Post-operative Rehabilitation Protocol
Rotator Cuff Repair

Patient will wear an abduction pillow brace/sling for 6 weeks post-op
Unless otherwise specified, do not begin PT until patient has seen MD for 2 week post-op visit.

PHASE I:
Days 0-14
• May remove sling for gentle pendulum exercise 2-3 times per day.
• Elbow/hand gripping and ROM exercises: perform 4-6 times per day.
• Cryotherapy as needed.

Weeks 2-4
• PROM - Flexion to 90º, Abduction to 90º, ER 30º, IR 30º, Extension 30º. (ER/IR in scapular plane, Flexion/extension at 90º flexion in scapular plane)
• Rhythmic stabilization drills.
• Continue all isometric contractions and use of cryotherapy as needed.
• Initiate scapular isometrics.
• Screen posture
• May begin joint mobilizations grade I and II for pain relief/relaxation.

Weeks 4-5
• PROM - Flexion to 120º, Abduction to 120º, ER 30º, IR 45º, Extension 30º.
• ER/IR in scapular plane and at 90º abduction.
• Initiate ER/IR strengthening using exercise tubing at 0º of abduction (use towel roll under arm).
• Initiate manual resistance ER in supine in scapular plane (light resistance).
• Progress scapular strengthening.
• Initiate prone rowing with arm at 30º of abduction to neural arm position.
• Initiate prone shoulder extension with elbow flexed to 90º.
• Continue use of ice as needed. May use heat prior to ROM exercises.
• Rhythmic stabilization exercises (flexion at 45º, 90º, 100º and ER/IR at multiple angles).

Weeks 5-6
• Advance PROM in all directions as tolerated.
• Joint mobilizations: gentle scapular/glenohumeral joint mobilization as indicated to regain full PROM.
• AAROM and stretching exercises to gain full motion.
• Shoulder flexion
• ER at 90º abduction.
• Initiate AROM exercises.
• Shoulder flexion in scapular plane to 90º of flexion.
• Shoulder abduction to 90º.
• Progress isotonic strengthening exercise program.
• IR/ER tubing (towel under arm).
• Side-lying ER (towel under arm).
• Prone rowing at 45º abduction.
• Prone horizontal abduction (flexed elbow) at 90º abduction.
• Biceps curls (isotonics with very light resistance).
• Slowly progress strengthening to prevent inflammation of tendon.

Criteria to advance to Phase II:
• Full PROM.
• Flexion PROM: >125º.
• ER PROM in scapular plan to >75º (if uninvolved shoulder PROM >80º).
• IR PROM in scapular plan to >75º (if uninvolved shoulder PROM >80º).
• Abduction PROM to >90º in scapular plane.

PHASE II:

Week 7
• Maintain full ROM in all planes.
• Continue dynamic stabilization drills.
• Progress AROM and light strengthening program with the addition of
  • ER/IR tubing
  • Lateral raises to 90º of abduction*
  • Full can in scapular plan to 90º elevation*
  • Prone extension
  • Prone serratus punch.
  • Elbow flexion and extension
  • *Must be able to elevate arm without shoulder or scapular hiking before initiating isotonics; if unable, continue dynamic rhythmic stabilization glenohumeral joint exercises.*
• Progress joint mobilizations to grades III and IV to address capsular restrictions as indicated for all shoulder girdle joints.

Weeks 8-9
• Continue as above
• Initiate light functional activities if physician permits
• In pain free ROM; starting at waist level activities, progression to shoulder level activities, then overhead activities.

Week 10
• Continue with all exercises listed above.
• Progress to fundamental shoulder exercises.
• Strengthening Exercises: addition of the following
  • Standing lateral raise to 90º
  • Prone Horizontal Abduction – T’s.
  • Prone Scaption – Y’s.
  • Initiate isotonic resistance (0.5kg weight) during flexion and abduction if patient exhibits non-painful normal motion without substitution patterns.

Weeks 11-14
• Progress all exercises.
• Continue ROM and flexibility exercises.
• Stretch posterior capsule with cross body adduction stretching.
• Progress strengthening program (increase 0.5kg/10 days if non-painful).
No residual pain should be present following exercises.

Criteria to advance to Phase III:
- Full AROM and PROM.
- Pain free with all strengthening exercises.
- Dynamic shoulder stability.

PHASE III:

Weeks 15-20
- Continue ROM and stretching to maintain full ROM.
- Self-capsular stretches
- Sleeper stretch
- Behind the back IR with towel
- Cross body stretch
- Doorway ER stretch
- Progress shoulder strengthening exercises

Fundamental shoulder exercises including:
- Diagonals with resistance band in D2 pattern.
- Push up plus on wall (progress to floor).
- Dynamic hug with band.
- IR at 90° with band.
- Standing forward punch with band.
- ER (supported and unsupported at 90°) with weight or band.
- Biceps curls

Weeks 20-24
- Continue all exercises listed above.
- Gradually increase resistance (patient should not exhibit pain during or after exercise and no substitution pattern).

Criteria to advance to Phase IV:
- Maintenance of full pain-free ROM.
- Functional use of upper extremity.
- Full muscular strength and power.

PHASE IV: Return to Activity Phase (Weeks 24-36)

Weeks 24-26
- Continue fundamental shoulder exercise program (at least 4 times weekly).
- Continue stretching if motion is tight.
- Continue progression to sport and/or work activity/participation.