing</li> </ul> </li> <li>• Wrist / hand / elbow ROM with shoulder in sling</li> <li>• C-spine/T-spine ROM exercises (as directed by PT)</li> <li>• Posture exercises (as directed by PT)</li> <li>• CV exercises with shoulder in sling (recumbent stationary bike, walking)</li> </ul>	<ul style="list-style-type: none"> <li>• Tissue healing ie. no sign of abnormal / disruption to repair / adherence to immobilization</li> <li>• Pain significantly reduced at rest</li> <li>• Patient able to properly set scapula with arms at side</li> </ul>

**For more information regarding these guidelines please go to:**

**<http://www.rehabilitation.ualberta.ca/en/ContinuingProfessionalEducation/ShoulderRehab.aspx>**

**PHASE Ib. – Protected Mobilization (4/6 weeks – sling discharge)**

GOALS OF PHASE	SPECIFIC TREATMENT INTERVENTION	CRITERIA FOR PROGRESSION TO PHASE II
<p><b>Primary:</b></p> <ul style="list-style-type: none"> <li>• Optimize / Protect healing (musculotendionous) tissue</li> <li>• Decrease Pain and Inflammation</li> </ul> <p><b>Secondary:</b></p> <ul style="list-style-type: none"> <li>• <i>Protected</i> GH joint ROM</li> <li>• Scapulothoracic Stabilization</li> <li>• Address Kinetic Chain (adjacent joints, posture, etc.)</li> <li>• General Health / Wellness</li> </ul> <p><b>Cautions:</b></p> <ul style="list-style-type: none"> <li>• <b>No PT assisted stretching and/or passive ROM</b></li> <li>• <b>No specific strengthening or loading into GH joint rotation and/or abduction</b></li> <li>• <b>No lifting, pushing and/or pulling with affected arm</b></li> </ul>	<p><b>Primary:</b></p> <ul style="list-style-type: none"> <li>• Immobilization in sling/swath as dictated by surgeon/PT</li> <li>• Out of sling 3 – 4 times/day for washing / PT exercises /<u>simple</u> ADL (brushing teeth, eating, writing) <b>if painfree</b></li> <li>• Ice/EPAAs needed for pain relief</li> <li>• Advice on sleep/rest/ positions</li> </ul> <p><b>Secondary:</b></p> <p><b><i>Dosage for all exercises are <u>dictated by pain</u> and patient being able to perform <u>without compensation</u></i></b></p> <ul style="list-style-type: none"> <li>• Standing pendular ROM exercise (unweighted; ROM to dinner plate circumference only) <ul style="list-style-type: none"> <li>○ Can add scapular retraction / protraction if able</li> </ul> </li> <li>• AAROM as pain allows - flexion / scaption/extension / ER <b><i>No abduction and/or hand behind back motions allowed</i></b> <b><i>No <u>Active</u> Glenohumeral Joint ROM</i></b></li> <li>• Scapular setting exercises in sitting (retraction/retraction &amp; depression) <ul style="list-style-type: none"> <li>• Shoulder in sling or supported at side in adduction/IR</li> <li>• May progress to sitting on physio ball or standing</li> </ul> </li> <li>• Wrist / hand / elbow ROM with shoulder in sling or supported at side in adduction/IR</li> <li>• C-spine/T-spine ROM exercises (as directed by PT)</li> <li>• Posture exercises (as directed by PT)</li> <li>• CV exercises with shoulder in sling (recumbent stationary bike, walking)</li> </ul>	<ul style="list-style-type: none"> <li>• Tissue healing ie. no sign of abnormal / disruption to repair / adherence to immobilization</li> <li>• Pain significantly reduced at rest</li> <li>• Patient able to properly set scapula with arms at side</li> </ul>

**PHASE II - Initial Mobilization & Scapular Muscle Retraining  
(Sling Discharge – 12/14 weeks)**

GOALS OF PHASE	SPECIFIC TREATMENT INTERVENTION	CRITERIA FOR PROGRESSION TO PHASE III
<p><b>Primary:</b></p> <ul style="list-style-type: none"> <li>• Increase GH joint ROM (Active-Assist→Active)</li> <li>• Improve shoulder girdle neuromuscular strength and control</li> <li>• Protect healing musculotendinous tissue</li> <li>• Minimize shoulder pain</li> </ul> <p><b>Secondary:</b></p> <ul style="list-style-type: none"> <li>• Increase functional activities (ADL)</li> <li>• Increased integration of kinetic chain (adjacent joints, posture, etc.)</li> <li>• General Health / Wellness</li> </ul> <p><b>Cautions:</b></p> <ul style="list-style-type: none"> <li>• <b>No passive PT stretching of the shoulder <u>unless directed by surgeon</u></b></li> <li>• <b>No strengthening or loading of the shoulder through active abduction ROM plane</b></li> <li>• <b>No lifting, pushing, or pulling with affected arm</b></li> </ul>	<p><b>Primary:</b></p> <ul style="list-style-type: none"> <li>• Immobilization in sling/swath discontinued by 4 weeks</li> <li>• Pendular ROM exercises (unweighted; increase ROM as pain allows) <ul style="list-style-type: none"> <li>○ Add scapular retraction / protraction if not done in Phase I</li> </ul> </li> <li>• AAROM → AROM exercises</li> </ul> <p><i><b>Patient can progress to all shoulder active ROM (including abduction) when able to move through range <u>without pain and without compensation</u></b></i></p> <p><i><b>No PT assisted stretching beyond AROM limit / Gentle stretching into terminal ROM by <u>patient only</u></b></i></p> <ul style="list-style-type: none"> <li>• Functional / U/E Kinetic Chain Exercises (wall washing, ball on the bed or wall, functional movement patterns, PNF patterns)</li> <li>• Scapular stabilization exercises (retraction / retraction &amp; depression AND protraction) <ul style="list-style-type: none"> <li>• Progress to arms at side, short arc/short lever dynamic movements (rowing, ball on bed ex.)</li> </ul> </li> </ul> <p><i><b>All scapular strength exercises should be performed <u>Painfree with Proximal Stability</u> (proper spine posture and stable scapula) and progressed only if patient can maintain this position while performing the exercise</b></i></p> <ul style="list-style-type: none"> <li>• Closed Kinetic Chain (CKC) exercises <ul style="list-style-type: none"> <li>○ Affected arm in flexion to scaption plane of movement only</li> <li>○ Eg. gentle weight-bearing onto large physio ball/table, quadruped position</li> <li>*all done with proper scapular positioning</li> </ul> </li> <li>• Ice and EPAs as needed for pain relief</li> </ul> <p><b>Secondary:</b></p> <ul style="list-style-type: none"> <li>• Continue wrist / hand / elbow / spine ROM and posture exercises as required (especially C-spine side flexion &amp; T-spine extension and rotation ROM)</li> <li>• Progress CV exercises (directed by PT)</li> <li>• Educate/advise on appropriate and safe return to ADL activities</li> </ul>	<p><b>ROM Goals:</b></p> <ul style="list-style-type: none"> <li>• Patient able to actively elevate shoulder to a minimum of 120° flexion and 40° ER</li> </ul> <p><i><b>AROM achieved with minimal to no pain and with proper scapulohumeral rhythm</b></i></p> <ul style="list-style-type: none"> <li>• Patient able to perform prescribed dosage of exercises with good technique/control and without reproducing pain and/or symptoms</li> <li>• Improved strength of shoulder girdle musculature from initial assessment (outcome measure: resisted isometric testing)</li> <li>• Patient reports overall increase in use of affected arm in ADL activities and overall decrease of pain (associated mostly with use)</li> </ul>

### PHASE III – Strengthening (12/14 – 24+ weeks)

GOALS OF PHASE	SPECIFIC TREATMENT INTERVENTION	CRITERIA FOR RTA / HOME PROGRAM
<p><b>Primary:</b></p> <ul style="list-style-type: none"> <li>• Full, functional ROM of GH joint and entire U/E kinetic chain</li> <li>• Improve and normalize shoulder girdle neuromuscular strength, endurance &amp; proprioception</li> </ul> <p><b>Secondary:</b></p> <ul style="list-style-type: none"> <li>• Full return to all ADLs, work and recreational activities</li> <li>• Protect healing musculotendinous tissue</li> </ul> <p><b>Cautions:</b></p> <ul style="list-style-type: none"> <li>• <b>Avoid strengthening in positions that encourage impingement (i.e. poor scapular positioning, long lever exercises, abduction ROM)</b></li> <li>• <b>Lifting, pushing, pulling of affected arm</b></li> <li>• <b>Overhead activities</b></li> </ul>	<p><b>Primary:</b></p> <ul style="list-style-type: none"> <li>• Range of Motion / Stretching <ul style="list-style-type: none"> <li>• Continue AROM – focus on combined, functional ROM</li> <li>• May begin PT assisted stretching as required</li> <li>• Joint mobilization techniques as required</li> <li>• Posterior capsule and/or pectoralis minor stretching as required</li> </ul> </li> <li>• Shoulder Girdle Strengthening (emphasis on scapular stabilizers and rotator cuff) <ul style="list-style-type: none"> <li>• Begin with isometrics → isometrics in varied positions → isotonic</li> <li>• Begin with flexion, scaption planes of movement → progress to abduction with low load and short lever arm only</li> <li>• Begin with shoulder in neutral at side then gradually progress to performing exercises at waist level, shoulder level, etc.</li> <li>• Progress to combined, functional movement patterns vs. isolated movements</li> <li>• Dosage should reflect strength &amp; endurance goals</li> <li>• <b>Avoid long lever positions for all strength exercises</b></li> </ul> </li> </ul> <p><i>All exercise progressions based on patient being able to perform prescribed dosage with good technique (ie. scapular control) AND without reproducing pain and/or other symptoms</i></p> <ul style="list-style-type: none"> <li>• Functional/U/E Kinetic Chain Exercises <ul style="list-style-type: none"> <li>○ Progress from Phase II - dosage, ROM, functional positions, speed, reaction time, L/E challenge</li> </ul> </li> <li>• Closed Kinetic Chain exercises (as in Phase II) <ul style="list-style-type: none"> <li>• Progress by increasing weight bearing through U/E, adding perturbations, endurance, functional positions, etc.</li> </ul> </li> </ul> <p><i>All kinetic chain exercises should be performed <u>Painfree</u> with <u>Proximal Stability</u> (proper spine posture and stable scapula) and progressed only if patient can maintain this position while performing the exercise</i></p> <p><b>Secondary:</b></p> <ul style="list-style-type: none"> <li>• Activity-specific exercises to address functional goals for returning to ADL/work/recreational activities <ul style="list-style-type: none"> <li>○ including advise on weight training exercises – avoid all long lever exercises and exercises such as dips, chin ups, or any exercise that places the arm/elbow behind the plane of the body</li> </ul> </li> <li>• Advise on maintaining or increasing CV fitness</li> </ul>	<ul style="list-style-type: none"> <li>• Full, functional GH joint AROM <b>AROM should be painfree and performed with proper scapulohumeral rhythm</b></li> <li>• Improved strength and endurance of shoulder girdle musculature (compared to beginning of Phase III)</li> <li>• Patient able to demonstrate proper scapular control with dynamic testing (ie. GH joint ROM and/or functional movement pattern)</li> <li>• Patient able to use affected arm in most to all ADL activities</li> <li>• Return to heavy work/sport at 6 months (throwing at 6 – 8 months) as directed by surgeon &amp; PT</li> </ul>

