



## Rehabilitation Protocol Standard Rotator Cuff Repair

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**Post-op appointments: 1 WEEK, 5 WEEKS, 10 WEEKS, 16 WEEKS**

### PHASE I (WEEKS 0-4) PROTECTION PHASE – HOME EXERCISES

#### **Immobilization:**

- Sling immobilization with supporting abduction pillow to be worn at all times except for showering and exercises as instructed at first post operative visit at 1 week. Standard cuff repairs will be in the immobilizer for 4 weeks and will start therapy at 4 weeks.
- Wear immobilizer while sleeping

#### **Range of Motion:**

- Goals 120 degrees forward flexion or 80% of uninvolved shoulder, 30 degrees external rotation with elbow at side.

#### **Therapeutic Exercise:**

- No canes or pulleys during this phase
- Elbow/wrist/hand ROM and grip strengthening
- Isometric scapular stabilization
- Codman exercises/pendulums (patient basis)

#### **Cardiovascular Fitness:**

- Stationary Bike
- Walking

#### **Modalities**

- Ice after PT (PRN)

## PHASE II (WEEKS 4-8)

### Immobilization:

- Discontinue sling immobilization at week 4

### Range of Motion:

- **4-6 WEEKS:** Gentle passive stretch to reach ROM goals from Phase I
- **6-8 WEEKS:** Begin AAROM to AROM as tolerated. Focus on proper scapular mechanics

### Therapeutic Exercise:

- **4-6 WEEKS:** Begin gentle AAROM exercises, continue with phase I exercises
- **6-8 WEEKS:** Progress with AROM with focus on proper scapula-thoracic mechanics and cuff activation. Begin biceps strengthening if tenodesis was performed. Isometric cuff strengthening in Flex, Abd, ER, IR (0 degrees abduction) can be started at 8 weeks and will be progressed in phase III.

### Cardiovascular Fitness:

- Stationary Bike
- Walking
- Jogging 6-8 weeks
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### Modalities:

- Heat/Ice

### Progression:

- Patient can actively demonstrate 80% of motion as compared to uninvolved shoulder and shows proper rotator cuff activation.

## PHASE III (WEEKS 8-12)

### Range of Motion:

- Progress to full AROM without discomfort

### Therapeutic Exercise

- Continue with scapular strengthening
- Progress AROM without weight and use visualization techniques/mirrors with proper scapular mechanics
- Progress Isometric strengthening at >8 weeks for Flex, Abd, IR, ER (focus on cuff activation)
- Begin Active cuff strengthening in 0-90 degrees abduction starting at 12 weeks if patient can demonstrate proper shoulder mechanics without weight.

- Stretch posterior capsule at end of Phase III as needed.
- Light shoulder mobilization (grade II) can be used as needed if patient is not regaining motion.

**Progression:**

- Progress to Phase IV when patient can demonstrate proper shoulder mechanics with scapulo-thoracic rhythm and humeral head depression with cuff activation. If patient has a shoulder hike continue to focus on joint mobilization, capsular stretching to regaining motion before progressing with strengthening or utilizing Thera-band for strengthening.

## PHASE IV (MONTHS 3-6)

**Range of Motion:**

- Full without discomfort

**Therapeutic Exercise**

- Advance strengthening as tolerated: Begin with 1lb and Incorporate PNF/Dynamic/Functional movements in later progression. Thera-bands can be used when full ROM is achieved during the exercise.
- Continue using techniques to improve scapula-thoracic function

**Cardiovascular Fitness**

- PT/Patient discretion

**Modalities**

- As needed

**Progression:**

- Contact Dr. Norberg if there are any questions regarding patients readiness to progress with sport participation or further sport specific rehabilitation.