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ROTATOR CUFF REPAIR PROTOCOL

This rehabilitation protocol has been developed for the patient following a rotator cuff surgical procedure. This protocol will vary in length and aggressiveness depending on factors such as:

- Size and location of tear
- Degree of shoulder instability/laxity prior to surgery
- Acute versus chronic condition
- Length of time immobilized
- Strength/pain/swelling/range of motion status
- Rehabilitation goals and expectations

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances. The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain, inflammation, and effusion
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals

The physical therapy should be initiated within the first week post-op. The supervised rehabilitation program is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility. **Important post-op signs** to monitor:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain response, hypersensitive-an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

Return to activity requires both time and clinical evaluation. To safely and most efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness return to activity. Return to intense activities following a rotator cuff repair require both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing. Symptoms such as pain, swelling,

or instability should be closely monitored by the patient.

Phase 1: Week 1-6

ROM

Pendulum exercises

Elbow (flex/ext) range of motion

STRENGTH

NO Active Shoulder flexion or abduction
allowed in the first 6 weeks

Grip strengthening with putty or ball

BRACE

Brace for 6 weeks

Brace removed to perform exercises above

MODALITIES

E-stim as needed

Ice 15-20 minutes

GOALS OF PHASE:

- Promote healing of repaired rotator cuff
- Control pain and inflammation
- Gradual increase of ROM
- Independent in HEP
- Delay muscle atrophy

Phase 2: Week 6-12

ROM

Continue all ROM from previous phases

Initiate gentle posterior capsule stretching

Initiate gentle IR stretching

Initiate rope/pulley

Initiate passive ER wand exercise

Rope/Pulley (flex/abd/scaption)

Wand activities in all planes

Posterior capsule stretching

Towel stretching

STRENGTH

Continue with all strengthening from previous
phases increasing resistance and repetition

Initiate supine AROM exercises without resistance

Initiate UBE without resistance

Initiate scapular stabilizer strengthening-active assisted
Manual rhythmic stabilization exercises at 90 ° flex
Shoulder shrugs with resistance
Shoulder retraction with resistance
Supine punches with resistance
Prone shoulder extension
Prone rowing
Prone ER with abduction
Initiate forward flexion, scaption, empty can
Sidelying ER
UBE for endurance training
Initiate plyotoss at chest then progress to overhead
Bicep/Tricep work
Isokinetic ER/IR at neutral at week 10-12

MODALITIES

Ice 15-20 minutes

GOALS OF PHASE:

- Minimize pain and swelling
- Reach full ROM
- Improve upper extremity strength and endurance
- Enhance neuromuscular control
- Normalize arthrokinematics.

Phase 4: Week 12-24

ROM

Continue with all ROM activities from previous phases
Posterior capsule stretching
Towel stretching

STRENGTH

Progress strengthening program with increase in
resistance and high speed repetition
Initiate IR/ER exercises at 90 ° abduction
Progress rhythmic stabilization activities to include
standing PNF patterns with tubing
Initiate single arm plyotoss
Initiate military press, bench press, flys, lat pulldowns
UBE for strength and endurance
Initiate sport specific drills and functional activities
Initiate interval throwing program week 16-20
Initiate light upper body plyometric program week 16-20
Progress isokinetics to 90 ° abduction at high speeds

MODALITIES

Ice 15-20 minutes

GOALS OF PHASE:

- Full painless ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Initiate sports specific training/functional training