ORTHOPAEDIC MEDICAL GROUP OF TAMPA BAY

Christopher T. Donaldson, MD
813.684.BONE (2663)

www.omgtb.com

Post-op *PATIENT* Instructions: SUPERIOR CAPSULAR RECONSTRUCTION/ROTATOR CUFF REPAIR

Dressing: A dressing has been applied to your shoulder to absorb any fluid/blood. A small amount of blood on the dressing is to be expected. Begin dressing changes 24-48 hours following surgery. Remove the OR dressing, apply sterile gauze to the surgical site and re-tape. A small amount of soap/water or alcohol cleansing adjacent to the incisions is permitted with the first dressing change. Unless directed by your surgeon, **no salves, balms, or ointments to the incisions.** Band-Aids over the small incisions are recommended until they are completely sealed. Soreness and bruising is expected for several days afterward. ***Showering is permitted 72 hours following surgery. Soaking the incisions should be avoided. . No swimming pools/bathtubs/hot-tubs/beach water for 4 weeks or until cleared by your surgeon.***

Ice: Ice is a powerful anti-inflammatory. Icepacks/wraps will help to reduce swelling and pain. Use liberally (20-30 min./session), but protect the skin from direct contact (and frostbite).

Activity: Wear the immobilizer/sling as directed below. The forearm strap may be removed for hand, wrist, and elbow range of motion which decreases extremity swelling. Sleeping in a recliner with pillows behind the elbow may provide additional comfort. No driving until permission is given by your surgeon.

Pain: A nerve block has been performed for immediate post-op pain control by the anesthesiologist. It typically "wears off" at about 8-12 hrs following surgery. A long-acting narcotic (every 12 hrs) used in combination with a shorter-acting narcotic (taken every 3-4hrs as needed for breakthrough pain) is given to control your pain. **Begin taking these pain medications when you BEGIN experiencing pain!** These meds can take 30-45 minutes to start "working". You do not want to play "catch-up" by letting your pain get out of control. Nausea, drowsiness, and constipation are common side effects of narcotics. Adequate fluid intake and a stool softener obtained over the counter from your local pharmacy is recommended to minimize constipation. Call the office if you are unable to tolerate your medication.

Precautions: Call the office **(813) 684-2663** if you develop: temperatures >101°F, shortness of breath, chest pain, uncontrolled pain, marked redness/hives, persistent drainage, new onset numbness, significant incisional/calf swelling, or any other concerns.

Post-operative Visit/Appointment:

- ***Call (813) 684-2663 today to make a post-operative appointment to see your surgeon 2 weeks following your surgery.***

Special Instructions: (Additionally, follow any indicated instructions below.)

☒ **Schedule physical therapy:** ☒per attached prescription ☒as soon as able

☒ **Sling / Shoulder Brace:** ☒for 8 weeks; (**NO** DRIVING WHILE IN SLING!)

☒ **Ice (Cryotherapy) Unit:** ☒protect/check skin regularly

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PT/OT PRESCRIPTION: **SUPERIOR CAPSULAR RECONSTRUCTION**

_____
(PATIENT NAME)

Diagnosis: s/p LEFT / RIGHT Arthroscopic: ☐ SUPERIOR CAPSULAR RECONTRUCTION
☐Rotator cuff repair ☐subacromial decompression ☐biceps tenodesis/tenotomy ☐distal clavicle excision

***MD Orders for the Therapist*:**

- Physical Therapy/Occupational Therapy Prescription: 2-3 times per week x 6 weeks
- Follow this protocol *without substitution*. Contact my office with any questions.

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Christopher T. Donaldson, MD

PRECAUTIONS:

- THIS PATIENT HAS UNDERGONE A SUPERIOR CAPSULAR RECONSTRUCTION/MASSIVE ROTATOR CUFF REPAIR!!!
- PROCEED THROUGH THIS PROTOCOL WITH **DILIGENCE** AND **PATIENCE**.
- The complexities of revision rotator cuff surgery (cuff attrition, poor healing biology/mechanics, etc.) require heightened attention when proceeding through rehabilitation. Many patients in the revision situation will not (nor will they necessarily be expected to) regain full range of motion, strength, or pain control. The goal in this revision situation is maximizing shoulder function (particularly in regards to ADLs) and minimizing pain.
- It is acceptable during portions of the protocol (commonly early on) that the patient be seen relatively infrequently so visits can be "saved" for later periods in the protocol, anticipating a more lengthy rehab process/progression. I do, however, want patients to connect with their therapist shortly after their operation.
- The expected speed and progression through the protocol, unfortunately, can be quite slow and variable among patients. This can be a point of anxiety and frustration for patients and providers alike. By connecting with their therapist early, patients can be educated to the limitations and expectations of the process, minimizing any problematic situations.
- It is expected that if there are any questions or concerns that you contact my office **IMMEDIATELY**!

WEEK 0-4

- Pendulum exercises ONLY.
- Elbow, wrist and hand ROM; Aggressive upper extremity edema control.
- Postural instructions to promote active scapular retraction.
- Scapular clock exercises; rhomboids, scapular coordination
- Shoulder mobilization - posteriorly
- Ice and pain modalities as indicated.

Goals for Progression to Next Phase

1. Decrease pain.

2. Improve tolerance of progressive PROM.

WEEK 4-8:

- Initiate PROM (limits: 130°FE, 30°ER) progressing per patient's tolerance in flexion/ER
- Begin PROM in Abduction per patient tolerance
- Shoulder Mobs – posterior and caudal
- Pectoralis minor flexibility
- Begin shoulder IR flexibility
- Begin isotonic scapular retraction /protraction; manual resistance scapular stabilization
- Begin wand exercises in a seated position
    - Shoulder external rotation
    - Shoulder flexion with Physician's authorization
- Begin Sub-max isometrics
    - Shoulder flexion
    - Shoulder abduction
    - Shoulder extension
- Ice and pain modalities as indicated.

Goals for Progression to Next Phase

1. Full PROM supine
2. Sleeping through the night
3. Normal Posture

WEEK 8-10

- D/C of sling per physician
- AAROM per patient tolerance.
- UBE light resistance (90-100 RPM).
- Proprioception exercise.
- Ball on wall, UE swiss ball mobility –IR/ER.

Goals for Progression to Next Phase

- Full AAROM avoiding scapular substitution.
- Independent dressing ADL's.

WEEK 10

- Begin progression of AROM per patient tolerance.
- Avoid Scapular Substitution
- UBE moderate resistance (75-85 RPM).
- Begin closed chain UE activities.
    - Seated press-up
    - Towel wipes- horizontal, diagonal and vertical

Goals for Progression to Next Phase

1. Avoidance of scapular substitution with shoulder ROM.

WEEK 11

- Light T-band exercises

- Shoulder IR/ER
- Horizontal Abduction / Adduction
- Begin Prone exercise program no weight
- Row
- Shoulder Extension
- Horizontal Abduction – T exercise position
- Lower Trap – Y exercise position
- Begin rhythmic stabilization exercises supine

Goals for Progression to Next Phase

1. Full active ROM
2. No trapezius substitution
3. No reactive inflammation with strengthening
4. Return to full ADLs

WEEK 12-16

- Progress T-band exercises
  - Begin Diagonal Patterns
- Begin Prone exercise program with weight
  - Row
  - Shoulder Extension
  - Horizontal Abduction – T exercise position
  - Lower Trap – Y exercise position
- Progress Dumbbell Program with weight
  - Scaption
  - Diagonal patterns
  - Bent row
  - Prone Retraction with ER
- Functional eccentric strengthening
- Progress closed chain UE strengthening
  Push up with a plus
  Swiss ball activities
- Trunk and lower-extremity strengthening

Goals for Progression to Next Phase

1. Full AROM with no scapular substitution between weeks 10-12

MONTHS 4-6

- Continuation of functional UE/LE strengthening and endurance activity
- Stretching program with emphasis on posterior capsule