

## Arthroscopic-Rotator Cuff Reconstruction Level II-Medium

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**Level II: Medium Repair 2-5 cm**

**General Considerations: Continually monitor for signs of infection. Encourage Icing program. Consider patient age and tissue quality (bump up one level for elderly/poor tissue).**

**Monitor patients for signs of Adhesive Capsulitis**

**\*\*If subscapularis repair-Treat per Open Bankart repair/bum up one level (Full flexion, Abduction as tolerated, No External Rotation, No active Internal Rotation.**

<b>Time Frame</b>	<b>Treatment</b>	<b>Goals</b>
Post-Op Day		
Phase I 0-3 weeks Post-Surgery	Do not lift arm against gravity. No resistive activities against repair (Subscapular repair-no resisted IR) (Supra/Infra Repair-No abduction or flexion) HEP: Shoulder shrugs/Scapular Squeezes; AROM to hand, wrist and elbow; Codman's Pendulum exercises per patient tolerance. Gentle Shoulder Isometrics. Scapular AROM (Pro, Retr, Elev,Dep) PROM flexion, External Rotation, Abduction See 2-3 times weekly.	Promote optimal healing tissue. Pain free at rest. 125 degree Scaption Rotator Cuff activation Ext. Rot to tolerance but try to progress quickly to 90 degrees.
Phase II 3-6 weeks Post-Surgery	No PROM for internal rotation or extension. AAROM Flexion, External rotation, Abduction toward full. Scapular and trap work with light resistance. RC and Deltoid exercises with gravity eliminated. See 1-3 x weekly	165 Scaption 90 External Rotation 90-100 Abduction RC and Deltoid at 2+/5 to 3-/5
Phase III 6-12 Weeks Post-Surgery	Progress PROM to Full ROM Progress core exercise: against gravity and then PRE's as tolerated. (Rotator Cuff and Deltoid)	Full ROM 4/5 Strength
Phase IV 12-24 Weeks Post-Surgery	Sport/Activity specific program. See in clinic as needed. Provide patient with independent HEP for further RC/Shoulder Needs.	Return to Full Activity