

Rotator Cuff Repair

Post-Op	Goals	Precautions	Exercises
Weeks 0-7 PT 1-2x/week HEP daily MAXIMUM PROTECTION PHASE	<ul style="list-style-type: none"> • <u>Protect surgical repair</u> • Decrease pain/ inflammation • Gradually increase PASSIVE Range of Motion 80-100% of normal elevation in the plane of the scapula by week 6-7 • Improve proximal (scapula) and distal strength and mobility • Independence in a home exercise program (HEP) 	<ul style="list-style-type: none"> • Maintain sling immobilization when not performing exercises • NO active movements at the operated shoulder joint other than gentle self care activity below shoulder level • Avoid pain with ROM and isometric exercises • No maximal cuff activation 	<ul style="list-style-type: none"> • PROM and PAIN-FREE AAROM exercises in supine in plane of the scapula • Scapular mobility and stability exercises (side lying, progressing to manual resistance) • Sub-maximal deltoid exercises in neutral • Distal ROM exercises • Cryotherapy • Patient education for HEP • Sleep postures • ADL's
Weeks 7-13 PT 1-2x/week HEP daily EARLY STRENGTHENING PHASE	<ul style="list-style-type: none"> • Eliminate/ minimize pain and inflammation • Restore full PROM • Gradual return to light ADLs below 90 deg elevation • Improve strength/ flexibility • Normal scapulohumeral rhythm below 90 deg elevation 	<ul style="list-style-type: none"> • Monitor activity level (patient to avoid jerking movements and lifting heavy objects) • Limit overhead activity • Avoid shoulder "shrug" with activity and AROM/strengthening exercises 	<ul style="list-style-type: none"> • AROM elevation in plane of scapula (supine progress to standing), progress closed chain exercises • Continue wand exercise to restore ROM, functional ROM exercises (IR behind back), flexibility, advance scapula/ rotator cuff strengthening (sideling ER, ER/ IR with elastic band), UBE
Weeks 14-19 PT 1-2x/week HEP daily LATE STRENGTHENING PHASE	<ul style="list-style-type: none"> • Improve strength to 5/5 for scapula and shoulder musculature • Improve neuromuscular control • Normalize scapulohumeral rhythm throughout the full ROM 	<ul style="list-style-type: none"> • Progress to overhead activity only when proper proximal stability is attained 	<ul style="list-style-type: none"> • Progress periscapular and RC isotonic, scapular stabilization • Initiate plyometrics below horizontal if sufficient strength base, posterior capsule/cuff flexibility, isokinetic strengthening (IR/ER) scapular plane
Weeks 20-24 PT 1-2x/week HEP daily RETURN TO SPORT PHASE	<ul style="list-style-type: none"> • Maximize flexibility, strength & neuromuscular control to meet demands of sport, return to work, recreational and daily activity • Isokinetic testing - 85% limb symmetry 	<ul style="list-style-type: none"> • Avoid pain with therapeutic exercises and activity • Avoid sport activity until adequate strength, flexibility and neuromuscular control • MD clearance needed for sport activity 	<ul style="list-style-type: none"> • Plyometrics above horizontal, continued isotonic and stabilization for rotator cuff, periscapular muscles and larger upper body muscle groups, isokinetic exercise and testing for ER/IR if appropriate (painless, overhead athlete), periodization training and interval training for overhead athletes

AMENDMENTS TO PROTOCOL FOR CONCOMITANT PROCEDURES

Distal Clavicle Excision: Weeks 0-8: no cross-body adduction, abduction >90°, or rotation in 90°

Biceps Tenodesis:

Weeks 0-4: no active elbow flexion

Weeks 4-8: begin biceps isometrics

Weeks 8+: begin biceps resistance training