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ORTHOPEDIC SURGERY AND SPORTS MEDICINE

Rotator Cuff Repair Post-Operative Rehabilitation Protocol

Phase I: Days 1 to 28

May resume general conditioning program (i.e. walking, stationary bike)
Aquatherapy/pool therapy suitable at three weeks post-op

Days 1 to 6 Brace

Abduction brace/sling, remove sling only to bathe and to complete exercises

Shoulder Motion

Passive Range of Motion:

- Pendulum exercises

Active Range of Motion:

- Cervical, elbow, fingers and hand

Strengthening

Isometrics:

- Scapular strengthening

Note: Cryotherapy regularly for pain and swelling.

Office visit: usually 2 weeks unless pt wants to skip this visit if doing well

Days 7 to 28 Goals

- Passive flexion to 90
- External rotation in scapular plane to ≥ 35 • Internal rotation to body/thorax

Brace

- Abduction brace/sling, remove sling only to bathe and to complete exercises

Shoulder Motion

Passive Range of Motion:

- As tolerated painfree in supine position
- Flexion to 90 (may go beyond if tolerated) • External rotation in scapular plane to ≥ 35 • Internal rotation to body/thorax
- Pendulum
- Pulley exercises

Active Range of Motion:

- Elbow, wrist, hand and fingers
- Seated scapular retractions

Strengthening

Resistive Range of Motion:

- Elbow, wrist, hand and fingers

Fitness

Phase II: Weeks 4 to 6 Goals

Full passive range of motion by four to six weeks post-op

Brace

- Abduction brace/sling. Pillow may be removed at week four post-op. Begin to wean out of sling between four to six weeks post-op based on pain levels, all patients should discontinue brace/sling at end of week six post-op.

Shoulder Motion

Passive Range of Motion:

- Pendulum exercises
- End range stretch external rotation, internal rotation and elevation
- Progressive passive range of motion until full passive range of motion at weeks four to five
- Flexion, internal rotation, external rotation in supine position (adduction and behind back)

Active Assisted Range of Motion:

- Pulley exercises

Active Range of Motion:

- Prone rowing to neutral arm position
- Aquatherapy for light active range of motion exercises

Joint mobilizations:

- Gentle scapular/glenohumeral joint mobilization as indicated to regain full passive range of motion

Note: May begin use of heat before range of motion exercises. Continue cryotherapy as needed.

Phase II: Weeks 6 to 12

Weeks 6 to 8

Brace

- None

Shoulder Motion

Passive Range of Motion:

- Continue exercises

Active Assisted Range of Motion:

- Continue exercises

Active Range of Motion:

- Flexion in scapular plane, abduction, external rotation, internal rotation

Strengthening

Isometrics:

- Rotator cuff muscles

Note: Continue periscapular exercises

Weeks 9 to 11 Shoulder Motion

Passive Range of Motion:

- Continue as needed

Active Range of Motion:

- Continue as needed
- Dynamic stabilization exercises

Proprioception:

Strengthening

Resistive Range of Motion: Begin

- Theraband external rotation, internal rotation
- External rotation side lying (lateral decubitus)
- Lateral raises
- Full can in scapular plane (no empty can abduction exercises) • Rowing, horizontal abduction and extension – all prone
- Elbow extension and flexion

Weeks 12 to 13

- Continue all exercises above
- Initiate light functional activities as permitted

Phase IV: Weeks 14 +**Week 14**

- Continue all exercises listed above
- Progress to fundamental shoulder exercises

Week 16 Shoulder Motion

Passive Range of Motion:

- Continue range of motion and self-capsular stretching for range of motion maintenance

Strengthening

Resistive Range of Motion: Begin

- Continue progression of strengthening exercises

Neuromuscular/Proprioception:

- Advance proprioceptive and neuromuscular activities

Note: Return to light sport specific activity (i.e. golf chipping/putting) if doing well.

Week 20 Motion

- Continue strengthening and stretching for maintenance
- May resume all activities as tolerated