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Rotator Cuff Repair Post-Operative Rehabilitation Protocol

Name: _____ **Date:** _____

Diagnosis: _____ **Date of Surgery:** _____

Phase I: Protection Phase (Weeks 0-4)

Precautions

- Remain in sling for 4 weeks
- NO pushing up from chair or bed with operative arm
- NO active shoulder motion
- NO excessive passive stretching beyond limits below
- NO resistive internal rotation
- NO internal rotation behind the back
- NO stretching in abduction with internal rotation
- NO external rotation stretching with arm in 90-degree abduction
- NO active elbow ROM against resistance if biceps tenodesis was performed
- All initial supervised passive exercises performed in supine position
- NO body blade, weights, or upper body ergometer
- Young patients and females with small tears can stiffen quickly - monitor closely

ROM Goals (Therapist-Supervised Passive Only)

- Passive forward flexion: up to 140 degrees
- Passive external rotation at side: up to 30 degrees
- Abduction: maximum 60-80 degrees without rotation (elbow bent)
- PROM only - cuff repair requires tendon-to-bone healing

Approved Exercises

- Passive ER (supine, towel under elbow) to 30 degrees
- Passive forward flexion less than 140 degrees
- Pendulum hangs (ONLY if patient performs correctly)
- Active hand and wrist ROM
- Scapular exercises: scapular pinch, scapular roll, shoulder shrugs
- NO canes or pulleys until 4 weeks (active-assist not allowed early)

Phase II: Active Range of Motion Phase (Weeks 5-11)

Precautions

- NO lifting more than the weight of a soda bottle
- Patient must face pulley - NO pulleys behind the back
- Avoid sudden jerking movements
- Avoid reaching far out away from the body
- NO body blade, weights, or upper body ergometer during early Phase II

Exercises

- Discontinue sling
- Cleared for use of the arm during activities of daily living (ADLs)

- Pulleys and canes allowed for ROM
- Begin AAROM, progressing to AROM as tolerated
  - Internal rotation, external rotation, and scapular rotators
  - Start supine, then sitting, then standing
- Light passive stretching at end ranges
  - Avoid excessive ER in abduction (subscapularis repairs)
  - Avoid excessive IR in abduction (infraspinatus repairs)
- Begin scapular strengthening
- Closed-chain deltoid exercises
- Progressive resistive exercises for large muscle groups (pectorals, lats, etc.) starting at 10 weeks
- Isometrics at side and light resistance bands beginning at 10 weeks

Phase III: Strengthening Phase (Weeks 12-16)

Precautions

- Must have full ROM without substitution patterns
- Good scapulothoracic control required
- NO heavy lifting greater than 10 lbs
- Patient must face pulley - NO pulleys behind the back
- Avoid sudden jerking or reaching for distant objects
- Lateral/side raises with weights: bent elbow and below shoulder level

Exercises

- Advance to full ROM with passive stretching at end ranges
- Progress strengthening as tolerated: isometrics, progressive bands, light weights (1-5 lbs)
- Internal rotation: wall push-ups, IR at 90 degrees, dynamic hug, diagonal patterns
- External rotation: lying, sitting supported, standing unsupported
- Prone scapular stabilization and extension (T, Y, I, W)
- Closed-chain deltoid strengthening
- Begin eccentrics, plyometrics, and proprioception
- Strengthening every other day (home/PT)

Phase IV: Advanced Strengthening / Sports-Specific Phase (Weeks 16-24)

Exercises and Activity

- Continue Phase III progression
- Begin sports-related rehabilitation and advanced conditioning at 4 months
- Return to golf, tennis, and basketball at 4-5 months
- Return to throwing at 6 months

Modalities

- Heat and ice
- Ultrasound
- Iontophoresis
- Phonophoresis
- TENS
- Trigger point massage
- Therapist discretion

Evaluation and Additional Care

- Continue to teach and reinforce the home exercise program