

Rotator Cuff Repair Rehabilitation Protocol

The following are guidelines for the post-operative rehabilitation of an individual who has undergone a Rotator Cuff Repair. This schedule will vary from patient to patient based on individual tolerance. This guideline is intended to be administered by a licensed physical therapist and/or certified athletic trainer. If there are any questions concerning the rehabilitation, please don't hesitate to call our office.

Phase I: Immediate post surgical phase (days 1-10)

Goals:

- Maintain integrity of the repair
- Gradually increase **Passive ROM**
- Diminish pain and inflammation
- Prevent muscular inhibition

Days 1-6

- Sling/Abduction brace
- **Passive Supine** ROM (No Pendulums)
 - o Flexion to tolerance 0-140°
 - o ER 0-40° with wand 5 times a day 20 repetitions
- Active Elbow/Wrist/Hand (E/W/H) gripping and ROM exercises
- Scapular depression and Retraction (Sitting)
- Neck/Upper quarter stretching
- Cryotherapy for pain and inflammation (ice 15-20 minutes every hour)
- Sleeping (in sling or brace)

Days 7 – 10

- Continue use of sling
- Progress passive ROM to tolerance
 - o Flexion to at least 140° supine
 - o ER in scapular plane to 35-45°
 - o IR in scapular plane to 35-45°
- Continue active E/W/H ROM exercises
- Neuromuscular Re-education (to prevent shoulder/scapular hiking) use mirror
- Continue Submaximal isometrics
 - o Flexion with bent elbow
 - o Extension with bent elbow
 - o Abduction with bent elbow
 - o ER/IR with arm in scapular plane
- Continue use of ice for pain control (at least 6-7 times daily)
- Sleeping (in brace)

Precautions:

1. No lifting of objects
2. No excessive shoulder extension
3. No excessive stretching of sudden movements
4. No supporting of body weight by hands **w/transfer in/out of chair/bed
5. Keep incision clean and dry

Phase II: Protection phase (day 11- week 6)

Goals:

Allow healing of soft tissue

Do not overstress healing tissue

Gradually restore full passive ROM (week 4-5)

Reestablish dynamic shoulder stability

Decrease pain and inflammation

Days 11 - 14

- Continue use of sling
- Passive ROM to tolerance supine
 - o Flexion 0 - 170 deg.
 - o ER at least 45 deg. to normal for opposite side.
 - o IR in 45 deg. abduction to 45 deg.
- Dynamic stabilization drills; i.e., rhythmic humeral head stabilization drills
 - o ER/IR in scapular plane
 - o Flexion/extension at 90 deg. flexion
- Continue all isometric contractions
- Overhead pulleys (**Passive motion only**)
- Continue use of cryotherapy as needed
- Continue all precautions

Weeks 3 - 4

- Patient should exhibit full passive ROM
- Continue scapular stabilization exercise and initiate scapular strengthening
 - o resistive retraction, rows (caution: Not if pt. had biceps tenodesis)
- Initiate Active ER supine in scapular plane using wand to stretch at terminal range
- Initiate isotonic elbow flexion
- Self capsular stretches
- Continue use of ice as needed
- May use heat prior to ROM exercises
- May use pool for light ROM exercises (passive only no resistive Ex)
- Continue sling

Weeks 5 - 6

- Discontinue use of sling and may use heat prior to exercise
- AAROM and stretching exercises
- AA Flex with Active Ext to neutral and AA Abduction with Active Adduction
- Initiate AROM exercises
 - o Shoulder flexion scapular plane

- o shoulder abduction
- Active exercise program
 - o ER side-lying
 - o Side-lying IR
 - o Prone Rowing
 - o Prone horizontal abduction
 - o Biceps curls
 - o Start UBE (upper body ergometer) below 90° Elevation

Precautions:

1. No heavy lifting of objects
2. No excessive behind-the-back movements
3. No supporting of body weight by hands and arms
4. No sudden jerking motions

Phase III: Intermediate phase (weeks 7-14)

Goals:

- Full active ROM (week 8 - 10)
- Dynamic shoulder stability
- Gradual restoration of shoulder strength and power
- Gradual return of functional activities

Week 7

- Continue stretching and PROM (as needed to maintain full ROM)
- Continue dynamic stabilization drills
- Initiate isotonic strengthening program pain-free
 - o ER/IR supine
 - o Prone rowing
 - o Prone horizontal abduction
 - o Prone extension
 - o Elbow flexion
 - o Elbow extension

* Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; if unable, continue humeral head/scapular stabilization exercises

Weeks 8 - 13

- Continue all exercise listed above
- ER side-lying
- Lateral raises*
- Full can in scapular plane*
- If physician permits, may initiate light functional activities

Week 14

- Continue all exercise listed above
- Progress to fundamental shoulder exercises

Phase IV: Advanced strengthening phase (weeks 15-22)

Goals:

Maintain full non-painful ROM

Enhance functional use of UE

Improve muscular strength and power

Gradual return to functional activities

Week 15

- Continue ROM and stretching to maintain full ROM
- Continue shoulder strengthening to fundamental shoulder exercises
- Initiate interval golf program (if appropriate)
- May initiate shoulder plyometrics

Week 20

- Continue all exercises listed above
- Progress golf program to playing golf (if appropriate)
- Initiate interval tennis program (if appropriate)
- May initiate swimming

Phase V: Return to Activity Phase (weeks 23 - 36)

Goals:

Gradual Return to Strenuous Work Activities

Gradual Return to Recreational Sport Activities

Week 23

- Continue shoulder exercise program (at least 4 times weekly)
- Continue Stretching, if motion is tight
- Continue progression to Sport Participation