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Post-Operative Rehabilitation Guidelines for Arthroscopic Assisted or Open Reduction Internal Fixation of Greater Tuberosity

**Dr. Garcia may have used screws or suture anchors either fixation is amenable to this protocol

**Dr. Garcia may have done your surgery with an open approach or arthroscopic approach

1-4 Weeks: Sling Immobilization

Active ROM Elbow, Wrist and Hand

True Passive (ONLY) ROM Shoulder. NO ACTIVE MOTION.

Pendulums,

Supine Elevation in Scapular plane = 140 degrees

External Rotation to tolerance with arm at side. (emphasize ER,

minimum goal 40°)

Scapular Stabilization exercises (sidelying)

Deltoid isometrics in neutral (submaximal) as ROM improves No Pulley/Canes until 5 weeks post-op (these are active motions)

4-8 Weeks: Discontinue abduction pillow at 4 weeks post-op

Discontinue sling use at 5 weeks post-op

Begin Active Assist ROM and advance to Active as Tolerated Elevation in scapular plane and external rotation as tolerated

No Internal rotation or behind back until 6wks. Begin Cuff Isometrics at 5 wks with arm at the side

8-12 Weeks: Active Assist to Active ROM Shoulder As Tolerated

Elevation in scapular plane and external rotation to tolerance

Begin internal rotation as tolerated Light stretching at end ranges

Cuff Isometrics with the arm at the side

Upper Body Ergometer

3-12 Months Advance to full ROM as tolerated with passive stretching at end ranges

Advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers

Only do strengthening 3x/week to avoid rotator cuff tendonitis

Begin eccentrically resisted motions, pylometrics (ex. Weighted ball toss),

proprioception (es. body blade)

Begin sports related rehab at 4 1/2 months, including advanced conditioning

Return to throwing at 6 months

Throw from pitcher's mound at 9 months

Collision sports at 9 months

MMI is usually at 12 months post-op