



SAD/Mumford:

Factors affecting rehab after surgery:

1. Patient's tissue status: normal vs hyperelastic vs hypoelastic
2. Patient's activity status they will be returning to from a work or sport/ leisure standpoint

Early motion is key to post-op rehab of these patients

RTC Repair:

Factors affecting rehab after RTC repair

1. Type of repair: open, mini-open, or arthroscopic
2. Size of tear: small to medium (less than 1 cm), medium to large (1-5cm). or large to massive (greater than 5 cm)
3. Patient's tissue quality (thin or weak tissue progresses slower than good quality tissue)
4. Patient's overall tissue status from a laxity standpoint (normal, hyperelastic, or hypoelastic)
5. Patient's activity level they will be returning to from a work or sport/ leisure standpoint

Find out all of these factors about the patient post-op.

Principles and goals of PT after RTC repair

1. Emphasize immediate PROM progressing within patients pain tolerance and basing aggressiveness of PROM on factors listed above reestablish full PROM as quickly and safely as possible
2. Emphasize early dynamic Glenohumeral joint stability and gradual restoration of RTC strength
3. Maintain integrity of the repaired RTC-never overstress healing Tissue
4. Reestablish dynamic humeral head control. DO NOT work through a shoulder shrug. Use supine rhythmic stabilization exercises and sidelying scapular resisted exercises
5. Improve ER muscular strength. Reestablish muscular balance
6. Caution against aggressive activities-regardless of type of surgery performed we still must respect tissue healing constraints and not stress the RTC with active abduction/ER for minimum of 6 weeks post-op.
7. Restore patient's functional use of shoulder but do so gradually.

