



Post-Operative Rehabilitation Protocol Following ROTATOR CUFF REPAIR

This protocol is to provide the therapist and patient with guidelines for the post-operative rehabilitation course after rotator cuff repair. It should serve as a guideline based on the individual's physical exam/findings, progress to date, and the absence of post-operative complications. If the therapist requires assistance in the progression of a post-operative patient they should consult with the specific surgeon. Progression to the next phase is based on Clinical Criteria and/or Timeframes as appropriate.

Phase I – Immediate Post Surgical (Weeks 1-6):

Goals:

- Maintain / protect integrity of repair
- Maintain elbow/wrist/hand Active Range of Motion (AROM)
- Diminish pain and inflammation
- Prevent muscular inhibition
- Become independent with activities of daily living with modifications

Precautions:

- Maintain arm in abduction sling / brace, remove only for showers and elbow/wrist/hand ROM
- No active range of motion of shoulder
- No lifting of objects
- No shoulder motion behind back
- No excessive stretching or sudden movements
- No supporting of any weight
- No lifting of body weight by hands
- Keep incision clean and dry

DAYS 1 TO 6:

- Maintain Abduction brace/sling
- Finger, wrist, and elbow AROM
- Begin cervical ROM
- Cold therapy for pain and inflammation
 - Day 1-2: as much as possible (20 minutes of every hour)
 - Day 3-6: post activity, or for pain
- Sleep in abduction sling
- Patient Education: posture, joint protection, positioning, hygiene, etc.

DAYS 7 TO 45:

- Continue use of abduction sling / brace
- Continue Elbow, wrist, and finger AROM / resisted
- Cryotherapy as needed for pain control and inflammation

- May resume general conditioning program – walking, stationary bicycle, etc.

Phase II – Protection / Passive motion (weeks 6 - 12):

Goals:

- Allow healing of soft tissue
- Do not overstress healing tissue
- Gradually restore full **passive ROM** (week 6-12)
- Decrease pain and inflammation

Precautions:

- Maintain arm in abduction sling / brace, remove only for showers and elbow/wrist/hand ROM
- No active range of motion of shoulder
- No lifting of objects
- No lifting
- No supporting of body weight by hands and arms
- No sudden jerking motions
- No excessive behind the back movements

WEEKS 6-12:

- Continue use of sling/brace full time until end of week 12 (ok to remove for therapy and showers)
- Progressive passive ROM until approximately Full ROM at Week 8-9.
- Gentle Scapular/glenohumeral joint mobilization as indicated to regain full passive ROM
- Continue cryotherapy as needed
- May use heat prior to ROM exercises
- May use pool (aquatherapy) for light passive ROM exercises
- Ice after exercise

Phase III – Active Range of Motion and Early strengthening (weeks 12-18):

Goals:

- Full active ROM (weeks 14-16)
- Maintain full passive ROM
- Dynamic shoulder stability
- Gradual restoration of shoulder strength, power, and endurance
- Optimize neuromuscular control
- Gradual return to functional activities

Precautions:

- No heavy lifting of objects
- No sudden lifting or pushing activities
- No sudden jerking motions
- No overhead lifting
- Avoid upper extremity bike or upper extremity ergometer at all times.

WEEK 12:

- Continue stretching and passive ROM (as needed)
- Dynamic stabilization exercises
- Initiate prone rowing to neutral arm position

- Begin rotator cuff isometrics
- Initiate periscapular exercises
- Initiate active assist and active ROM exercises in supine position
 - flexion scapular plane
 - abduction
 - external rotation
 - internal rotation

WEEK 14:

- Initiate strengthening program
 - External rotation (ER)/Internal rotation (IR) with therabands/sport cord/tubing
 - ER side-lying (lateral decubitus)
 - Lateral raises*
 - Full can in scapular plane* (avoid empty can abduction exercises at all times)
 - Prone rowing
 - Prone horizontal abduction
 - Prone extension
 - Elbow flexion
 - Elbow extension

*Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; if unable, continue glenohumeral joint exercises

WEEK 16:

- Continue all exercise listed above
- Initiate light functional activities physician permits

WEEK 18:

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

Phase IV – Advanced Strengthening (weeks 20-22):

Goals:

- Maintain full non-painful active ROM
- Advance conditioning exercises for enhanced functional use
- Improve muscular strength, power, and endurance
- Gradual return to full functional activities

WEEK 20:

- Continue ROM and self-capsular stretching for ROM maintenance
- Continue progression of strengthening
- Advance proprioceptive, neuromuscular activities
- Light sports (golf chipping/putting, tennis ground strokes), if doing well

WEEK 22:

- Continue strengthening and stretching
- Continue stretching, if motion is tight
- May initiate interval sport program (i.e. golf, doubles tennis, etc.), if appropriate.

*This protocol is designed to be administered by a licensed physical therapist and/or certified athletic trainer.
Please do not hesitate to contact our office should you have any questions concerning the rehabilitation process.*