

Rotator cuff repair protocol

**The following is an outlined progression for rehabilitation following surgery. The following are suggested time frames for progression. Proper progression through the phases of rehabilitation should be based on the individual case (i.e. age, patient history, activity level, revision surgery, etc.). The advice of Dr. Young and/Jake, along with clinical judgment by the physical therapist. **

Phase I (Week 0-6)

Goals:

1. Protect the repair.
2. Restore Passive ROM of the Shoulder
3. Control pain/inflammation
4. Patient Education on rehabilitation progress - instruct in home exercises/precautions

Precautions:

- Do not perform any Active ROM of the involved shoulder.
- Use sling for at 3 weeks after surgery, then slowly wean out of the sling. The sling should be worn for "at risk" situations for a few weeks after d/c of the sling.
- Modalities PRN.
- Positioning full time in sling (with or without an abduction pillow - the use of the abduction pillow will be determined by the physician. Mainly for large/massive RC tears)
- Shoulder shrugs and retractions (no weight)
- Slowly Achieve full PROM in all planes
- No AAROM or AROM until 6 weeks
- If combined with a biceps tenodesis - use caution not to place high load on the biceps

Suggested Exercises:

- C-spine AROM
- Elbow, wrist and hand AROM
- Ball Squeezes (or Putty) - grip strength
- Mobilizations PRN
- Initiate core strengthening exercises
- Stationary Bike/recumbent bike for overall general cardiovascular endurance
- Passive forward elevation in plane of scapula (supine) to tolerance
- Supine passive external rotation to tolerance

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- Table slides in flexion with progression to wall slides
 - Pendulums
 - Standing Scapular Mobility (no resistance)
 - Supine Passive External Rotation
 - Supine Passive Shoulder forward elevation
 - Supine Passive Internal Rotation (starting at 2 weeks post-op)
 - Supine Passive Horizontal Adduction
 - Initiate gentle sub-maximal isometrics at 3 weeks post-op

Phase II (Week 6-12)

Goals:

1. Continue to protect the repair.
2. Continue to improve passive ROM and initiate progression of active assisted and active ROM
3. Progress to Active ROM against gravity by 8 weeks
4. Minimal to no shoulder pain
5. Gradual, progressive improvements in light strengthening exercises
6. Initiate functional activities

Precautions:

- Be careful with raising your arm away from your body only lift your arm to the front not to the side
- Do not use your arm to push, pull, lift, carry anything greater than one pound

Recommended Exercises:

- Continue exercises from Phase 1 until each can be progressed to active assisted, then progressing to active motion
- Continue passive ROM with physical therapist and at home daily to restore/maintain ROM
- Continue with core strengthening/CVE exercises from Phase 1
- Supine or standing cross body stretch
- Sidelying internal rotation stretch (avoiding impingement - use clinical judgment when incorporating this stretch).
- Initiate gentle periscapular strengthening
- Can initiate gentle rotator cuff strengthening at approximately 12 weeks depending on size of the tear, revision surgery, pain level, etc. Clinical evaluation/judgment, patient progression to determine.

Phase III (Week 12-16)

Goals:

1. Full pain free AROM in all plans and continued improvement in strength
2. Progression of weight - avoid lifting anything greater than one pound for the first 12 weeks, then gradual progression
3. Initiate progressive strengthening of rotator cuff and periscapular muscle groups
4. Begin to use arm for normal daily activities
5. Achieve normal scapulohumeral rhythm with active-assistive and active ROM

Precautions

- Use caution with lifting especially away from body and overhead
- Avoid activities that cause shoulder pain

Suggested Exercises

- Continue ROM exercises from phase 2 until achieving full AROM/Daily stretching
- Mobilizations PRN
- Continue with core strengthening/CVE exercises
- May initiate walk to jog progression. Progression to normal running (patient dependent)
- Advance scapula strengthening using theraband band or dumbbells
- Prone Extension/Prone Horizontal Abduction
- Standing/Prone Scaption
- Internal Rotation/External Rotation
- Initiate Serratus Anterior strengthening
- Initiate/Progression to proprioceptive exercises
- Initiate push up progression (patient dependent - clinical judgment)
- Aquatic therapy may be utilized (if available)

Phase IV (Week 16-24)

Goals:

- Maintain full AROM
- Return to athletic activities and/or work.
- Discharge from formal physical therapy with a home exercise program

Suggested Exercises:

- Continue with a gradual progression of exercises from Phase III
- Continue with daily stretching
- Initiate gentle closed kinetic chain activities for dynamic stability

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- Initiate/Progression to a plyometric program (if needed)
 - Initiate sports specific activities/work activities (if needed)

The following timetable can be considered as a minimum for return to the following activities (this should serve as a general timeframe and is not an absolute. Discuss return to the following activities with Dr. Young and/or Jake at your post-operative appointments.

- Skiing: 6 - 8 months.
- Golfing: Pitching and putting may begin at 3 1/2 months, hitting golf balls at 4 months.
- Weight Training: 6 - 8 months (light weights and in coordination with the home program from the physical therapist.
- Tennis: 4 months (gradual progression with overhead serving).
- Swimming: 6 - 9 months.
- Throwing sports: 6 months (a throwing progression needs to be incorporated with your therapy before returning to a normal throwing sport).
- Return to your sport on a graduated basis. Do not jump back in too fast.