

ROBERT C. GRUMET, MD

ROTATOR CUFF REPAIR & SLAP REPAIR PROTOCOL

Name _____ Date _____

Diagnosis _____

Date of Surgery _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

_____ Weeks 1-6:

- True PROM only! The rotator cuff tendon needs to heal back into the bone and regenerate a nerve and blood supply. Depending on the tissue quality, we may start the patient moving actively at week 4. We will determine this at the one-month follow-up appointment.
- ROM goals: 140° FF/40° ER at side; ABD max 60-80° without rotation
- No IR up the back, No ER behind the head
- No resisted motions of shoulder until 12 weeks post-op
- Grip strengthening OK
- No canes/pulleys until 4-6 weeks post-op, because not truly passive
- Heat before PT, ice after PT

_____ Weeks 6-12:

- Begin AAROM → AROM as tolerated
- No Passive ER in abduction
- Goals: Same as above, but can increase as tolerated
- Light passive stretching at end ranges
- No strengthening/resisted motions yet, except grip strengthening

_____ Months 3-12:

- Begin strengthening: isometrics → light bands → weights
- Advance as tolerated; 10 reps/1 set per exercise for rotator cuff, deltoid and scapular stabilizers
- Increase ROM to full with passive stretching at end ranges
- Begin eccentric motions, plyometrics, and closed chain exercises at 12 weeks.

Comments:

_____ Functional Capacity Evaluation _____ Work Hardening/Work Conditioning _____ Teach HEP

Modalities

_____ Electric Stimulation _____ Ultrasound _____ Iontophoresis _____ Phonophoresis _____ TENS _____ Heat before/after
_____ Ice before/after _____ Trigger points massage _____ Other _____ _____ Therapist's discretion

Signature _____ Date _____

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