



SMALL - PARTIAL/MINI - OPEN RTC REPAIR

Phase I (1 – 5 days post-op.)

- Wound: Pain pump removed by nurse/therapist upon initial visit.
- Edema: Edema control interventions
- Sling: Ultrasling worn continuously except in therapy or during exercise sessions
- ROM
 - Scapular AROM exercises
 - Initiate PROM of shoulder in all planes within tolerable limits
 - Pendulum exercises
 - Table Stretches
 - A/PROM of the elbow, wrist, and digits
- Strengthening
 - Isometric grip strengthening
- Modalities: PRN for pain & inflammation

Phase II (5 days – 4 wks post-op.)

- Wound: Monitor site / scar management techniques
- Edema: Edema control interventions
- Sling: Ultrasling worn continuously, except in therapy or during exercise sessions, until 4 weeks post op. Sling must continue to be worn outdoors or in public settings for an additional 2 weeks.
- ROM
 - Passive shoulder flexion to 140 degrees and all other planes to within tolerable limits (progress IR slowly).
 - Initiate joint mobilizations to glenohumeral, acromioclavicular, and scapulothoracic joints.
- Strengthening
 - Wrist/Forearm isometric and progressive resistive exercises
- Modalities: PRN for pain & inflammation

Phase III (4 wks – 10 wks post-op.)

- Sling: D/C sling at 6 weeks post-op
- ROM
 - Initiate pulleys at 4 weeks.
 - Begin AAROM of shoulder in all planes at 4.5 wks
 - Begin AROM of shoulder. in all planes at 5.5 wks
 - Contact Physician if PROM < 140 degrees of shoulder flexion at 6 weeks post-op.
- Strengthening
 - Begin isometric strengthening of shoulder with elbow at 90 degrees in all planes.
 - Begin light resistance strengthening at 8 weeks (i.e. Theraband)
 - Resisted scapulothoracic and scapular stabilization strengthening
- Modalities: PRN for pain and inflammation



Phase IV (10 wks + post-op.)

- ROM: Full AROM achieved in all shoulder planes
- Strengthening:
 - Progressive resistive exercises in all shoulder planes
 - Begin return to work training or sport specific training
 - Consider referral to Work Hardening Program following D/C from Therapy

Adapted from:

- 1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby; 2003
- 2) Wilk KE, Reinold MM, Andrews, JR. Type One Rotator Cuff Repair Arthroscopic Assisted-Mini-Open Repair Small to Medium Tears (1 cm or less). Winchester MA: Advanced Continuing Education Institute, 2004.