

Rotator Cuff Repair Ther Ex Intervention Plan 6 Weeks Post-Op

Intervention Plan 2: 6 Weeks Post-Op

Write an intervention plan focused on therapeutic exercise for the next 6 weeks. Assume that Alice will be coming to outpatient therapy twice a week for the next 6 weeks.

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 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 6 weeks ago. She is now cleared of precautions and is only wearing a sling intermittently for support of the right shoulder musculature. Alice has performed 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). She is now participating in out-patient therapy.</p>	
<p style="text-align: center;">Client Strengths</p> <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 • Modified independence in ADLs and some IADLs • Independent scar massage and pain management 	<p style="text-align: center;">Client Impairments</p> <ul style="list-style-type: none"> • Decreased RUE AROM <ul style="list-style-type: none"> • Shoulder PROM 100° • Shoulder ER 15° • Supination 40° • Wrist flexion 40° • Decreased strength, endurance, and functional use of RUE • L hand paresthesia • Has used a compensatory approach to ADLs and IADLs to reduce RUE use
<p>Model of Practice and/or Frame of Reference</p> <p>A Biomechanical Approach will be used to address ROM, strength and endurance of the RUE. This remediation approach will address the underlying motor impairments that are influencing her occupational performance for ADLs and IADLs, which she has had to adapt by using primarily the LUE. This is a bottom-up type of approach, in which the underlying impairments are addressed first, with the expectation that improving ROM, strength and endurance will result in improved occupational performance.</p>	
<p style="text-align: center;">STG: (1 session)</p> <p>Within 1 session, Alice will demonstrate 80° of ACTIVE right shoulder flexion to facilitate IADL performance.</p>	<p style="text-align: center;">LTG: (next re-evaluation)</p> <p>Within 3 weeks, Alice will demonstrate 100° of ACTIVE right shoulder flexion and abduction to engage in light meal prep.</p>

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Detailed List of Intervention Activities

During out-patient therapy

- Closely monitor pain. If needed, superficial moist heat can be used 15-20 minutes before stretching to increase viscoelastic properties. Monitor closely due to surgical implants; add additional layers of towel and reduce time as needed
- Positioned in supine, complete PROM stretches in shoulder flexion and abduction, 2 sets of 10 repetitions each held for 15 seconds.
- Still in supine, hold dowel or 1 lb. weighted therapy bar with elbows extended to slowly raise arms overhead. Perform 2 sets of 10 repetitions held for 10-15 seconds. (Therapist to monitor to assist in returning into neutral position if needed.)
- Positioned in prone on mat with shoulder abducted (humerus supported on mat, elbow and forearm off the mat), internal and external PROM stretches, 2 sets of 10 repetitions each held for 15 seconds.
- Standing and facing wall, perform wall climb in shoulder flexion, 2 sets of 10 repetitions held at highest range for 10-15 seconds. Turn away from wall to perform wall climb in shoulder abduction, 2 sets of 10 repetitions held at highest range for 10-15 seconds. Use painter's tape and mark with date to assist in monitoring progress.
- Seated at table, place elbow on table (elbow and forearm on small towel). Holding shoulder in adduction, move arm through internal and external rotation. Set up painters tape with date as a target for motion. Perform 2 sets of 10 repetitions, each held for 15 seconds.
- Add a functional component to follow up potential gains in AROM. Use dusting cloth to clean kitchen counter. Use glass cleaner and cleaning cloth to clean mirror. RUE should be used for cleaning motions.
- Use kitchen area, and have Alice set a table for 4 people. She will need to obtain plates, glasses, flatware, napkins, placemats from varied heights around kitchen. Then, she will need to transport them to the table. Based on her tolerance to the PROM the RUE can be used as either the dominant or non-dominant arm in the activities; eventually grade the activity so it is the dominant arm. As time permits, she may also return all the items to the kitchen.
- Closely monitor pain and response to PROM. Superficial cold (cryocuff) can be used 10-15 minutes after therapy.

(Note: This can be adapted for either the out-patient therapy sessions or for a home program, based on learning objectives set by the instructor.)