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Your Life in Motion

POST-OPERATIVE ROTATOR CUFF REPAIR PROTOCOL

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The following protocol is intended as a guide for post-operative rotator cuff repair rehabilitation. This does not represent a fully inclusive list of all interventions that can be used in the rehab process, and the therapist should use their clinical experience/judgment to help guide their patient through their recovery, consulting with the referring physician should questions arise.

Protection Phase

Goals:

1. **Protect healing repair**
2. **Decrease pain and swelling**
3. **Gradually improve PROM within set limits**
4. **Preserve strength of the elbow, wrist and hand**

Post-Op Visit # 1:

1. Modalities to decrease pain and swelling
2. Initiate HEP-elbow flexion, wrist flexion/extension, pendulums, towel/ball squeezes and scapular retractions

Post-Op Visit # 2:

1. Initiate progressive PROM to tolerance
2. Continue with initial HEP
3. Continue with modalities to decrease pain and swelling

2 Weeks:

1. FF to 120 degrees
   Abduction to 90 degrees
   ER to 45 degrees of abduction
   IR to 30 degrees of abduction
2. Continue progressive PROM to tolerance
3. Initiate joint mobs
4. Continue with initial HEP
5. Continue with modalities to decrease pain and swelling

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Controlled Strengthening Phase

Goals:

1. **Protect repair**
2. **Progress strengthening of scapular muscles; initiate strengthening of RC muscles**
3. **Progress AAROM to AROM**
4. **Increase PROM**

4 Weeks:

1. FF + abduction to 140 degrees
   ER to 75 degrees at 90 degrees abduction
   IR to 35 degrees at 90 degrees abduction
2. D/C sling 4-6 weeks per MD
3. Continue progressive PROM to tolerance
4. Initiate AAROM (i.e. UBE, pulleys, table slides)
5. Progress HEP as appropriate
6. Continue with modalities to decrease pain and swelling
7. Initiate manual stretching including SL IR & ER before 6-week follow-up with physician
8. Initiate isometric scapular proprioceptive exercises
9. Initiate light biceps and triceps strengthening

Strengthening Phase

Goals:

1. **Protect repair**
2. **Progress strengthening of scapular muscles; initiate strengthening of rotator cuff muscles**
3. **Progress AAROM to AROM**
4. **Increase PROM**

6 Weeks:

1. FF + abduction to 160 degrees
   ER to 90 degrees at 90 degrees abduction
   IR to 40 degrees at 90 degrees abduction
2. Continue with UBE – increase use of affected side
3. Continue with pulleys
4. Progress scapular proprioceptive exercises to PRE (t-band, dumbbell resistance)
5. AROM exercises (SL ER, prone flexion, prone horizontal abduction with palm down, flexion in the scapular plane)

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8 Weeks:

1. Full ROM in all planes, equal to unaffected side
2. Initiate TheraBand IR/ER
3. Progress SL ER to PRE
4. Continue to progress AROM exercises (prone horizontal abduction with thumb up, UE PNF)
5. Stabilization exercises (body blade, WB stabilization exercises, rhythmic stabilization, etc.)

Advanced Strengthening Phase

Goals:

1. **Progress strengthening**
2. **Continue to increase ER ROM**
3. **Initiate functional strengthening**
4. **Begin functional training (return to sport or work) when appropriate**

10 Weeks +:

1. Continue with rotator cuff and scapular PREs
2. Progress single arm prone exercises to blackburns
3. Gradually return the patient to pre-morbid activity level

Return to work/sports per MD recommendation. Patient must have full ROM and 5/5 strength in all planes to be considered for return to sports and jobs requiring manual labor/lifting.

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