



Progressive Rehabilitation Protocol

General Recommendations:

- Utilized for RTC repairs that have good tissue quality, good repair quality and with compliant patients. Read Op-note/Referral for more information, it will specify progressive protocol. Reach out to Dr. Kiritsis if patient is not progressing as expected.
- Wear sling as needed for comfort weeks 0-2.
- Encourage gentle yet progressive ROM at home daily for the first 4 weeks.
- Ice 3 - 4 times daily for the first week, as needed thereafter.
- Return to work and sport to be determined on an individual basis by Physician
- Avoid shrugs, shoulder extension and any Abduction (true ABD and prone horizontal ABD)
- Emphasize forward flexion and forward elevation in the scapular plane (scaption).

Post-Op Protocol:

0-2 Weeks:

- Sling is only used as needed for comfort or pain control, can wean from sling as tolerated if pain is controlled.
- Emphasize proper posture when sitting and standing.
- PROM as above, Work towards full PROM by 6-8 weeks, gentle PROM and AAROM as tolerated.
- Initiate AAROM as tolerated (pain free with low RTC activation- wand ER, supine press up- hands close, table slides, pulleys facing door).
- Begin scapular protraction/retraction and depression in side lying with arm supported.

2-6 Weeks:

- Weaned completely from the sling.
- Continue PROM working towards full PROM by 6-8 weeks.
- Progress AAROM including pulleys and supine self-assisted forward elevation in the scapular plane.
- Begin AROM with emphasis on pain-free ROM and with focus on proper scapular mechanics (supine progressing to incline and then standing). Avoid Abduction and Horizontal Abduction.
- Forward Elevation in the scapular plane as tolerated.
- Side lying external rotation.
- Avoid active abduction especially under load
- AROM should be pain free and without compensation

6-12 Weeks:

- Begin gentle UBE for ROM below shoulder height.
- Submaximal isometrics for all shoulder motions within pain-free ROM.
- Begin Scapular Stabilization exercises weight light resistance bands or weight.
- Continue PROM, AAROM and AROM progressions as appropriate with continued focus on good mechanics.
- Continue to progress AROM against gravity with full AROM by 8 weeks.

12-16 Weeks:

- Initiate upper extremity endurance training and resistance on UBE.
- All strengthening exercises should be controlled and focused movement, avoiding quick or jerky movements.
- Begin closed kinetic chain (CKC) balance and stabilization progression.
- Begin PRE's with hand weights, theraband, etc. within pain-free ROM.
- Progress scapulothoracic strengthening exercises ensuring proper form and avoiding shrug or improper substitution.
- Begin open kinetic chain rhythmic stabilization progressions.

16-24 Weeks:

- Initiate overhead PREs.
- Progress closed kinetic chain exercises.
- Progress to manual resistive exercises including PNF techniques.
- Begin work-specific activities as appropriate.
- Begin low-level plyometrics including 2-hand plyoback ball toss, theraband exercises and medicine ball activities as tolerated.
- Initiate sport-specific activities such as throwing, racquet/club strokes, etc. with progression towards full return to activities.
- Establish patient specific HEP focused on work-specific and/or sport-specific goals (frequency, duration, intensity).