



ROTATOR CUFF REPAIR - REHAB PROTOCOL

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The purpose of this protocol is to provide a guideline for the postoperative rehabilitation course of a patient that has undergone a rotator cuff repair. This protocol is not intended to be a substitute for one's clinical judgement regarding the progression of a patient's post-operative course based on their physical exam, progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient, they should consult with the referring surgeon.

NO UPPER BODY ERGOMETER AT ANY TIME

PHASE I: FIRST 4 WEEKS OF THERAPY (BEGINS 4-6 WEEKS POST-SURGERY)

- Patient education: posture, joint protection, positioning, and hygiene
- No active movement of the shoulder
- No pendulums
- Elbow, wrist, and hand AROM without weight
 - Only PROM of elbow if biceps tenodesis was performed
- Passive forward elevation to 90 degrees
- Passive external rotation (elbow at side) to 30 degrees
- Only PROM activities with low rotator cuff EMG activity (i.e. no pulleys, cane ex, or self PROM)
- Begin active and manual scapula strengthening exercises

GOAL: *PROM with minimal pain. No strengthening.*

PHASE II: WEEKS 4-6 OF THERAPY

- Progress scapula strengthening
- Progress passive forward elevation and passive external rotation
- May begin aquatic therapy after 6 weeks for AAROM. No swimming strokes.

GOAL: *Gradual progression of PROM*

PHASE III: WEEKS 6-12 OF THERAPY

- Progression of PROM, to AAROM, to AROM to normalize ROM. Progress slowly as tolerated.

Careful not to overexert direct passive tension on the repair:

- Horizontal abduction
- External rotation at multiple angles (45, 75, 90 degrees)
- Functional internal rotation only as needed
- Initiate posterior capsule stretching cross body adduction stretching as needed
- **No rotator cuff strengthening exercises.** May do scapular, back, and biceps strengthening with light resistance.

GOAL: *Gradual Progression of ROM Exercises. Be sure to place emphasis on good shoulder mechanics when progression through ROM exercises.*

PHASE IV: BEYOND 12 WEEKS OF THERAPY

- Patient education is important. Counsel on importance of **gradually** increasing stress to the shoulder while returning to normal ADLs, work, and recreational activities.
- If full ROM before 5 months, may d/c from PT to return at 5 months for strengthening ·
Dynamic stabilization exercises
- Closed chain activity progression
- Initiate balanced rotator cuff strengthening program at 5 months if normal ROM achieved (otherwise, continue ROM program)
- Initially performed in a position of comfort with low stress to the surgical repair in the plane of the scapula (band or light weights)
- Rehabilitation activities should be pain free and performed without substitutions or altered movement patterns
- Modalities as needed
- Ensure appropriate use of upper extremity during ADL's

GOAL: *Slow and gradual pain-free progression of ROM and strength in order to return to all normal ADLs, work, and recreational activities.*

*****Expected Recovery Time is approximately 9-12 Months*****

NOTE: If you have any questions or concerns regarding any of the phases or advancements in this protocol, please do not hesitate to contact our office. Thank you for your continued care of this patient. Kluger R, Bock P, Mittlböck M, Krampla W, Engel A. Long-term survivorship of rotator cuff repairs using ultrasound and magnetic resonance imaging analysis. *The American Journal of Sports Medicine.* 2011;39(10):2071-2081.

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