



Rotator Cuff Repair Protocol for Small-Medium Tears

Surgery date: _____

Goals:

- Maintain Integrity of the repair
- Gradually increase passive ROM
- Diminish pain and inflammation
- Prevent muscular inhibition

Precautions

- No lifting of objects
- No excessive shoulder extension
- No excessive stretching or sudden movements
- No supporting of body weight by hands
- Keep incision clean and dry
- BICEPS TENODESIS: No resisted elbow flexion / forearm supination for 6 weeks
- Avoid shoulder horizontal adduction, extension and hand behind back for 10-12 wks post-op

Phase 1: Immediate Post-surgical Protection Phase (Wks 1-3) _____

- Sling or abduction brace (physician's decision)
- Avoid shoulder horizontal adduction, extension and hand behind back
- Pendulums (passive, small amplitude movements)
- Table slide passive flexion and scaption (seated, arm resting on table with passive shoulder movement produced by trunk flexion/side bending)
- Active scapular protraction and depression (limit retraction and elevation)
- Passive ROM (**being sensitive to end feel and muscle guarding**)
 - Flexion to 90 degrees
 - Scaption (scapular plane) to 90 degrees
 - *External and internal rotation in 30-40 degrees of scaption (scapular plane), no >30 degrees of rotation in either direction
 - For Dr. Bell's pt ER as tol unless subscapularis repair. No IR PROM at this time
- Hand gripping/wrist AROM/PREs with involved arm supported; forearm and elbow AROM if no biceps tenodesis
- Cryotherapy for pain and inflammation (ice 15-20 min every waking hour) Sleep in sling until physician DCs

Phase 2: Protection Phase (Wks 3-6) _____

- **Continue all of the above**
- Progress **passive ROM (being sensitive to end feel and muscle guarding)**
 - Flexion to at least 105 degrees slowly progressing to full PROM by 6 wks post-op
 - Scaption to at least 105 degrees slowly progressing to full PROM by 6 wks post-op
 - External rotation in scapular plane no >45° initially, then slowly progressing to full PROM by 6 wks post-op
 - Internal rotation in scapular plane to no >35 degrees initially, then slowly progressing to full PROM by 6 wks post-op
- Sleep in sling until physician DCs
- Begin active scapular elevation and retraction and progress to full scapular AROM

***For Dr Sanders ≤ 20 degrees ER/IR**

Phase 3: Intermediate Phase

(Wks 7-9)

- **Begin active-assisted ROM**
 - **Supine T-bar** external and internal rotation in scapular plane progressing to full AROM
 - **Supine T-bar** flexion to tolerance (therapist provides assistance by supporting arm) progressing to full AROM
 - Pulley flexion and scaption
 - UBE AROM (no resistance)
- **Begin** active sidelying scaption and external rotation
- **Begin active** flexion and scaption to 90 degrees in standing, initially with elbow flexed to shorten lever arm, then progressing to full AROM
- **Progress to** full prone AROM (horizontal abduction, flexion/extension, 90/90 external rotation, rowing) by 9 wks post-op
- **Begin submax/pain-free isometrics (very gentle):** (for Dr Bell's pts begins at 8 weeks)
 - Flexion with bent elbow
 - Extension with bent elbow
 - Abduction with bent elbow
 - External and Internal Rotation
 - Elbow flexion
 - Rhythmic stabilization (manual) isometrics with proximal hand placements initially
- **Continue** elbow/hand/wrist PREs with involved arm supported

Phase 4: Light Strengthening Phase

(Wks 9-12)

- **Begin** hand-behind-back AAROM, AROM, stretching at 10-12 wks post-op
- **Begin** light resistance
 - Begin with 1 lb dumbbell for internal and external rotation in side lying, supine scapula protraction (punches), prone extension and rowing
 - Elastic bands, beginning with the least resistance for external rotation, internal rotation, extension, scapula retraction, and scapula protraction
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 - Elevation in the scapular plane with thumb up (open can). Do not add resistance if pt is

unable to elevate arm without substitution patterns

- Begin closed-chain exercise such as wall ball(rolling), quadruped wt. shift
- Conservatively progress to PNF patterns
- Progress to advanced stretching with emphasis on posterior shoulder capsule

Phase 5: Advanced Strengthening Phase

(Wks 12-16)

- Progress resistance with dumbbells and elastic bands in all planes of the shoulder and scapula
- Progress closed-chain and dynamic stabilization drills (table push-ups, fitter, etc)
- Add plyometrics (light medicine ball toss, rebounder, wall push-up seal slap, etc.)
- Progress PNF drills
- Progress to perturbation/dynamic stabilization drills with ball, body blade , etc.

Phase 6: Work/Sport Specific Phase

(Wks 17-24)

- Incorporate work/sport simulation drills into strength, endurance, flexibility, dynamic stabilization, and plyometric exercises, for example:
 - Material handling tasks
 - Graduated throwing program
 - Overhead work tasks
 - Repetitive reaching tasks
 - Pulling/pushing tasks
 - Racquet sport tasks
 - Basketball/volley ball tasks