



Post-Operative Rehabilitation Protocol Following REGENETEN ONLY 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 1-2):

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:

- No lifting of objects
- 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 14:

- Discontinue Abduction brace/sling when ready
- 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 only if needed
- Patient Education: posture, joint protection, positioning, hygiene, etc.

DAYS 14+:

- Continue stretching and passive ROM (as needed)
- No Restrictions at this point!
- 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
- 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

*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.*