

Rehabilitation Protocol for Rotator Cuff Repair



Dr. Feinstein

Phase 1: 0-6 Weeks Post-op

GOALS

- Maintain integrity of the repair
- Avoid overstress of healing tissue
- Gradually increase passive ROM
- Diminish pain and inflammation
- Prevent muscular inhibition

SLING

- Position in neutral rotation, avoid excessive IR
- Use for pendulum exercises several times a day

RANGE OF MOTION

- PASSIVE ROM ONLY
- Small-Medium:
 - FF 120, ER in 200 abd 45, Abd 80, ABER hold, IR as tolerated
- Large-Massive:
 - FF 90, ER in 200 abd 45, Abd 80, ABER hold, IR as tolerated
- Subscap:
 - 0-2 wk: FF 90, IR abdomen, ER 30
 - 2-6 wk: FF 140, ER as tolerated

THERAPEUTIC EXERCISE

- Edema control
- Pendulum exercise
- Elbow, wrist hand ROM and ball squeezes
- Scapular positioning & mobility
- Encourage home exercise program

PRECAUTIONS

- No active or active-assisted ROM
- No lifting
- No excessive shoulder extension
- No excessive stretching or sudden movements
- No supporting body weight with hands (e.g., pushing up out of chair, use of a cane/walker, etc.)

Phase 2: 6-12 Weeks

GOALS

- Maintain integrity of the repair
- Avoid overstress of healing tissue
- Gradually increase passive ROM to full
- Re-establish dynamic shoulder stability
- Re-establish scapulohumeral rhythm

SLING

- Wean out of sling

RANGE OF MOTION

- Gradually progress to full passive ROM in all planes
- Small-Medium:
 - Begin active-assisted followed by active ROM progression
- Large-Massive:
 - Passive and active-assisted ROM progression only
 - Begin aaROM at 8 weeks
 - Avoid active ROM

THERAPEUTIC EXERCISE

- Begin overhead pullies (aaROM)
- Active-assisted arm elevation progressing to active elevation with scapulohumeral rhythm (*small-med tears only*)
- Wall slide
- ER stretch at 00 & 900 abduction
- IR behind back & side-lying at 900 (sleeper stretch)
- Sub-max isometric ER/IR
- Horizontal adduction & hands behind head
- Rhythmic stabilization & proprioceptive drills
- Dynamic exercises: side-lying ER & scaption; prone row, T, ext, scaption; standing scaption

PRECAUTIONS

- No lifting or resisted exercises
- Avoid exercises in coronal plane and abduction

If you have any problems or questions, please call your doctor's office (8am-5pm).

Answering service for after hours.

8200 MEADOWBRIDGE ROAD
MECHANICSVILLE, VA 23116
P 804.730.2121 | F 804.730.0563
ORTHOVIRGINIA.COM

- Large tear: avoid active ROM & strengthening
- No excessive stretching or sudden movements
- No supporting body weight with hands (e.g., pushing up out of chair, use of a cane/walker, etc.)

Phase 3: 12-18 Weeks

GOALS

- Progress rotator cuff strengthening and scapular stability
- Progressive functional training

SLING

- None

RANGE OF MOTION

- Maintain full ROM
- Large-Massive:
 - Begin active ROM

THERAPUETIC EXERCISE

- Phase 2 exercises
- Theraband exercises: ER, IR, forward, punch, shrugs, dynamic hug, “W’s”, bicep curls, seated row
- Dynamic exercises
- Limit resistance to 3 lbs max

PRECAUTIONS

- Avoid exercises in coronal plane and abduction
- No weight training, heavy lifting
- No supporting body weight with hands (e.g., pushing up out of chair, use of a cane/walker, etc.)

Phase 4: (18+ Weeks)

- Continue stretching, dynamic exercises from phases 2 and 3
- Begin controlled weight training
- Begin plyometrics and interval return to sport program at 26 weeks

PRECAUTIONS

- Avoid excess force on shoulder until 26 weeks