



PT Protocol
Rotator Cuff Repair
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Phase 1: 0-6 Weeks

Goals

Protect the repair, NO active ROM, ADL strategies and sling management
Formal PT to begin 2 weeks post op

Sling

0-3 Weeks: Essentially full time with abduction “pillow”
3-6 Weeks: May discontinue “pillow” and use sling as needed

Range of Motion

Avoid stretching of any kind for 6 weeks
Pendulum/Codman exercises begin day 1
0-2 Weeks: PROM: Scaption 90 degrees, ER 20 degrees, IR as tolerated
3-6 Weeks: PROM: Scaption 135 degrees, ER 45 degrees, IR as tolerated

Strength

0-2 Weeks: Begin squeeze ball, elbow, wrist and hand active movement day 1
2-4 Weeks: Scapular retractions, shrugs
Walking (in sling)
4-6 Weeks: Active IR, ER standing with arm at side
Wand exercises (beginning supine), Wall walks
Prone shoulder extension to neutral
Stationary bike (in sling)

Functional Measure

ASES Score greater than 30



Phase 2: 6-12 Weeks

Goals

Continue to protect repair, initiate active movement, discontinue sling, education to outline realistic exceptions and slow pathway for rotator cuff surgery

Range of Motion

Expect gradual progress through this phase
No aggressive stretching, but may do gentle stretching and shoulder mobilization

Strength

6-8 Weeks: Scapular retraining, retraction, protraction (supine), shrugs
Rotator cuff, band exercises with arm at side or side lying
Sub maximal isometrics
Wand exercises upright when mechanics are good supine
Blood Flow Restriction training (BFR)

8-12 Weeks: Scapular retraining progressing add I's, T's and Y's
Rotator cuff continues may use 30 degrees of scaption as a starting point
Wall push ups to press plus position, biceps, triceps, wrist strength
Add core work, lower extremity strengthening

Conditioning

Increase bike but avoid weight bearing with surgical arm
Balance starting with single leg. Later may add perturbation

Functional Measure

ASES score greater than 50



Phase 3: 3-6 Months

Goals

Advance resistance shoulder exercises, achieve full range of motion focus on posture and good scapular mechanics

Range of Motion

Expect nearly full range by 12 weeks, but subtle deficits are normal, stretching, shoulder mobilization

Strength

12-16 Weeks: Kneeling push ups emphasizing form, continue I's, T's and Y's

Rotator cuff, advance resistance gradually

Add rows, scapular punches,

BFR

16-24 Weeks: Continue all previous

Add dumbbell chest press

“Blade” exercises

For thrower plyometric pitch back with light ball when scapular mechanics and rotator cuff strength allow

Conditioning

Focus on total body conditioning especially core, balance and aerobic fitness

Hand eye drills with balance (BOSU ball toss), add perturbation when ready

Supine two handed medicine ball toss and catch, after 20 weeks may do medicine ball work upright

Functional Measure

ASES score greater than 70



Phase 4: After 6 Months - Return to Full Activity

Goals

Return to full activity, emphasize importance of continuing program at home, education that improvement will be seen even at 12 months

Strength

Full push ups, standard upper body resistance training in gym
Advance closed chain shoulder work from high plank position (walks, tennis ball catch and toss, alternating shoulder touches, dead bug, side plank).
Pitch back ball weight increases

Criteria for Throwing Progression

Excellent scapular mechanics
Pitch back continuously for one minute with light ball
2/10 on pain scale

Conditioning, Plyometrics and Agility

Continue to work balance with perturbation
Sport specific agility work, lower extremity plyometrics
Increase endurance, core strength

Functional Measure

ASES score greater than 80

Criteria for Return to Play

0/10 pain at rest and with exertion
One minute high plank alternating shoulder touches
>95% ER and IR endurance compared to uninvolved side
MD approval