



Post-Operative Rehabilitation Protocol: Rotator Cuff Repair

PHASE I: PROTECTIVE PHASE (WEEKS 0-6)

GOALS: Allow soft tissue healing, diminish pain/inflammation, establish motion, Prevent muscular inhibition.

I. Immediate Post-Operative to Week 3:

A. General:

- Sling with abduction pillow to be worn for approximately 4-6 weeks (Determined by MD)
- Cryotherapy for pain and inflammation 20 minutes/hour

B. Weight Bearing:

- Non-weight bearing

C. Range of Motion Goals:

- Passive
 - Forward flexion in scapular plane 60°-90°
 - ER in plane of scapula 0°-15° (at 0-20° abd)
- ***ER PROM may be Delayed up to 6 weeks Per MD***
- ****No Horizontal Add or IR behind the back***

D. Treatment / Exercises:

- Active elbow and wrist range of motion, hand gripping (only PROM for elbow if underwent biceps tenodesis/tenotomy)
- Cervical AROM
- Shoulder shrugs, protraction, retraction
- Pendulum hangs (no active movements of the shoulder)
- May Begin LE stationary bike with sling on

II. Weeks 4-6:

A. General:

- Sling with abduction pillow
- Discontinue sling at after 4-6 weeks (PER MD)
- Cryotherapy unit or ice 20 minutes/hour

B. Weight Bearing:

- Non-weight bearing

C. Range of Motion Goals:

- Passive, AAROM
 - Forward flexion in the plane of scapula 90°-125°
 - Abduction 45°-100° progress as Tolerated
 - ER 40°-60° (@45°, 75° and 90° Abd as pt tolerance will allow)
 - IR in plane of scapula progress slowly to 45°
 - Horizontal Add to Tolerance

D. Treatment / Exercises:

- Continue above treatment
- Progress Pendulum exercises from Hangs to pendulum mobility
- Begin Pulleys, Cane and UR ranger (AAROM)

PHASE II – INTERMEDIATE PHASE (WEEKS 7-12)

GOALS: Continue to allow for soft tissue healing, Progress to full motion (by week 12), Normalize AROM movements, decrease pain, increase functional activities (Light work act at week 12). Begin to increase strength and endurance.

Enter Phase II if:

- ✓ ROM goals above are met
- ✓ Minimal pain/tenderness

III. Weeks 7-12:

A. Precautions:

- No Supporting bodyweight by the surgically repaired arm
- No excessive behind the back motions
- No Sudden jerking motions
- Do Not perform ROM/Stretching/lifting beyond acceptable ROM Goals
- Do not Perform long lever arm strengthening exercise for the rotator cuff
- Do not perform scaption with IR (empty can) at any stage of rehabilitation due to impingement and stress on the repair

B. Range of Motion Goals:

*** PROM**

- Forward flexion 135°-155°
- Abduction Slowly progress as tolerated
- ER (@20°-30° Abd) 30°-60°
- ER (@90° Abd) 50°-75°
- IR in plane of scapula 60°

*** AROM**

- Forward flexion 80°-120°
- Abd, ER, IR Slowly progress as tolerated

C. Treatment / Exercises:

- Continue above treatment
- Progress Active and Passive ROM
- Initiate strength progression

IV. Phase III- 3-6 Months:

A. Criteria for entering Phase III

- PROM
 - Forward Flex > 155°
 - ER > 60°
 - ER (@ 90° abd) > 75°
- AROM
 - Forward Flex > 120°
- Pain of 2/10 with all current strengthening exercises

B. Precautions

- No lifting objects heavier than 10lbs
- No sudden lifting or pushing activities
- No sudden jerking motions
- No uncontrolled movements

C. Goals

- Achieve full Passive and Active ROM
- Improve dynamic shoulder and scapular stability
- Return to normal ADLs, Full work, and modified Recreational act.

D. Treatment / Exercises:

- Continue above treatment
- SFMA/Functional Movement test

E. Advanced Strengthening

1. Criteria for progressing to advanced strengthening program
 - MMT Greater than or equal to 4/5
 - Pain Free with all basic ADLs and previous strengthening exercises
 - Full AROM with Elevation
 - Pt Desire to Return to pre-injury level of sport/activity
2. Exercise Advancement (See Full vision for exercises)

PHASE IV – ADVANCED Training Phase (To prepare for Return to sport phase. No set time frame as patients may progress to this stage at slightly different rates)

A. Criteria for Entering Phase IV

- Demonstrate adequate strength and dynamic stabilization for progression to higher demand sport specific exercise
- Score a 14 or greater on FMS and minimal asymmetries on Y-Balance
- Appropriate scapular positioning and control statically and dynamically with ROM

B. Goals

- Maintain Full and non-painful active ROM
- Improve Muscular strength, power and endurance
- Return to functional activities
- Be able to begin Return to Sport Specific Protocol after Phase IV completion

C. Interventions to Avoid

- No heavy lifting (greater than 15-20lbs)
- No sudden jerking/lifting motions or uncontrolled movements

- No progression to activity specific exercise unless patient has full pain-free ROM and strength with surgically repaired shoulder
- D. Specific Interventions
- ROM, Strength, Polymeric, sport specific Rehab. Ect...

See Return to Specific Sport Protocol For Criteria for Clearance for Return to Sport

*** Addendum**

This protocol provides general rehabilitation guidelines following repair of a Rotator Cuff Tear. It is subject to modification depending on the degree of injury, the type and extent of associated surgical intervention, as well as your individual progress post-operatively. For any questions, please call my office.

Day 0-7 Exercises for Web Page.

1. Pendulum Hangs
2. Elbow AROM Flex and Ext
3. Wrist AROM Flex/ Ext, Pronation/Supination
4. Ball Squeeze with Elbow Flex (deltoid Isometric)
5. Shrugs
6. Scap Retraction
7. C/S ROM ?