

## Partial Thickness Rotator Cuff Repair with Bioinductive Implant – PATCH Protocol

### **BICEPS TENODESIS PRECAUTIONS:**

ONLY follow if  
checked:

1. No Resisted elbow flexion for 8 weeks
2. No resisted shoulder flexion for 8 weeks
3. No lifting of anything over 1 to 2 lbs. for 8 weeks

### General Principles

1. Avoid Position of Apprehension (**6 weeks**)
  - i. **Apprehension: (Shoulder at 90° abduction and 90° External Rotation)**
2. Control pain and inflammation
3. Prevent negative effects of immobilization
4. Progress patient a tolerated
5. Increase ROM to **full AROM by 8 weeks**

### Sling:

1. **Week 1:** Pillow sling on at all times
2. **Week 2:** Remove abduction pillow.
3. **Week 3:** They should be out of there sling completely.

### I. **Phase I – Immediate Motion Phase (Weeks 1 –2)**

#### A. **Week 1 (Active Assisted)**

1. Pendulum
2. Shoulder Shrugs
3. **NO ADL BOX-Start Immediately:**
  - a. Patient can generally use arm to eat, read, wash face, brush teeth, etc. in front of body (anterior to plane of scapula)  
Without pain
4. Passive Stretching
5. AAROM (begin rotation exercise at 0° ABD and progress to 90°)
  - b. Supine flexion
  - c. Supine ER with stick
  - d. Pulley (forward flexion is scapular plane)
6. Scapular retractions
7. Grip and Wrist strengthening
8. AROM: cervical, elbow, wrist, and hand

#### B. **Week 2 (AROM and isometrics)**

1. Continue Passive Stretching/AAROM
2. Pulley: Flexion
3. AROM:
  - a. Supine Flexion with stick
  - b. Supine Flexion single arm
  - c. Sidelying ER

- d. Scapular retractions/stabilizations
- e. Slide arm up wall/wall ladder
4. Resisted ROM:
  - a. Begin isometrics: (submaximal) **(2 weeks)**
    - a. ER, IR, ABD, Flex, Ext
  - b. Biceps curls with dumbbells (as long as no biceps precautions)
  - c. Triceps extension (theraband or cable cross)
  - d. Wrist strengthening all directions

## **II. Phase II – Intermediate Phase (weeks 3 – 6)**

### **A. Week 3 (Advanced Stretching and Isotonic Strengthening)**

**Goals: Full AROM should be achieved by 8 weeks**

**i. Avoid Position of Apprehension: (Shoulder at 90° abduction and 90° External Rotation -6 weeks)**

1. Continue above exercises
2. UBE- NO resistance (**week 3**)
3. Passive Stretching
  - a. Posterior/Inferior capsule stretch
  - b. Joint mobilizations
  - c. IR stretch with towel
  - d. Hand over the door hang
  - e. Supine ER stretch progress to 90° ABD
4. AROM (Add light weight when patient can perform 10 reps)
  - a. Supine IR/ER
  - b. Standing flexion
  - c. Prone Extension, ABD (thumb up and down), ER, and Rows
  - d. Single arm pulldowns (assist scapular upward rotation)
5. Resisted ROM
  - a. Serratus anterior punches
  - b. PNF D2 rhythmic stabilization with isometric holds
  - c. Scapular retractions with theraband
7. Theraband IR, ER, Ext, ABD, and Flex (**week 3-4 if pain free**)

## **III. Phase III – Dynamic Strengthening Phase (Week 6 through discharge)**

**Goals: Return to sports-specific skills or light work duties at 12 weeks**

**\*\*If the patient has Increased shoulder PAIN at the 8-10 week mark, please contact Dr. Izquierdo's team. Patient may need a Medrol dose pack\*\***

### **A. Week 6 to 8 (Dynamic Resistive Exercise)**

1. Continue above exercises as needed
2. UBE increased resistance
3. Progress theraband resistance and shoulder angles
4. PNF D2 manual resistance, progress to theraband
5. Push ups (progress from wall, counter, on knees, regular)
6. Bodyblade

### **B. Advanced Strengthening (week 8-10 if needed)**

1. Plyometrics (progress from double arm to single arm)
2. Proprioception, Coordination/Timing