

## General Considerations

The guidelines for progression are dependent on patient response to treatment, quality and type of repair (open, mini-open, arthroscopic), age of patient, size of tear and subsequent repair, location of repair and your physician's philosophic approach.

## Phase One

### Protective Phase (0 to 8 Weeks after your surgery)

The goal of phase one is to maintain the integrity of repair, gradually normalize Passive Range of Motion (PROM), pain modulation, control of inflammation and prevention of muscular inhibition.

## General Precautions

- No active lifting with your upper extremities, or bearing body weight on extremities
- No excessive shoulder motion behind your back or overhead
- No sudden or sharp movements
- Keep incision dry and clean
- Use sling at night for four to six weeks post-operatively

## Range of Motion

**NO Active Range of Motion (AROM) for the first four weeks.**

**NOTE:** Dr Araghi's patients will be provided Home Mobilization Programs and will not initiate outpatient physical therapy until six to eight weeks post-op.

### Weeks Zero to Two

PROM as tolerated with flexion to 90 degrees, abduction no greater than 45 degrees, internal/external rotation to 45 degrees each, grade I/II oscillatory movements for pain control, scapular mobs grade I/II all planes. All movements should be pain free for the patient. Early elbow AROM or Assisted Active Range of Motion (AAROM) and ball squeezes for hand are initiated.

### Weeks Three to Four

PROM as tolerated with flexion to 120 degrees, abduction to 90 degrees, external rotation to 45 to 60 degrees in scapular plane, internal rotation to 45 to 60 degrees in scapular plane, grade II-III inferior/posterior capsular mobs, scapular mobs all planes as needed. All movements should be within the patient's pain tolerance.

### Weeks Four to Six

PROM as tolerated with flexion greater than 120 degrees, external rotation to 60 to 75 degrees in the scapular plane, internal rotation to 60 degrees in the scapular plane, external rotation to 60 to 75 degrees at 60 degrees abduction, internal rotation to 60 to 75 degrees at 60 degrees abduction, grade III-IV posterior/inferior capsular mobs, scapular mobs all planes as needed. All movements should be within the patient's pain

tolerance. Initiate AAROM (pulleys/wand) within non painful range toward end of week four.

### **Weeks Seven to Eight**

PROM as tolerated with flexion greater than 160 degrees, full passive external and internal rotation in the scapular plane. External rotation of 90 degrees at 90 degrees abduction. Internal rotation greater than 60 degrees at 90 degrees abduction. All movements should be within the patient's pain tolerance.

- Small Tear <1cm, progression based on patient response
- Medium Tear 1-5cm, check with referring surgeon
- Large Tear >5cm add two weeks, check with referring surgeon
- Concomitant SLAP repair, NO biceps curls for six weeks

### **Therapeutic Exercises**

- Sub maximal isometrics week four
- Upper Body Ergometer weeks five and six
- Scapular stabilization: prone rows, prone horizontal abduction, scapular retraction to neutral week five and six
- Light isotonic: IR/ER/elbow flexion week six

### **Modalities**

- Electrical stimulation and ultrasound for pain modulation/swelling reduction
- Cryotherapy (15 to 20 minutes every one to two hours during the first week, and three times a day thereafter)

### **Criteria for Progression to Phase Two**

- Full PROM at the shoulder progressing to AROM without shrug sign

### **Phase Two**

#### **Early Strengthening Phase (8 to 16 Weeks after your surgery)**

The goals of phase two are to optimize the healing environment, have full PROM by week eight, full AROM by weeks 10 to 12, manage pain/inflammation, restore dynamic shoulder stability and initiate strength training of ST/GH articulations.

### **General Precautions**

- No lifting of objects heavier than five pounds away from the body or overhead
- No sudden or sharp movements

### **Range of Motion**

Continue stretching exercises in all planes including abduction to maintain/achieve full PROM in weeks 9 and 10, patient should be near full AROM between weeks 10 and 12.

### **Therapeutic Exercises**

- Negative shoulder shrug sign with performance of exs
- Initiate and progress concentric/eccentric strengthening of rotator cuff (Thrower's ten), deltoid (lateral/frontal raises and shoulder extension), and periscapular musculature (Blackburn exs/lat pulldowns/serratus exs) with high volume, low-intensity focus
- Initiate and progress isotonic elbow flexion/extension

- Initiate dynamic shoulder stabilization (PNF rhythmic stabilization/contract-relax techniques)

#### **Modalities**

Continue PRN to modulate pain and control swelling

#### **Criteria for Progression to Phase Three**

- Full, non-painful P/AROM at the shoulder
- Normalized scapulohumeral rhythm

#### **Phase Three**

##### **Advanced Strengthening Phase (16 to 24 Weeks after your surgery)**

The goals of phase three are to maintain full, non painful AROM, enhance functional use of shoulder and facilitate gradual return to recreational/sport specific activities, as well as improve muscle strength, endurance, and power.

#### **Range of Motion**

Initiate/promote self capsular stretching if necessary.

**Week 18:** Swimming, Golf, Tennis progression may begin once physician clearance has been obtained. Isokinetic Testing in modified neutral position performed if possible.

**Week 18-20:** Initiate return to throw program when all established criteria has been met.

#### **Therapeutic Exercises**

- Maintain high therex volume and increase intensity, introduce sport and job-specific strengthening if applicable.

#### **Modalities**

- Continue PRN to modulate pain and control swelling

#### **Phase Four**

##### **Return to Sport Specific Phase (Weeks 24+)**

The goal of phase four is to return to strenuous work activities and gradual return to strenuous sport activities as tolerated.