



Rotator Cuff Repair Physical Therapy Protocol

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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
- Wear immobilizer at bedtime and when up ambulating. Begin pendulum exercises.
- 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:

- 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: $\geq 140^\circ$ passive flexion, $\geq 30^\circ$ passive ER at side, $\geq 75^\circ$ passive ER at 90° abduction, $\geq 120^\circ$ active flexion.

PHASE IV (12-20 WEEKS) GRADUAL STRENGTHENING PROGRESSION:

- Emphasize the importance of maintaining PROM.
- Gradually maximize functional AROM, strength, power and endurance.
- Strengthening begins with the progressive addition of $\frac{1}{2}$ to 3 lbs. to the above AROM exercises and gradually progressive closed chain exercises.
- 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 & CONDITIONING:

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