



# Kansas City Orthopedic Alliance

**H. Scott Ellsworth, MD**

**Rehabilitation Protocol: Only Patch Repair**

**Phase I (0-6 weeks): Gradual Progression ROM**

- Initiate exercise program 3 times per day
  - Immediate elbow, forearm, and hand ROM out of sling
  - Pendulum exercises
  - Passive ER of the shoulder to tolerance
    - May need to instruct family member
  - Passive scapular plane elevation as tolerated
    - With family member or therapist
- May start active scapular mobility exercises at 3-4 weeks
  - Must keep the shoulder musculature relaxed
- AVOID all active and active assisted exercises until cleared by surgeon
  - This includes pulley, wand, and supine assisted exercises

**Phase II (6-12 weeks): Progressive ROM**

- May discontinue sling
- Lifting restriction of 2 lbs should be reinforced with patient
- Start AAROM and AROM
  - Includes pulleys, wand, and spine gravity assisted exercises
- Emphasize all motions including IR behind the back at 10-12 weeks
- Isolate and activate scapular stabilizers
- Progress PROM and terminal capsular stretching of the shoulder as needed
- AVOID AROM in position of subacromial impingement
- Can begin isometric cuff exercises with arm at side at week 8
- Can begin light resistance band exercises between weeks 8-10
- AVOID rotator cuff strengthening until week 12

**Phase III (12+ weeks): Strengthening/Return to Function**

- Discontinue formal lifting restrictions
- Advance rotator cuff and shoulder strengthening
  - TheraBand, dumbbells, Hughston's exercises, etc...
  - Include home cuff strengthening program

- o Continue to emphasize scapular stabilizers
- Equate active and passive ROM
  - o Encourage scapulohumeral mechanics during active shoulder motion
- Simulate work/recreational activities as rotator cuff strength and endurance improve
- Sport/Job specific activities at week 16
- AVOID standard gym activities involving shoulder until cleared by physician