

Rotator Cuff Repair Functional Intervention Plan

2 Weeks Post-Op

Intervention Plan 1: 2 Weeks Post-Op

Develop an intervention plan to address occupation-based performance, such as ADLs and/or IADLs. Assume you are treating Alice in her home.

Occupational Profile	
<p>Alice is a nurse who has worked in the emergency room and in cardiac care, with a background as an EMT. She lives with her husband. Prior to the recent surgery she was independent in ADLs and IADLS. Alice had a left rotator cuff surgical repair 3 years ago, with full return of ROM but limited endurance. She has paresthesia in the left hand that she attributes to carpal tunnel syndrome. Alice underwent a rotator cuff repair and carpal tunnel release on her dominant right hand 2 weeks ago. She wears a sling most of the time but removes it for therapeutic exercise (PROM) four times a day. She has successfully problem-solved adaptations to her dressing and bathing routines and is performing basic ADLs with modified independence (shower chair, hand-held shower, modified clothing items).</p>	
Client Strengths	Client Impairments
<ul style="list-style-type: none">• Successful recovery from prior L rotator cuff repair (ROM, strength)• Family support• Independence in functional mobility and dynamic balance• Independent problem-solving• Dons / doffs sling independently• Modified independence in ADLs• Independent scar massage and pain management	<ul style="list-style-type: none">• Decreased RUE ROM (shoulder flexion and external rotation, supination, wrist flexion and extension)• Decreased strength, endurance, and functional use of RUE• L hand paresthesia• Assistance required throughout IADLs
Model of Practice and/or Frame of Reference	
<p>The PEOP model will be used for occupation-based IADL interventions. Alice's performance skills are limited by precautions due to the right rotator cuff repair and carpal tunnel release. Although therapeutic exercise should improve the RUE ROM and strength, these deficits will not be resolved quickly. Some factors of the environment have been changed by Alice, especially regarding ADLs. For example, she has arranged her closet for easy access to clothing. Considering environmental factors to modify in the kitchen may be useful for safe and effective meal preparation. Occupations included as interventions must be meaningful and relevant for Alice. This would be discovered in additional interview questions. Occupations can be modified, but over time we would expect her function to improve. So these modifications will be minor, and easy to reverse when she regains full function over time. By addressing the person factors of ROM, strength and endurance; the environmental factors including placement of items used for meal prep; and the occupation factors of safe and effective methods of IADL performance, it is anticipated that occupational performance will improve.</p>	

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STG: (1 session)

Within 1 session, Alice will identify modifications to her kitchen to facilitate making coffee with supervision.

LTG: (next re-evaluation)

Within 3 weeks, Alice will prepare a hot breakfast independently.

Detailed List of Intervention Activities

- This intervention plan assumes that making breakfast has been identified as a meaningful occupation in prior sessions.
- Check with Alice regarding pain levels, ADL challenges, and progress since last therapy session.
- Review therapeutic exercise routine, discuss changes as needed based on Alice's tolerance and progress.
- In Alice's kitchen, locate coffee maker, coffee, filters, can of coffee, and any items she adds to coffee (ie half-n-half, sugar). Locate mugs and spoon.
- Discuss location of all items. Items in high shelves should be obtained with LUE. Items on countertop can be stabilized with RUE in sling, but this must be done safely (consider positions of each joint according to precautions, as well as avoiding hot liquid spills).
- Move all items to kitchen counter and make coffee; discuss any recommended changes to location of items, neutral positioning of left hand to avoid paresthesia, and safety issues that arise. (For example, ensure safe transport of coffee cup to dining table or area).
- Move on to hot oatmeal preparation. Again, locate all items and ensure they can be reached / obtained with LUE (oatmeal packet, electric kettle, heat mitt, bowl, spoon, napkin).
- For a pre-measured packet of oatmeal, have Alice stabilize the packet with the right hand, use left hand to tear package. Pour oatmeal into bowl on counter, near electric kettle.
- Heating the water should be addressed for safety. Using an electric kettle should be discussed to ensure it is the safest method using primarily the left hand.
- Have Alice put water in the kettle, heat the water, and make the oatmeal. Address safety throughout and use of RUE as stabilizer. Ensure safe transport of food to table.
- To conclude session, discuss more complex meals, problem-solve anticipated challenges, and discuss goals and steps for next session.