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Rotator Cuff Repair Rehabilitation Protocol

General

- Ultra-sling external rotation (ER) for six weeks at all times, abduction pillow may be removed after four weeks; for massive cuff repairs sling should be used for six to eight weeks
- Cryotherapy cuff **or** ice used on shoulder every two to three hours for 20 to 30 minutes for first four days then only after physical therapy sessions
- Sleep instructions: Semi-reclined position, small pillow under posterior shoulder to prevent extension
- Start physical therapy on post-op day three or four (for larger tears physical therapy may be held until three to four weeks after surgery)

Phase I: PROM (Weeks 1 to 6)

Weeks 1 to 3

- Passive range of motion (PROM) supine position in scapular plane; avoid extension or adduction
 - PROM in flexion (limit to 90 degrees), internal rotation/external rotation (IR/ER) at 45 degrees of abduction
 - No terminal stretching
 - No pulleys for four weeks (eight weeks for massive tears)
- Teach patient passive ER with arm in 30 to 45 degrees of abduction to tolerance; goal of equal ER to non-op arm by end of eight weeks
- Elbow, wrist, hand active range of motion (AROM)
- Grip exercises
- Scapular progression in sidelying position- retraction, protraction, depression in sling
- Cervical stretches/exercises
- Postural exercises

Weeks 4 to 6

- PROM: Supine and progress to upright
 - Full supine ER to tolerance with 45 degrees abduction
 - Progress to full supine forward elevation
 - For small tears progress to full IR as tolerated (start posterior capsular stretching {sleeper stretches} and IR behind back; only for small tears)
- Submaximal isometrics: IR/ER, flex/ext and adduction
- Grade 1 and 2 joint mobs

Phase II: Active Range of Motion (Weeks 7 to 12)

Weeks 7 to 9

- Want full PROM by six to eight weeks post-op
- Start active assistive range of motion (AAROM)
 - Start supine and progress to upright
 - For larger tears started at week nine
 - No flexion or abduction lifting greater than two pounds
- Continue scapular stabilization program

Weeks 10 to 12

- Initiate isotonic resistance exercise (low resistance/high reps)
 - Side-lying ER
 - Prone extension
 - Prone horizontal abduction (limit to 45 degrees)
 - Supine IR
 - Flexion to 90 degrees
- Band strengthening started at week eight to nine (week 12 to 13 for larger tears)
- Start posterior capsular stretching (sleeper stretches) and IR behind back
- AAROM to end ranges
- Grade 3 joint mobs for motion assistance
- Goal is full AROM by 12 weeks
- Avoid scapular compensation with range of motion (trap elevation)

Phase III: Functional Return (Months 3 to 6)

- Progressive strengthening: Isotonics
- Continue scapular program
- Lower extremity and trunk/core program
- Discontinue to home maintenance program
- Functional
 - Keep hands in front of you and elbows bent when lifting
 - Minimize repetitive overhead activities
 - Golf: Chip and putt at four months, full at six months
 - Throwing athlete or laborer return to full activities at six months