

Rehabilitation Protocol Standard Rotator Cuff Repair

Frank B. Norberg, MD

Kayla Brown, PA-C

Office: 952-456-7000

Post-Op Appointments: 1 WEEK, 5 WEEKS, 10 WEEKS, 16 WEEKS

PHASE I (WEEKS 0 – 4) PROTECTION PHASE – HOME EXERCISES

Immobilization

- Sling immobilization with supporting abduction pillow to be worn at all times except for showering and exercises as instructed at first post operative visit at 1 week. Standard cuff repairs will be in the immobilizer for 4 weeks and will start therapy at 4 weeks.
- Wear immobilizer while sleeping

Range of Motion

- Goals 120 degrees forward flexion or 80% of uninjured shoulder, 30 degrees external rotation with elbow at side.

Therapeutic Exercise

- No canes or pulleys during this phase
- Elbow/wrist/hand ROM and grip strengthening
- Isometric scapular stabilization
- Codman exercises/pendulums (patient basis)

Cardiovascular Fitness

- Stationary Bike
- Walking

Modalities

- Ice after PT (PRN)

PHASE II (WEEKS 4 – 8)

Immobilization

- Discontinue sling immobilization at week 4

Range of Motion

- **4-6 WEEKS:** Gentle passive stretch to reach ROM goals from Phase I
- **6-8 WEEKS:** Begin AAROM to AROM as tolerated. Focus on proper scapular mechanics

Therapeutic Exercise

- **4-6 WEEKS:** Begin gentle AAROM exercises, continue with phase I exercises
- **6-8 WEEKS:** Progress with AROM with focus on proper scapula-thoracic mechanics and cuff activation. Begin biceps strengthening if tenodesis was performed. Isometric cuff strengthening in Flex, Abd, ER, IR (0 degrees abduction) can be started at 8 weeks and will be progressed in phase III.

Cardiovascular Fitness

- Stationary Bike
- Walking
- Jogging 6-8 weeks

Modalities

- Heat/Ice

Progression

- Patient can actively demonstrate 80% of motion as compared to uninvolved shoulder and shows proper rotator cuff activation.

PHASE III (WEEKS 8 – 12)**Range of Motion**

- Progress to full AROM without discomfort

Therapeutic Exercise

- Continue with scapular strengthening
- Progress AROM without weight and use visualization techniques/mirrors with proper scapular mechanics
- Progress Isometric strengthening at >8 weeks for Flex, Abd, IR, ER (focus on cuff activation)
- Begin Active cuff strengthening in 0-90 degrees abduction starting at 12 weeks if patient can demonstrate proper shoulder mechanics without weight.
- Stretch posterior capsule at end of Phase III as needed.
- Light shoulder mobilization (grade II) can be used as needed if patient is not regaining motion.

Progression

- Progress to Phase IV when patient can demonstrate proper shoulder mechanics with scapulo-thoracic rhythm and humeral head depression with cuff activation. If patient has a shoulder hike continue to focus on joint mobilization, capsular stretching to regaining motion before progressing with strengthening or utilizing Thera-band for strengthening.

PHASE IV (MONTHS 3 – 6)**Range of Motion**

- Full without discomfort

Therapeutic Exercise

- Advance strengthening as tolerated: Begin with 1lb and Incorporate PNF/Dynamic/Functional movements in later progression. Thera-bands can be used when full ROM is achieved during the exercise.
- Continue using techniques to improve scapula-thoracic function

Cardiovascular Fitness

- PT/Patient discretion

Modalities

- As needed

Progression:

- Contact Dr. Norberg if there are any questions regarding patients readiness to progress with sport participation or further sport specific rehabilitation.