



Rotator Cuff Repair

General Principles:

This protocol was designed to provide the rehabilitation professional with a guideline of postoperative care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications.

PHASE I: (Immediate Post-Op)

Week 1

Orthotics-

1. Use of abduction pillow / sling worn at all times except for exercise

Modalities (PRN)-

1. Cryotherapy for pain and inflammation
2. Electrical Stimulation
3. Pulsed low-frequency ultrasound for pain and inflammation

ROM-

1. Active hand, wrist, forearm, and elbow to full
2. Passive shoulder ROM only:
Flexion to 110°, Abduction to 90° in scapular plane, IR to the body/chest in scapular plane only, ER to 30° in scapular plane only
3. Cervical Spine AROM as tolerated

Exercises-

1. Hand Grip strengthening
2. Wrist / Elbow Isometrics (Sub-maximal, Sub-painful)
3. Passive pendulum / Codman's

Week 2 – 6

Orthotics-

1. Continue use of abduction pillow / sling at all times as before

Modalities (PRN)-

1. Continue Phase 1 modalities as needed

ROM-

1. Progress passive shoulder ROM to tolerance
2. NO Active ROM
3. IR, ER, and Abduction in scapular plane initially

Exercises-

1. Resisted / isotonic strengthening for wrist, forearm, hand
Begin resisted elbow exercises and passive table slides for ROM at start of **Week 3**
2. Scapula muscle isometrics / AROM (Protraction, Retraction)
3. May begin overhead pulleys for ROM (Passive only) at start of **Week 5**



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4. Shoulder Isometrics (Sub-maximal, Sub-painful)
Flexion, Extension, Adduction at start of **Week 4**
Abduction, IR, ER at start of **Week 5**
5. Initiate AAROM into all planes as tolerated at start of **Week 6**

PHASE II: (Intermediate)

Week 7 – 11

Orthotics-

1. Gradually discontinue use of arm sling as tolerated

Modalities (PRN)-

1. Continue Phase 1 modalities as needed

ROM-

1. Progress to Active ROM exercises in All Planes as tolerated
2. PROM progressing to full in all planes by **Week 8** – aggressively pursue any deficiencies
3. Joint mobilizations (Grade I-III) as indicated

Exercises-

1. Aquatics
2. Progress to Active Assistive ROM on overhead pulleys and cane
3. Upper Extremity Bike – begin with no/low resistance and progress as tolerated
4. Initiate resisted scapulo-thoracic strengthening

PHASE III: (Strengthening)

Week 12 – 15

Modalities (PRN)-

1. Continue modalities as needed

ROM-

1. Maintain full Passive ROM
2. Active Assistive and Active ROM progressing to full

Exercises-

1. Initiate isotonic/resisted strengthening of RTC and shoulder musculature
2. Be sure to watch control and limit / prevent scapular substitution
3. May progress to Body Blade / rhythmic stabilization exercises

Week 16 - 18

Exercises-

1. May progress to light isotonic RTC strengthening at 90° of abduction
2. Initiate low level plyometrics
Begin with 2-handed, below chest level
Progress to overhead and finally 1-handed drills



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3. Isokinetics (IR/ER at 300-360 degrees/second)

PHASE IV: (Advanced Strengthening)

Week 19+

Modalities (PRN)-

1. Continue modalities as needed

ROM-

1. Maintain full non-painful Active ROM

Exercises-

1. Isokinetics (IR/ER at 240-300 degrees/second)
2. Progress to aggressive total arm strengthening
Including free weight and weight machines
3. Initiation of light sports activity
See Interval Golf, Interval Racquet, and Interval Throwing programs
4. Isokinetic Test at 240, 270, and 300 degrees/second for MD review for full release to sport activity