

**Rotator Cuff Repair  
Physical Therapy Protocol  
Dr. Allan Hunt**

**Phase I 0-2 Weeks-** *Maximum protection*

Educate the patient on self-care/hygiene, supporting shoulder with sling/abductor support, warning signs including fever, erythema and excessive/unrelenting pain, use of TENS unit

No motion. Immobilizer at all times for 4-6 weeks

Ice 3-5 times per day for 15 minutes each, especially after therapy. Modalities PRN.

Post-op visit at 10-14 days after procedure

May eat, limited typing, writing with sling in place. Elbow, wrist and hand ROM allowed

**Phase II 2-6 Weeks-** *Introduction to protected PROM*

Discontinue sling at 4 weeks, 6 weeks if larger tear or if patient uses tobacco

Recheck with surgeon at 6-8 weeks.

Exercises include: pendulums, scap sets, passive flexion(fwd bend, table slide), passive ER with stick, therapist-assisted scaption and ER. All ER ideally performed in 20°-30° ABD.

PROM should be nearly pain-free and not pushed beyond the below limits.

If biceps tenodesis, no AROM with flexion of elbow or forearm supination for 4 weeks

**Target ROM at 6 weeks:** 90°-120° passive flexion and 20°-30° passive ER

**Phase III 6-12 Weeks-** *Start AAROM and AROM, expand PROM and stretching*

Wean modalities

Begin AAROM exercises: pulleys, stick assisted press or flexion should start supine and progress to incline and standing as tolerated with proper form throughout this phase.

At 8+ weeks daily AROM may begin including wall climbs, prone extension and horizontal abduction, SLER and supine press or flexion. Flexion may progress to incline and standing as tolerated.

Light closed chain exercises (wall push-ups, quadruped position exercises).

Isometrics may be used only if sub-maximal and pain-free.

At 8+ weeks progress PROM/stretching to include: horizontal adduction, IR behind the back and capsular stretching as needed.

**Target ROM at 12 weeks:** ≥140° passive flexion, ≥30° passive ER at side, ≥75° passive ER at 90° abduction, ≥120° active flexion

**Phase IV 12-20 weeks-** *Gradual strengthening progression, endurance*

Emphasize the importance of maintaining PROM

Gradually maximize functional AROM, strength, power and endurance

Strengthening begins with the progressive addition of ½ to 3 lbs. to the above AROM exercises and gradually progressive closed chain exercises. No theraband

Return to clinic at 5 months after surgery

Educate that maximal improvement can take up to 1 year after procedure

**Phase V 20+ weeks-** *Higher level strength and conditioning*

Work/sport specific activities beginning at 20 weeks progressing until discharge