

REHABILITATION GUIDELINES
FULL THICKNESS RTC REPAIR

(arthroscopic technique)

Ultra-sling for 4-6 weeks as determined by MD – cryotherapy and TENS as indicated. AROM of fingers, wrist, elbow. and neck.

PHASE 1:

DOS:

First six weeks – PROM in all directions in the scapular plane, with gentle internal rotation utilizing manual techniques, pulleys or dowels. May start pendulum exercises at week one.

Focus on initiating scapular mobility/stability (low/mid traps and serratus ant/post)

Three weeks post-op – May begin isometric deltoid exercises with elbow flexed 90°, i.e. extension, abduction, forward flexion, internal/external rotation. Improve scapular mobility, i.e. shoulder shrugs, scapular adduction, etc.

PHASE 2:

DATE:

Four-Six weeks post-op (when MD d/c's sling) – Begin AAROM progressing to AROM. Continue passive stretching into end-ranges.

Initiate very light wt'd CKC activities pain-free

PHASE 3:

DATE:

Eight weeks post-op at the earliest – Begin resistive exercises when the extremity can move synchronously against the force of gravity. Focus on deltoid, internal/external rotators and scapular stabilizers. **Avoid supraspinatus until there is no pain with manual testing which us usually at 3 months post-op.**

Progress CKC activities for scap stability

Progress resistance as tolerated, i.e. manual to Thera-bands to free weights. Active and active assisted stretching should accompany phase III.

PHASE 4:

DATE:

Ten to 12 weeks as able: progress into overhead resistance training and sport/work specific activities focusing on good scapular stability

Return to sport/work with release from MD.