Rotator Cuff Repairs: Successful Return to Work Strategies

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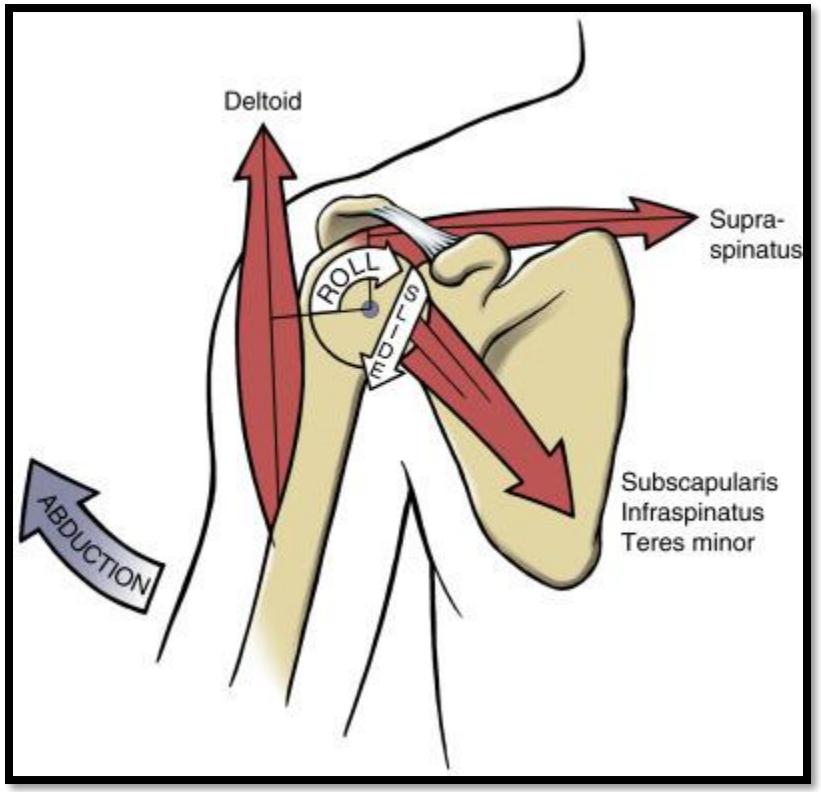
Key Objectives:

1. The rotator cuff (RTC) & best practices of evaluation & treatment
2. Important factors for success and potential barriers for Return To Work (RTW)
3. Importance of injured worker's job description / physical demand level (PDL)
4. Effective communication with the injured worker, surgeon, & WC stakeholders
5. Effective clinical management for utilization and length of stay
6. Use of Work Conditioning & Functional Capacity Evaluations (FCEs)

Rotator Cuff: Mobility vs Stability

The RTC is the only ACTIVE stabilizer of the shoulder



Elder et al. 2025

- Serves to centralize the humeral head
- Greater risks of injury with age and physically demanding occupation
- Delayed treatment can lead to increase in tear size and compensations
- Quick action is necessary to avoid further complications

RTC Repair & RTW Statistics

8 to 94%

Incidence of RTC retear

- Rate of retears increases with tear size
- Rule of too's

70%

RTW at 6 months post-op of +1500 cases

- At any level of work (light, medium, heavy)

35%

RTW at pre-injury level at 6 months

- Taken from same +1500 sample

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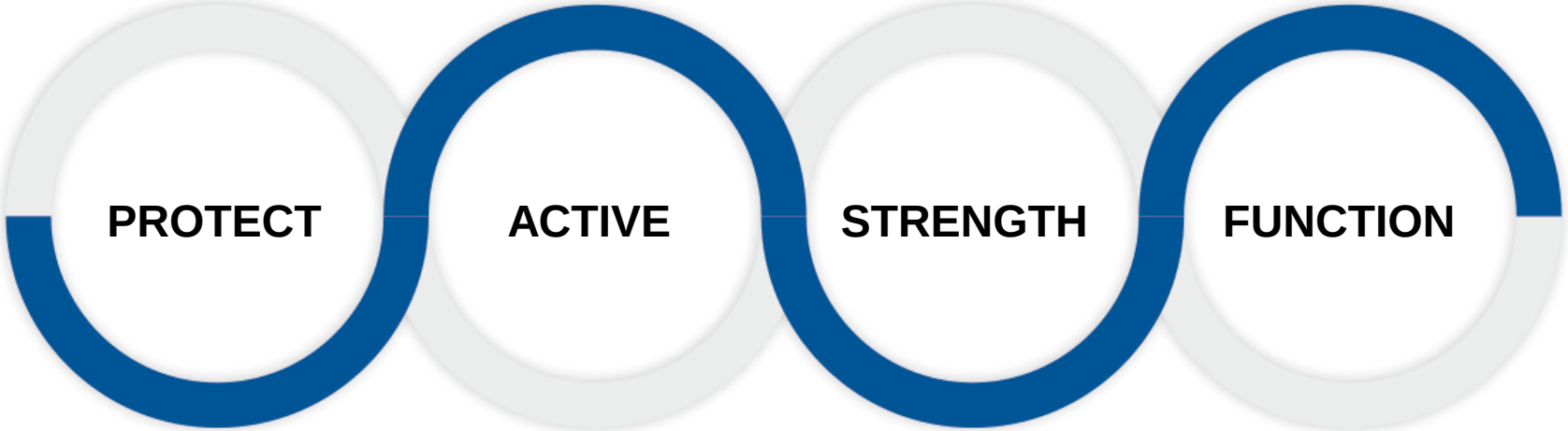
Clinical Evaluation & Treatment Best Practices

- Essential factors at onset for RTW in mind
  - ✦ Time since injury and surgery
  - ✦ Location & size of the tear(s) & tissue quality
  - ✦ Patient comorbidities
  - ✦ Clear job description for planning RTW

- Gradual progression while respecting healing
  - ✦ Protection
  - ✦ Initiation of A/AROM
  - ✦ Strengthening
  - ✦ Return of function / Work-specific activity

The rotator cuff fairy.

Typical Rehab Progression



0-6 weeks

- Protect the repair
- Reduce pain / inflammation
- Gradually restore PROM
- *Education*

- **1-2x/week case-by-case**

6-12 weeks

- Restore full PROM
- Initiate A/AROM
- Begin scapular strengthening
- *Education*

- **2x/week**

12-18 weeks

- Maintain ROM
- Progress strengthening
- Transition to functional activity
- Most RTW here (sedentary or light level)

18-24 weeks

- Advanced strengthening
- Work-specific training (Heavy PDL / laborers)
- FCE and Work Conditioning is considered

Factors for Success

- Treat the ***individual*** not the diagnosis
  - Individual complications may impact utilization
    - PT utilization on case-by-case basis
      - Size of tear
      - Post-op shoulder stiffness
      - Comorbidities (DM, HTN, hyperlipidemia)
  - Understanding job demands from the start
    - Maintenance of aerobic conditioning, analyzing squat form when appropriate, etc.
    - Transitioning to light-duty > full-duty for safe RTW ***prior*** to d/c
  - **Official Disability Guidelines**
    - 24 visits over 14 weeks for Sm / Md RTC repair
    - 40 visits over 18 weeks for Massive RTC repair
- Effective communication with the injured worker and entire medical team
  - Timely therapy documentation
  - Consistent communication from start to finish

Effective Communication

Teamwork approach between the patient, adjuster/NCM, surgeon, and the therapist

PATIENT

Establish clear understanding / expectations of:

- Job demands
- Post-op precautions
- Rehab progressions
- Activity modifications
- *"Marathon not a Sprint"*

ADJUSTER / NCM

- Timely access to services
- Functional Status Reports (FSRs)
- Discussing progress and potential barriers hindering the patient's progress
- Discuss optimal PT utilization on case-by-case basis

SURGEON

- Post-operative report from the doctor for info on tear and tissue quality
- Timely submission of FSRs from the PT to the doctor for notifications on progress
- Timely notification on any complications or changes to POC

Documentation - Baseline FSR

Not your average Progress Note

Job Description: Activities listed in the demonstrated tolerances table are common lift tasks. This baseline functional status report identifies a patient's current safe ability to perform the activities enclosed. Physician protocols are followed.

Employment Information/Job Status:
Job description provided by: Injured Worker
Job description add'l information: Job description was obtained from injured worker. Goal is to confirm information with employer or adjuster.
Employer: ABC Employer
Job title: Order Picker
Years with employer: 10
Last date worked: 06/01/2017
Current job status: Not working

Demonstrated Tolerances	
Activity	Client Performance
Floor to Waist Lift occasionally	01/20/2018: 25.00# 01/01/2018: 15.00#
12" to Waist occasionally	01/20/2018: 30.00# 01/01/2018: 15.00#
Waist to Shoulder Lift occasionally	01/20/2018: 15.00# 01/01/2018: 10.00#
Carrying occasionally	01/20/2018: 25.00#/25.00 ft 01/01/2018: 15.00#/20.00 ft

When are FSRs Appropriate?

- Patient is NOT working full duty (restricted duty or off work)
- Job requires lifting 10# or more (not sedentary)
- Patient is medically stable (no weight bearing or AROM restrictions)
- To be done PRIOR TO follow up physician appointments

When to use Work Conditioning or FCE

- Not for everyone
- Indicative factors:
  - Older in age
  - Higher complexity of injury
  - Comorbidities delaying healing times
  - Pt's with a higher PDL
    - Good to consider for patients with higher risk of re-injury
- Best to consider towards end of therapy
- FCE – when needed can help identify missing links for RTW

In Summary…

- Best practices in treating WC patients with RTC repairs involves:
  - Clear understanding of tissue healing times, when and how to apply loads, and the patient's specific job demands
  - Effective education and communication with the patient
  - Effective and consistent communication with the entire medical team
  - Clear documentation showing progress and barriers to safe RTW
  - Effective utilization of available visits to reduce costs
  - Appropriate use of Work Conditioning / FCEs for certain cases

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