



## Rotator Cuff Repair

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### PHASE I

Begins immediately post-op through approximately 4 weeks.

1. Sling (with or without abduction pillow as directed by MD)
2. Cryotherapy prn
3. May begin gentle pendulum exercises
4. Active wrist/passive elbow ROM exercises
5. Grip exercises
6. Scapular exercises
7. Day 14 suture removal
8. Begin PROM (no active ROM for 6 weeks)  
Elevation to 90° (**supine** flexion using contralateral arm, scapular plane elevation)  
ER to 40° at 0°, 45°, 90° elevation in the scapular plane
9. Aquatic therapy (optional) (3-4 weeks)  
Shoulders totally submerged  
Slow active motion within precautionary ROM with emphasis on good biomechanics.  
No coronal plane abduction.

### PHASE II (BEGINS PHASE 2 BASED ON SIZE OF CUFF TEAR)

Small/Medium tears < 3cm 4-6 weeks

Large/Massive tears >3cm 6-8 weeks

1. Wean from sling/abduction pillow. Sling wear discouraged except as a visible sign of vulnerability in uncontrolled environment. Sling is recommended in public for 8 weeks.
2. Passive ROM - Joint mobilization and stretching towards full ROM in all directions (emphasize isolated glenohumeral elevation)  
Elevation to 140° (**supine** flexion using contralateral arm, scapular plane elevation)  
ER to 40° at 0°, 45°, 90° elevation in the scapular plane  
IR with thumb tip to L1 (40°)
3. Aquatic therapy- continue same exercises as in phase 1 without ROM limitations. Increase speed of movement as tolerated.

#### Home Exercise Program:

1. Stretching for full ROM in all directions
2. Passive exercise as directed by physical therapist
3. Cryotherapy prn

## PHASE III

8-12 weeks post-op (small/medium tears), 10-14 weeks (large/massive tears) or as directed by physician

1. Glenohumeral/scapulothoracic joint mobilization/pассив ROM- (target- achieve full ROM by 12 weeks)
2. Strengthening
3. Active ROM/Initial Strengthening
  - Minimal manual resistance for isometric ER/IR at 0°, 45°, and 90° in **supine** with arm supported as needed
  - Minimal manual resistance for rhythmic stabilization of glenohumeral joint at multiple angles in **supine** (60°, 90°, 120°)
  - AAROM progressing to AROM for elevation in supine. Elevate head of bed as appropriate maintaining good mechanics.
  - AAROM progressing to AROM PNF D1/D2 diagonals in supine
  - ER in sidelying
  - Light periscapular strengthening as appropriate (prone rowing, prone shoulder extension)
  - Continue manual resistance- rhythmic stabilization for IR/ER (0, 45, 90 degrees abduction) and rhythmic stabilization (flex, ext, hor abd/add) at 45, 60, 90, 120 degrees elevation in scapular plane
  - AROM progressing to light manual resistance for PNF patterns
  - AROM elevation/scaption in standing (must be performed in ROM that allows for good biomechanics; use mirror for feedback)
  - Aquatic therapy- increases speed of movement, progress to using hand as a "paddle" and then to webbed gloves for increased resistance as tolerated.
  - Slowly add light resistance (theraband or light dumbbells) as patient gains control of movement with good biomechanics. Include the following exercises:
    - Elevation in scapular plane (initially supine, progress to inclined, then upright)
    - Prone rowing
    - Serratus "punches"
    - Sidelying ER
    - Prone extension, abduction
    - ER and Extension with theraband

### Home Exercise Program:

1. Passive stretching for FROM
2. Light strengthening exercises as directed by PT

## PHASE IV (12-16 WEEKS)

Refer to physician for advice regarding specific activity restriction

1. Joint mobilization (glenohumeral/scapulothoracic) and PROM as needed if FROM not yet achieved
2. Progress strengthening exercises in phase 3 with increasing weight as tolerated
3. Add gym machines as appropriate (chest press, rowing, latissimus pulldown, triceps, biceps) and IR/ER at 90 degree abduction
4. May start isokinetics for IR/ER beginning in a modified position with moderate speeds (120°-240°)

**Home Exercise Program:**

1. Stretching to maintain ROM as needed
2. Strengthening as directed by PT. Pt should have independent strengthening program prior to discharge from PT

**PHASE V (16-24 WEEKS)**

Refer to physician for advice regarding specific activity restriction

1. Functional progression for sports and activity-specific tasks (i.e. golf, tennis)
2. Interval sport programs as indicated
3. Plyometrics with pitchback
4. Advanced strengthening as indicated