

ROTATOR CUFF REPAIR PROTOCOL

This rehabilitation protocol has been developed for the patient following a rotator cuff surgical procedure. This protocol will vary in length and aggressiveness depending on factors such as:

- Size and location of tear
- Degree of shoulder instability/laxity prior to surgery
- Acute versus chronic condition
- Length of time immobilized
- Strength/pain/swelling/range of motion status
- Rehabilitation goals and expectations

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances. The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain, inflammation, and effusion
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals

The physical therapy should be initiated approximately two full weeks post-op. The supervised rehabilitation program is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility. **Important post-op signs** to monitor:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain response, hypersensitive-an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

Return to activity requires both time and clinical evaluation. To safely and most efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness return to activity. Return to intense activities following a rotator cuff repair require both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing. Symptoms such as pain, swelling, or instability should be closely monitored by the patient.

**Phase 1: Week 2-3
 Rotator Cuff Repair**

WEEK	EXERCISE	GOAL
2-3	ROM Passive ROM in scapular plane Pendulum exercises Elbow (flex/ext) range of motion Initiate rope/pulley week 3-4 post-op Initiate passive ER wand exercise week 3-4 not to exceed 45° or ER at 45° abduction STRENGTH NO Active Shoulder flexion or abduction allowed in the first 4 weeks Grip strengthening with putty or ball BRACE Shoulder brace for 4-6 weeks or as instructed Brace removed to perform exercises above MODALITIES E-stim as needed Ice 15-20 minutes	Gradual ↑

GOALS OF PHASE:

- Promote healing of repaired rotator cuff
- Control pain and inflammation
- Gradual increase of ROM
- Independent in HEP
- Delay muscle atrophy

**Phase 2: Week 3-6
 Rotator Cuff Repair**

WEEK	EXERCISE	GOAL
3-6	ROM Continue PROM as needed Initiate Grade I-II joint mobilization Pendulum exercise Elbow (flex/ext) range of motion Rope/Pulley (flex/abd/scaption) Wand activities in all planes Initiate gentle posterior capsule stretching Initiate gentle IR stretching STRENGTH Continue grip strengthening as needed Initiate submaximal isometrics at week 4 Initiate supine AROM exercises without resistance Initiate UBE without resistance at week 4 Initiate scapular stabilizer strengthening-active assisted Shrugs Shoulder retraction BRACE Discontinue brace at week 6 MODALITIES E-stim as needed Ice 15-20 minutes	Gradual ↑

GOALS OF PHASE:

- Control pain and inflammation
- Initiate light RC muscle contraction
- Gradual increase in ROM
- Initiate light scapular stabilizer contraction

**Phase 3: Week 6-12
 Rotator Cuff Repair**

WEEK	EXERCISE	GOAL
6-12	<p>ROM</p> <p>Continue all ROM from previous phases 10-12 wk</p> <p>Posterior capsule stretching</p> <p>Initiate Grade II-IV joint mobs as needed</p> <p>Rope/Pulley (flex, abd, scaption)</p> <p>Towel stretching</p> <p>Wand activities in all planes</p> <p>STRENGTH</p> <p>Continue with all strengthening from previous phases increasing resistance and repetition</p> <p>Manual rhythmic stabilization exercises at 90° flex</p> <p>Shoulder shrugs with resistance</p> <p>Shoulder retraction with resistance</p> <p>Supine punches with resistance</p> <p>Prone shoulder extension</p> <p>Prone rowing</p> <p>Prone ER with abduction</p> <p>Initiate forward flexion, scaption, empty can</p> <p>Sidelying ER</p> <p>Initiate D1/D2 patterns supine then standing</p> <p>Push-up progression</p> <p>UBE for endurance training</p> <p>Initiate plyotoss at chest then progress to overhead</p> <p>Bicep/Tricep work</p> <p>Isokinetic ER/IR at neutral at week 10-12</p> <p>MODALITIES</p> <p>Ice 15-20 minutes</p>	Full ROM

GOALS OF PHASE:

- Minimize pain and swelling
- Reach full ROM
- Improve upper extremity strength and endurance
- Enhance neuromuscular control
- Normalize arthrokinematics

Phase 4: Week 12-24
Rotator Cuff Repair

WEEK
12-24

EXERCISE

ROM

Continue with all ROM activities from previous phases
Posterior capsule stretching
Towel stretching
Grade III-IV joint mobs as needed for full ROM

STRENGTH

Progress strengthening program with increase in resistance and high speed repetition
Initiate IR/ER exercises at 90° abduction
Progress rhythmic stabilization activities to include Standing PNF patterns with tubing

Initiate single arm plyotoss
Initiate military press, bench press, flys, lat pulldowns
UBE for strength and endurance
Initiate sport specific drills and functional activities
Initiate interval throwing program week 16-20
Initiate light upper body plyometric program wk 16-20
Progress isokinetics to 90° abduction at high speeds

MODALITIES

Ice 15-20 minutes

GOALS OF PHASE:

- Full painless ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Initiate sports specific training/functional training