



Renny Uppal, M.D.

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## Shoulder Arthroscopy: Rotator Cuff Repair with Subscapularis repair

### 0-4 weeks post op

- Sling/immobilizer at all times including sleeping, except at therapy for 6 weeks
- Wrist/Elbow ROM, 3x per day for 15 repetitions
- Modalities as needed for pain, swelling, ROM
- Scapular Ex's: **elevation** with shrugs, **depression**, **retraction**, **protraction** with the use of manual resistance
- Pendulum ex's
- PROM: may use shoulder pulleys or manual assistance
  - **Flexion to 90°**
  - **Abduction to 90°**
  - **IR to 30°** in scapular plane
  - **ER to neutral**
  - **Extension to 30°**

### 4 weeks post op

- GH joint mobilization A/P glides (no caudal/inferior glides)
- Work for GH/SC joint motion of 2:1 ratio
- PROM: continue with shoulder pulleys or manual assistance
  - **Flexion to 120°**
  - **Abduction to 120°**
  - **IR to 45°** in scapular plane
  - **ER to 15°** in scapular plane
  - **Extension to 30°**
- Begin Sub-maximal rotator cuff isometrics in all motions with arm at side with no rotation
- Active horizontal adduction (supine) as tolerated

### 6 weeks post op

- Advance ROM in all directions as tolerated
- Begin AAROM ex's standing or supine with wand
- Wall Walks for ROM and anterior and inferior capsule stretching
- Standing IR/ER with light T-band/tubing with arm abducted 20-30° with pillow under arm
- Standing isotonic for Rotator Cuff strengthening: advance weight to 6-8lbs as tolerated in all motions
  - **Flexion to 90°** thumb pointing up (flex shoulder to full with weight when able)
  - **Abduction 90°** thumb pointing up (abduct shoulder to full with weight when able)

- **Scaption to 90°** thumb pointing up, elevate arm in plane of scapula, (empty can position)
  - **Scaption to 60°** thumb pointing down, same position as above but stop at 60° of abduction
  - **Standing IR/ER** with tubing with arm abducted 20-30° with pillow under arm
- Scapular Stabilization ex's:
  - **Elevation** with shoulder *shrugs*
  - **Retraction** - *prone rows* in prone position arm at 90° elbow locked squeeze scapulas together while pulling heavy weight
  - **Protraction** - supine, *2" punch*, with arm flexed to 90° elbow locked with weight in hand push up from scapula using heaviest tolerable weight
- Proprioception ex's to include rhythmic stabilization, physioball balance ex

### 8 weeks post op

- Full A/PROM with normal GH/SC motion (2:1 ratio) between now and 12 weeks
- When patient is able too fully, elevate arm in flexion and abduction using 6-8lbs standing move patient to Core Rotator Cuff ex's
- Begin Core Rotator Cuff Ex's - advance weight as tolerated to 8-10lbs at 5-6 sets of 15-20 reps
  - **Prone flexion with thumb up** - arm perpendicular to floor in prone and flex forwards fully, 12 O'clock position
  - **Prone Abduction 100° with thumb up** - arm perpendicular to floor in prone and horizontally abduct to level of body in scapular plane, 2 O'clock position for right handed patient
  - **Prone Abduction 45° with thumb up** - arm perpendicular to floor in prone and horizontally abduct arm to level of body, 4 O'clock position for right handed patient
  - **Prone Extension with arm in max ER** - arm perpendicular to floor in prone and arm extended to level of body, 6 O'clock position
  - Add **Sidelying ER** with hand weights with arm abducted 20-30°
  - Cont. with ex's in **Scaption**
- Scapular ex's continue as above add in:
  - **Depression** with *seated press ups*, sitting with hands flat on the floor next to your hips, elbows locked raise your bottom off floor with movement from scapulas, use hand blocks for greater ROM when able

### 12 weeks post op

- Begin conventional weight lifting with machine weights and progress to free weight if desired as tolerated
- Full ROM isokinetics in 30-45° abduction and scapular plane same speeds
- Begin upper extremity plyometrics, no simulated throwing
- Begin eccentric ex's for posterior cuff using manual resistance in sidelying ER or tubing simulating throwing follow through

### 14 weeks post op

- Rotator cuff ex's should be around 8-10 lbs on all motions
- Begin light tennis ball tossing at 20-30ft. max at 60% velocity, work on mechanics of wind up, early cocking phase, late cocking phase, acceleration, and follow through

### 16 weeks post op

- May begin interval throwing program for throwers after passing strength test

- Add advanced capsule stretch as necessary
- Continue with strengthening as needed
- Total body conditioning

#### Return to Sport/Activity

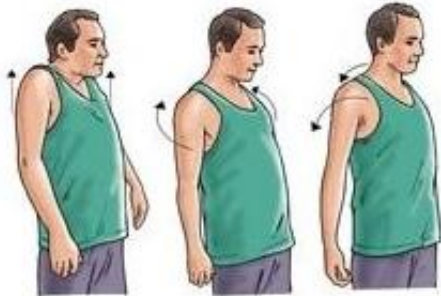
- When cleared by physician
- Completion of isokinetic testing
- Completion of interval throwing program
- No pain with all desired activities

# Post Operative Range of Motion Exercises



## *Pendulum exercise*

Remove your sling, bend over at the waist and let the arm hang down. Using your body to initiate movement, swing the arm gently forward and backward and in a circular motion. Make small radius (6 inch) circles. You can use a 12 inch floor tile or 8 ½ x 11 piece of paper as a guide by placing your hand in the center and keeping it within the confines of the edges during the circular motion. Perform 10 circles in one direction then alternate (3 reps – 3 times per day).



Scapular active range of motion



Passive Elbow range of motion exercises