

## **Standard Rotator Cuff Repair**

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The surgeon must specify on the referral any specific requests or deviations that fall outside the scope of this protocol.

Phase I	Phase II	Phase III	Phase IV
(Weeks 0 – 4)	(Weeks 4 – 8)	(Weeks 8 – 12)	(Weeks 12 – 26)
<ul> <li>PRECAUTIONS</li> <li>Protection (sleeping, posture, sling with axillary towel roll)</li> <li>Passive ER with wand (limit to 30°, if repair is subscapularis)</li> <li>If biceps tenodesis performed, no AROM of the elbow until week 4</li> <li>EXERCISES</li> <li>PROM unlimited within pain tolerance</li> <li>Pendulums</li> <li>AROM: elbow, wrist, hand</li> <li>Passive table-slide FF</li> <li>Scapular exercises (retraction, shrugs, rolls, etc.)</li> <li>Shoulder wand/table top ER</li> <li>PT assisted PROM scapular plane</li> <li>Criteria For Progression PROM</li> <li>Flexion ≥ 125°</li> <li>ER in scap plane ≥ 75°</li> <li>ABD in scap plane ≥ 90°</li> </ul>	<ul> <li>PRECAUTIONS</li> <li>Wean from sling; goal to D/C sling at 6 weeks</li> <li>If the repair was of the subscapularis, slowly progress wand ER past 20° to tolerance</li> <li>If biceps tenodesis performed, initiate light resisted elbow exercise at week 6-8</li> <li>No Isotonic strengthening</li> <li>EXERCISES Week 4 - 6</li> <li>Begin AAROM – IR/ER in scap plane; supine wand FLEX in scap plane</li> <li>Week 5 - 6</li> <li>Begin AROM</li> <li>Sidelying ER</li> <li>Supine forward elevation progression</li> <li>Initiate scapular stabilization</li> <li>Sub-maximal isometrics</li> <li>Open chain proprioception</li> <li>Week 7 - 8</li> <li>Low load prolonged stretching</li> <li>Criteria for Progression</li> <li>Full AROM</li> <li>Ability to perform all ADLs with exception of heavy overhead lifting, fast-jerking motions, or repetitive motions</li> </ul>	<ul> <li>PRECAUTIONS</li> <li>Some surgeons prefer that their patients not receive rotator cuff specific strengthening with elastic resistance. If in doubt, check with the surgeon to clarify their preferences</li> <li>EXERCISES Week 8</li> <li>Continue stretching and PROM as needed</li> <li>Progress to full AROM without hiking</li> <li>Dynamic stabilization exercises</li> <li>Initiate PREs if pt is able to elevate arm without scapular hiking</li> <li>Advance scapular exercises (rows, pull backs/down, punches, push up plus)</li> <li>Proprioceptive/stability training</li> <li>Criteria for Progression to low-level functional activities</li> <li>Demonstrates return of strength/dynamic shoulder stability for progression to work/sport specific activities</li> </ul>	<ul> <li>PRECAUTIONS</li> <li>When performing advanced resistance training, may need to be performed every other day</li> <li>EXERCISES Week 12</li> <li>Continue stretching, if motion is not full</li> <li>Progress resistive exercise to tolerance (low weight, high rep)</li> <li>High level proprioceptive, strength, and stabilization</li> <li>Serratus anterior and mid-low trapezius specific scapular exercises</li> <li>Week 18</li> <li>Plyometrics</li> <li>Power exercises</li> <li>RETURN TO SPORT/Work</li> <li>Overhead and serving sports: Weeks 21-22</li> <li>Contact sports and swimming: Week 26</li> <li>Progression towards return to work/work hardening</li> </ul>

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Questions and updates regarding the progress of any specific patient are encouraged and should be directed to Dr. Cooper at 952-456-7617.

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