

Rotator Cuff Repair Protocol

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0-2 weeks:

- Typically, no PT appointments until first post-op visit at 2 weeks
- Wear sling until 4 weeks post-op unless otherwise specified by physician
 - Primarily in sling for first 2 weeks , but okay to let arm hang down out of sling occasionally
- NO active use of rotator cuff muscles – Do not lift arm away from body
- Discuss sleeping postures – Semi-reclined position like in a recliner with pillow under the posterior shoulder to avoid extension
- Inspect incision, monitor for signs of infection, keep incision clean and dry
- Ice for pain management
- Move uninvolved joints – elbow, wrist, and fingers
- Trapezius and levator stretching
- Posture education
- Pendulums

2-3 weeks:

- **Goal:** prevent adhesive capsulitis
- Controlled PROM in scapular plane – Use your judgement as to how far to push it (avoid abduction if painful or causes impingement)
- Continue pendulums
- Scapular stabilization exercises: retraction, depression, protraction in sling
- Submax isometrics in the sling – Should be pain free (avoid internal rotation and extension if subscapularis repair)
- If there is a subscapularis repair, no passive external rotation beyond 30° until 6 weeks
- Grade I-II joint mobilizations for pain
- Continue with ice on a regular basis

***Avoid use of TheraBands for rotator cuff strengthening.**

4-5 weeks:

- **Goal:** PROM flexion and abduction of 100°-110°
- Wean out of sling
- Continue scapular stabilization exercises
- Progress isometrics
- Begin with AAROM with pulleys and/or a dowel
- If there is a subscapularis repair, no active internal rotation until 6 weeks

6-7 -weeks:

- **Goal:** Full PROM by 6 weeks, follow up with physician
- Begin AROM per tolerance (wait longer for larger repair)
- Closed chain exercises with 25-50% body weight (i.e. wobble board, ball, table wash)
- Side lying external rotation – no weight
- Rhythmic stabilization
- Push-ups with a plus

8-9 weeks:

- **Goal:** Able to raise arm overhead – AROM
- PROM and AAROM to end ranges, AROM – Begin in supine and progress to standing to 90° (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 as long as they have good motion)
 - Internal and external rotation
 - Mid-trapezius rows
 - Pull downs

10-14 weeks:

- **Goal:** Full ROM by 12 weeks
- Begin strengthening/progressive AROM – Use 2oz to 1lb weights (There should be minimal pain with exercises or later in the day. Emphasize high repetitions for endurance.)
 - Standing flexion to shoulder height or modified in supine
 - Standing scaption with thumbs to shoulder height
 - Side laying external rotation with towel under arm
 - Prone external rotation keeping elbow bent to 90°
 - Standing internal rotation
 - Bicep curl palm up
 - Ball on wall or body blade (make sure scapulas are set)

15 weeks to 6 months:

- **Goal:** Good to normal strength, little to no pain, return to activities of daily life, work, and athletics
- Aggressive rotator cuff exercises
- Initiate return to sports program (20 weeks)

*No restrictions with biceps tenotomy.

*Physician appointments at 2 weeks, 6 weeks, and 3 months post-op. Goal by 3 month appointment is for patient to have good function, most of their strength, minimal to no pain, and regular use of arm for daily activities. Goal by 6 months is to have regular use of surgical arm.

If you have any questions or concerns, please contact Dr. Saterbak's office at 651-351-2618 or SaterbakAcareteam@tcomn.com