



Small- Medium Rotator Cuff Repair Protocol (<2 cm)
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WEEKS 0-4

Patient to wear sling continuously for 4 weeks. Sling may be removed for exercises, showering and dressing.

- ROM
 - AROM of elbow, wrist and hand (If bicep tenodesis, avoid elbow flexion and forearm supination until 4-weeks post-op)
 - PROM (flexion to tolerance in pain-free ROM, ER/IR in scapular plane in pain-free ROM)
- Exercises
 - Scapular retractions
 - Codman's
 - Hand gripping
 - Soft tissue mobilizations as needed
 - Accessory joint mobilizations as needed
 - Submaximal, pain free isometrics (If bicep tenodesis, avoid shoulder and elbow flexion)
 - Flexion with elbow bent to 90 degrees
 - ER/IR
 - Elbow Flexors

Goals

- Maintain integrity of repair
- Diminish pain and inflammation
- Prevent muscular inhibition

Precautions

- No lifting of objects
- No excessive shoulder extension
- No excessive stretching or sudden movements
- No supporting of body weight by hands
- Keep incision clean and dry

- week 4-6 ROM
 - AROM of elbow, wrist and hand (If bicep tenodesis, avoid elbow flexion and forearm supination until 4 weeks post-op)

- PROM (flexion to tolerance in pain-free ROM, ER/IR in scapular plane in pain-free ROM)
- Exercises
 - Scapular retractions
 - Codman's
 - Hand gripping
 - Soft tissue mobilizations as needed
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Goals

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WEEKS 4-6

- ROM
 - Continue PROM as necessary to achieve full ROM
 - Advance to AAROM (wand, pulleys, table slides)
 - May initiate active elbow flexion and supination if biceps tenodesis
- Exercises
 - Initiate scapular stabilization exercises (prone extension, horizontal abduction and row to neutral)
 - Rhythmic stabilization exercises
 - Isotonic elbow flexion
 - Continue joint mobilizations to restore movement and provide joint hydration and nutrition
 - Continue submaximal, pain free isometrics

Goals

- Gradually restore full PROM
- Do not overstress healing tissue

- Re-establish dynamic shoulder stability
- Decrease pain and inflammation

Precautions

- No lifting of objects
- No excessive behind the back movements
- No supporting of body weight by hands and arms
- No sudden jerking motions

WEEKS 6-8

- ROM
 - Continue PROM as necessary to achieve full ROM
 - AROM with scapular stabilization
 - Light passive stretching at end ranges
- Exercises
 - Core strengthening exercises
 - May add resisted elbow flexion and forearm supination if biceps tenodesis as long as AROM is non-painful
 - Progress scapular stabilization exercises
 - Continue rhythmic stabilization

Goals

- Maintain full PROM
- Dynamic shoulder stability
- Painless AROM

WEEKS 10 PLUS

- Exercises
 - Initiate PRE's (light weight, high reps) (pt. must be able to elevate arm without shoulder or scapular hiking before initiating isotonic)
 - Aerobic conditioning
 - Core stabilization exercises in standing to prepare for RTW or sport and ADL's
 - Progress strengthening program (increase 1 lb/10 days if non-painful)
 - Passive capsular stretching at end ranges especially cross body adductions and IR to stretch posterior capsule as needed
 - Progressive systematic interval program for return to sports starting around week 20

Precautions

- Strengthening daily, when up to 3 pounds decrease 3x/week to avoid rotator cuff tendonitis

Goals

- Full AROM
- 90% strength per MMT
- Able to perform 10 min. of UBE without shoulder pain
- Return to strenuous work and sport week 23-36

This protocol provides the rehabilitation specialist with general guidelines for the rehabilitation of the patient undergoing a small-medium rotator cuff repair.

Questions regarding the progress of a specific patient are encouraged and should be directed to 952- 442-8201 or rehabprotocols@tcomn.com.