

Partial Thickness Cuff Biologic Augmentation Medial Patch

Therapy to start 5-7 days post-op

Phase I (1 – 5 days post-op)

- Wound care: Monitor site to ensure wound healing
- Modalities: PRN for pain and inflammation (IFC, ice)
- Sling: Ultrasling with abduction pillow worn continuously, including while sleeping, except in therapy or during exercise sessions (4-5x/day)
- ROM/Exercises:
 - Scapular AROM exercises
 - Initiate PROM of shoulder in all planes within tolerable limits
 - Pendulum exercises
 - A/PROM of elbow, wrist, and digits
- Precautions:
 - No lifting
 - No excessive shoulder extension
 - No excessive stretching or sudden movements
 - Non-weight bearing through UE

Phase II (5 days – 6 weeks post-op)

- Precautions
 - 5 days – 4 weeks:
 - No active lifting
 - No excessive shoulder extension
 - No excessive stretching or sudden movements
 - Non-weight bearing through UE
 - Keep incision sites clean and dry
 - PT should not be painful, do not force painful motion
- Goals:
 - Restore non-painful ROM
 - Minimize stress to healing structures
 - Independent with ADLs
 - Wean from sling
- Modalities: PRN for pain and inflammation (IFC, ice)
 - At 4 weeks, may use heat prior to exercise PRN
- Sling:
 - Until 4 weeks post-op, Ultrasling worn continuously, including while sleeping, except in therapy or during exercise sessions (4-5x/day)
 - From 4-6 weeks post-op, continue wearing sling, without abduction pillow, when outside the home

Phase II (continued)

- ROM:
 - PROM:
 - Until 2 weeks
 - Flexion to 115 degrees
 - Abduction to 90 degrees
 - ER at 45 degrees abduction to 25 degrees
 - IR at 45 degrees abduction to 35 degrees
 - 2-3 weeks
 - Flexion to 155 degrees
 - Abduction to 120 degrees
 - ER at 45 degrees abduction to 45 degrees
 - IR at 90 degrees abduction to 35 degrees
 - 4-5 weeks
 - Flexion to 160-175 degrees
 - Abduction to 140-155 degrees
 - ER at 90 degrees abduction to 75 degrees
 - IR at 90 degrees abduction to 55 degrees
 - 5-6 weeks
 - Full flexion PROM
 - Abduction to 160-175 degrees
 - ER at 90 degrees abduction to 90 degrees
 - IR at 90 degrees abduction to 55 degrees
 - AAROM
 - Until 2 weeks
 - Flexion as tolerated to 155 degrees
 - ER/IR in scapular plane with a towel roll to 45 degrees
 - 2+ weeks
 - As tolerated
 - AROM
 - at 5-6 weeks, flexion in scapular plane, abduction, and PNFs as tolerated
 - Joint Mobilizations
 - PRN for pain/arthrokinematics
 - Exercises:
 - Until 2 weeks:
 - Pendulums
 - Pulleys
 - Cane exercises within AAROM limitations
 - Isometrics
 - Gentle stretches
 - Rhythmic stabilization of IR/ER at 45 degrees abduction

- 2-3 weeks
 - Continue as above
 - Add rhythmic stabilization at 100/125 degrees flex
- 4-5 weeks
 - Continue as above
 - Prone I/extension
 - Rhythmic stabilization at 45-125 degrees flex
- 5-6 weeks
 - Continue as above
 - UBE
 - Prone rows and horizontal abduction
 - Bicep curls
 - IR/ER with light resistance
 - Bodyblade

Phase III (6-12 weeks)

- AROM: by 8-10 weeks, achieve full AROM
- Goals:
 - Improve strength, power, and endurance
 - Improve neuromuscular control
 - Prepare athlete to begin to throw and perform similar overhead activities or other sport specific activities
- Sling: May discontinue use
- Strengthening: Patient must be able to elevate arm without shoulder hiking before progressing strengthening
 - PREs of deltoid and rotator cuff
 - Progress theraband exercises to 90/90 position for IR/ER
 - Theraband exercises for scapular stabilizers and biceps
 - Plyometrics
 - PNF diagonal patterns
 - Isokinetics
 - Endurance/UBE

Phase IV (12+ weeks)

- Goals:
 - Maintain full AROM
 - Improve functional use of UE
 - Increase muscular strength/power
- At 15 weeks, may initiate golf, tennis, and swimming programs

Dr. Scott Trenhaile, MD
Michael D. Gilbertson, PAC
Tori Homb, APN

SCOTT W. TRENHAILE, M.D.
Clinical Assistant Professor / Orthopedic Surgeon

Phone: 815-398-9491
info@scotttrenhailemd.com
324 Roxbury Road | Rockford, Illinois 61107
www.scotttrenhailemd.com



Phase V (23+ weeks)

- Goals:
 - Gradual return to strenuous work activities and recreational sport activities
 - Continue stretching if motion is tight

Adapted From:

1. *Adapted from Rotation Medical: Rotation Medical Patch Rehabilitation Protocol*