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Anterior Rotator Interval Closure Rehabilitation Protocol

Phase 1: Maximum Protection (0 to 4 weeks after surgery)

GOALS:

1. Protect the repair
2. Ensure incision healing
3. Prevent shoulder stiffness
4. **Avoid external rotation**

SLING:

- Wear your sling at all times (except to shower and do your exercises)
- Remove the sling 4 or 5 times a day to do Phase I exercises (see below)
- Wear the sling when sleeping for the first 4-6 weeks

SLEEPING:

- Sleeping in a more upright position (in a recliner) may be more comfortable initially
- Place a pillow behind your elbow while lying down or sleeping
- Sleep with the sling for the first 4-6 weeks to protect the repaired tissues

ACTIVITY / WEIGHT-BEARING:

- **You may**
 - Bend your elbow
 - Use your hand on the affected arm directly in front of your body
- **DO NOT**
 - Rotate or raise your arm away from the side of your body
 - No Abduction or External Rotation
 - This will cause tension on your repaired capsule and lead to failure
 - Lift objects
 - Perform excessive shoulder extension (reach behind your back)
 - Excessively stretch or suddenly move your arm or shoulder
 - Support your body weight by using your hands

WOUND CARE / DRESSINGS:

- Keep your dressings dry
- It is normal to have some light bloody drainage to soak into the dressings. Place more gauze and tape over top if necessary. If they get soaked, remove the gauze, leaving the steristrips (white tapes) in place, and reapply new sterile gauze and tape.

- You may remove the dressings 3 days after surgery
 - Remove the gauze, leaving the steristrips (white tapes) in place
 - Place large *waterproof Band-Aids* over top each incision before showering
 - Change the waterproof Band-Aids before your next shower

SHOWERING:

- You may sponge bath for the first 2 days after surgery, keeping your dressings dry
- You may shower 3 days after your surgery, unless told otherwise. Do not use your operative arm to assist with showering. Remove the gauze and pads, leaving the steristrips (white tapes) in place. Place large *water-proof Band-Aids* over each incision. Carefully remove the sling and keep your arm at your side. Let the water hit you on your head or the non-operative shoulder, keeping the incisions as dry as possible. If water gets under your Band-Aids, carefully remove the Band-Aids and leave the steristrips in place. Pat the operative shoulder dry, do not rub. Place a new *water-proof Band-Aid* over the incisions.
- To wash under the affected arm, bend over at the waist and let the arm passively come away from the body. It is safe to wash under the arm in this position. This is the same position as the pendulum exercise.
- DO NOT immerse or submerge the shoulder under water and DO NOT rub the incision.

CRYOTHERAPY:

- If you received an ice cooling device, use it as directed up to 5 times a day for no more than 20 minutes at a time. Do not place the cooling pad directly on your skin.
- If you did not receive a cooling device, fill a large leak-proof bag with ice and place it over your bandages for 20 minutes, 3-5 times per day, leaving at least 20 minutes between ice bag sessions. Do not place ice directly on the skin.
- Do not use heat

EXERCISE PROGRAM:

STRETCHING / PASSIVE MOTION

Days per Week: 7 Times per day: 4-5

Program:

- Pendulum exercises
- Elbow/wrist ROM

Phase 2: Protected Motion (4 to 8 weeks after surgery)

GOALS:

1. Protect the repaired capsule
2. Begin Passive range of motion of the shoulder
3. Begin gentle strengthening of scapular stabilizers

ACTIVITIES:

1. Sling:
 - a. You may wean yourself from the sling 4 to 6 weeks after surgery.
 - b. You should wear it when in vulnerable situations.
 - c. You should not drive while wearing your sling.
2. Use of the operated arm
 - a. You should continue to avoid rotating or raising your arm away from the side of your body, since this will stretch the repaired capsule.
 - b. You can lift your arm forward in front of your body but **not** to the side.
 - c. You may raise your arm to the side, if you use the good arm to assist the operated arm.
3. Bathing and showering
 - a. Continue to follow the instructions from Phase 1.

EXERCISE PROGRAM:

The exercises listed below may be gradually integrated into the rehabilitation program under the supervision of your doctor and/or physical therapist.

Days per week: 5-7 **Times per day: 1-3**

Program

- Pendulum exercises
- Elbow/wrist ROM
- Pulley PROM
- Pole exercises
- Scapular strengthening exercises
- Sleeper stretches
- Ok to begin lower body workouts (bike, running, strengthening)

Phase 3: Active Motion/Strengthening (8-12 weeks after surgery)

GOALS:

1. Protect the repaired capsule
2. Regain full range of motion
3. Continue gentle strengthening
4. Start active-assist RTC strengthening

ACTIVITIES:

You may now safely use the arm for normal daily activities involved with dressing, bathing and self-care. You may raise the arm away from the body; however, you should not raise the arm when carrying objects greater than one pound. Any forceful pushing or pulling activities could disrupt the healing of your surgical repair.

EXERCISE PROGRAM:

The exercises below form a list that may be gradually integrated into the rehabilitation program under the supervision of your doctor and/or physical therapist. Resistance for the dynamic strengthening exercises can gradually be added starting with 1 lb and should not exceed 3 lb at this time.

STRETCHING / ACTIVE MOTION / STRENGTHENING:

Days per week: 3 Times per day: 1

Stretching

- Pendulum exercises
- Supine External Rotation
- Standing External Rotation
- Supine passive arm elevation
- Behind the back internal rotation
- Hands-behind-the-head stretch
- Supine cross-chest stretch
- Sidelying internal rotation stretch
- External rotation at 90° abduction stretch
- Wall slide Stretch

Dynamic Strengthening

- Side-lying External Rotation
- Prone Horizontal Arm Raises "T"
- Prone scaption "Y"
- Prone row
- Prone extension
- Scapulohumeral rhythm exercises
- Active-assisted Arm Elevation progressing to Standing Forward Flexion (scaption) with scapulohumeral rhythm
- Proprioception drills

Theraband Strengthening

- External Rotation
- Internal Rotation
- Standing Forward Punch
- Shoulder Shrug
- Dynamic hug
- "W"s
- Seated Row
- Biceps curls

Phase 4: Strengthening / Return to Sport (12 to 24 weeks after surgery)

GOALS:

1. Continue to protect the repair
2. Restore full shoulder motion and strength
3. Return to normal activity

ACTIVITIES:

1. Sports that involve throwing and the use of the arm in the overhead position are the most demanding on the capsule. Your doctor or physical therapist will provide you with specific instructions on how and when to return to golf, tennis, and volleyball, swimming and throwing.
2. The following timetable can be considered as the earliest time-table for return to activities:

- Throwing 4 months (begin interval throwing program)

*Before returning safely to your activity, you must have full range of motion, full strength and no swelling or pain.

Dr. Spencer or your physical therapist will provide you with a specific interval-training program to follow when it is time to return the above activities.

STRETCHING / ACTIVE MOTION / STRENGTHENING

Days per week: 3 Times per day: 1

Stretching

- Behind the back internal rotation
- Standing External Rotation / Doorway
- Wall slide stretch
- Hands-behind-head stretch
- Supine Cross-Chest Stretch
- Sidelying internal rotation (sleeper stretch)
- External rotation at 90°
- Abduction stretch

Theraband Strengthening

- External Rotation
- Internal Rotation
- Standing Forward Punch Shoulder
- Shrug Dynamic hug
- "W"s
- External rotation at 90°
- Internal rotation at 90°
- Standing "T"s
- Diagonal up / down

Optional for Overhead Sports:

Dynamic Strengthening

It is recommended that these exercises be limited to resistance not to exceed 5lb.

- Side-lying External Rotation
- Prone Horizontal Arm Raises "T"
- Prone scaption "Y"
- Prone row
- Prone extension
- Standing Forward Flexion