

Rotator Cuff Repair Functional Intervention Plan

6 Weeks Post-Op

Intervention Plan 3: 6 Weeks Post-Op

Develop an intervention plan to address occupation-based performance, such as ADLs and/or IADLs. Create this plan for Alice's out-patient therapy visits.

Occupational Profile

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.

Client Strengths

- 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

Client Impairments

- Decreased RUE AROM
 - 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

Model of Practice and/or Frame of Reference

The PEOP model will be used for occupation-based IADL interventions. Alice's performance skills are limited by RUE AROM, strength and endurance. Although a biomechanical approach can support increased function in these personal factors, this will take time and effort to improve. Situating these demands in a functional activity may increase Alice's musculoskeletal skills. Environmental factors should now simulate her home environment, with a focus on providing demands that will remediate, rather than compensate for, her personal factors. Occupations included as interventions must continue to be meaningful and relevant for Alice. At 6 weeks post-op, occupations should be performed as Alice would typically do the activities, again to facilitate improved occupational performance

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STG: (1 session)

Within 1 session, Alice will perform a laundry task with minimal assistance to support RUE function.

LTG: (next re-evaluation)

Within 2 weeks, Alice will demonstrate appropriate RUE AROM and strength to complete laundry task independently.

Detailed List of Intervention Activities

IADL tasks will be used in the out-patient clinic, with instructions for Alice to perform this task at home and report back any problems for problem-solving.

- Carry laundry basket with variety of clothes into the laundry area. Use distance and type of basket that Alice has at home. Discuss positioning of basket to distribute the weight between RUE and LUE.
- Put items one at a time into the top-loading washing machine. Therapist discretion can be used to determine if this is done as a bilateral or unilateral (RUE) task depending on Alice's pain level and performance. Reach for overhead shelf to reach storage of detergent, as bilateral task (LUE can assist RUE as needed).
- Rather than adding detergent, set the washing machine for a brief rinse and spin cycle.
- While the washer is operating, have Alice return to the bedroom and make up a bed. She will be required to pull up the sheets, blanket, and comforter. Therapist can direct if this will be done as a bilateral or unilateral (RUE) task. Consider positioning of both wrists to prevent paresthesia (due to h/o CTS).
- Return to the washing machine and move items to the front-loading dryer. Items should be picked up individually as they are now heavier but using RUE and LUE together to ensure safety of R rotator cuff repair.
- Reach to overhead shelf to obtain dryer sheet and put into dryer. Turn on machine.
- To make best use of time, have a basket of clean, dry towels on the nearby table. Alice will fold the towels. Methods can be graded to her tolerance, either laying the towel on the table to fold (so she does not have to support the weight) or eventually holding the towel with both hands to fold without using the table. In addition, she can begin standing and eventually try this seated to increase the ROM required of the shoulders.
- To conclude, review parts of the IADL tasks that were difficult for Alice and problem-solve any additional methods for her to use at home before next out-patient therapy session. Instruct in appropriate ways to grade the activity for home use.