



Rotator Cuff Repair Post-Operative Protocol

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Supraspinatus = small tear

Supra + Infraspinatus = large tear

0-2 WEEKS POST - OP:

- Wear sling until 4 weeks post op unless specified. Keep the abductor pillow in for the 4 weeks as well. Purpose of the abductor pillow is to keep tension off of the repair, avoid adduction.
- NO active use of RC muscles, do not lift arm in away from the body.
- Discuss sleeping postures, semi-reclined position like in a recliner with pillow under the posterior shoulder to avoid extension.
- Refer to op report for more information on quality of tissue, size of repair, additional information that may alter healing time.
- Inspect incision, monitor for signs of infection, keep incision clean and dry.
- Ice for pain management.
- Primarily in sling for the first 2 weeks, but ok to let arm hang down out of sling once in a while.
- Move uninvolved joints- elbow, wrist, fingers
- Trapezius and levator stretch
- Posture education

2 WEEKS POST- OP:

Goal: Prevent adhesive capsulitis

- Controlled PROM in scapular plane- use your judgment as to how far to push it. Avoid abduction if painful or causes impingement.
- Pendulums
- Scapular stabilization- retraction, depression, protraction in sling
- Submax isometrics in the sling- should be pain free (avoid IR and ext if subscap repair)
- If subscap repair, no PROM ER beyond 30 degrees until 6 weeks.
- Grade I-II joint mobs for pain
- Continue with ice

4 WEEKS POST- OP

Goal: PROM flex/abd 100-110°

- Wean out of sling
- Continue scapular stabilization exercises
- Progress isometrics
- Begin AAROM with pulleys and/or a dowel
- If supscap repair—no active IR until 6 weeks

6 WEEKS POST- OP:

Goal: Full PROM by 6 weeks

- Begin AROM per tolerance, wait longer for larger repair
- Closed chain exercise with 25-50% body weight (wobble board, ball, table wash)
- Sidelying ER- no weight
- Rhythmic stabilization
- Push-ups with a plus

8 WEEKS POST- OP:

Goal: 8 week follow up with MD to raise arm up overhead AROM

- PROM and AAROM to end ranges, AROM- begin in supine and progress to standing to 90 degrees, watch for impingement signs and compensation with shoulder hiking
- Grade II-III joint mobilization to assist with ROM gains
- Begin gentle strengthening. (This can be done after 6 weeks if they have good motion)
Theraband exercises – IR/ER, mid trap rows, pull downs

10-14 WEEKS POST- OP:

Goal: Full ROM by 12 weeks

- Begin strengthening/ progressive AROM. Use 2 oz to 1 lb weights. Minimal pain with exercises or later in the day. Emphasize high reps for endurance.
 1. Standing flexion to shoulder level or modified in supine
 2. Standing scaption with thumbs to shoulder level
 3. Sidelying ER with towel roll under arm
 4. Prone ER keeping elbow bent to 90 degrees
 5. Standing IR with theraband
 6. Bicep curl palm up
 7. Ball on wall or body blade

14 WEEKS TO 6 MONTHS POST- OP:

Goals: Good to normal strength, little to no pain, return to ADL's, work, athletics

- Aggressive RC exercises
- Initiate return to sports programs (20 weeks)

** No restrictions with Biceps Tenotomy

MD appt. at 2 months and 4 months & 6 months post op. Goal by 4 month appt. is for pt. to have good function, most of strength, minimal to no pain and regular use of arm for ADL's. Goal by 6 months is that they will have regular use of arm.