

DuPage Medical Group
RCR Repair Protocol

This protocol is a guide for patients who have undergone a RCR repair. Each patient is to be advanced individually through the protocol taking into considerations factors such as (but not limited to): the type of surgery (arthroscopic vs. open repair), size of tear, quality of tissue, age, secondary injuries (i.e./SLAP repair in addition to RCR), and any change in symptoms. Physician orders on a script will always override this protocol guidelines- contact physician immediately if any questions or concerns arise.

Immediately post-op:

- Placed in an ER brace/immobilizer/sling/ABD pillow
- Pain meds for comfort
- 1st post-op visit in MD office 1 week after surgery
- No lifting/carrying objects on affected side while in sling

3 weeks post-operatively:

- D/C abduction pillow but pt still needs to wear sling. Pts with a larger tear may be kept in ABD pillow.
- Per physician orders, may be able to initiate PROM for ER at side of body, and possibly PROM forward elevation (see script for physician orders)
- PROM exercises may be done by therapist in clinic, or by family member with family training when appropriate as determined by physician and/or therapist
- Modalities as indicated/appropriate

6 weeks post-operatively:

- D/C sling for smaller tears
- Being PROM all planes of motion
- Initiate AA/AROM exercises as appropriate
- Active hand/wrist/elbow exercises
- Modalities as indicated/appropriate
- No resistive training yet!

10-12 weeks post-operatively:

- Continue with above P/AA/AROM exercises as appropriate
- Initiate light resistive training for RC, deltoid, scapular stabilizers, and distal UE musculature as tolerated
- Begin eccentrically resisted motions, plyometrics, and proprioceptive training when indicated by improving strength
- Only do strengthening 3x/wk to avoid rotator cuff tendonitis
- Modalities as indicated/appropriate

4-6 months post-operatively:

- Begin sports related rehab, including advanced conditioning
- Return to throwing 6mos
- Throw from pitcher's mound 9mos

6-12 month post-operatively:

-Return to sports/leisure activities without restrictions (collision type sports may be indicated more at 9 months)

-Return to heavy manual/physical labor type occupations without restrictions or as indicated by work hardening program and FCE results