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Sports Medicine and Shoulder Service

Subacromial Decompression / Partial Thickness Rotator Cuff Tear Debridement / Distal Clavicle Excision Rehab Protocol Prescription

Patient Name:

Date:

Diagnosis: Rotator cuff tear AC joint arthrosis
Frequency: 2-3 visits/week Duration: 4 months

Post-operative Period

0 to 3 weeks:

1. 2 to 3 visits per week, 5 times a week home program
1. Sling may be discontinued POD #1 and worn for comfort only and sleeping if desired
2. Active and passive range of motion of the neck, elbow, wrist and hand should be performed 5 times/day everyday
3. Passive pendulum exercises should be started immediately and performed 5 times a day
4. Passive and active-assisted shoulder range of motion exercises should be started with no motion limitations
5. Please focus on normalizing scapulohumeral kinematics
6. Periscapular range of motion exercises should also be performed
7. Isometric strengthening exercises can begin in all planes
8. Icing program, 3 to 5 times a day, 30 minutes each after exercises

3 to 6 weeks:

1. 2 to 3 visits per week, 5 times a week home program
2. Continue all exercises in previous phase (as described above)
3. Begin rotator cuff cuff and periscapular strengthening exercises once active range of motion is full
4. Active shoulder and periscapular muscle strengthening exercises are the focus of this period with the emphasis to regain full strength. Strengthening exercises should be high repetition, low weights with dumbbells and bands
5. Range of motion should be full by the end of this period

6 weeks to 3 months:

1. 3 to 5 times a week home program. May need physical therapy supervision for functional training.
2. Begin advanced strengthening with weights, dumbbells and bands to include muscles of the shoulder girdle, rotator cuff, and periscapular areas.
3. May begin functional training exercises including swimming, tennis, or an interval throwing program (if a thrower)
4. Begin gradual return to previous sports/activities/work duties under controlled conditions
5. Full return to sports/activities/full work duties are pending Dr. Kaar or Cutuk's approval based upon the following criteria:

Criteria for Return to Sports/Full Activities:

1. Full functional range of motion
2. No pain or tenderness
3. Satisfactory muscular strength
4. Satisfactory clinical examination

Concerns or questions:

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Physician Signature: