



Shoulder Rotator Cuff and SLAP Repair REHAB Protocol

GENERAL GUIDELINES

No active range of motion for the first 6 weeks postoperatively.
Full active elbow ROM
Sling with abduction pillow at all times for 6 weeks.

PHASE I (0-6 Weeks)

Preserve rotator cuff repair integrity
Maintain passive ROM only during entire healing period.
Diminished pain and inflammation
Prevent muscle inhibition/minimize muscle tension
Become independent with modified ADLs
Abduction brace/sling
Pendulum exercises - review proper performance
Finger, wrist AROM

Weeks 0-2

Flexion as tolerated, Rotation with arm in scapular plane at 40 degrees abduction (ER to 15, IR to 30)

Weeks 3-4

Abduction to 80, ER/IR with arm in scapular plane at 40 abduction (ER to 30, IR to 30)

Limit IR behind back to belt line starting at 2 weeks.

No shoulder AROM, lifting of objects, excessive stretching or sudden movement, supporting of any weight, lifting of body weight by hands.

PHASE II (6-12 Weeks)

Do not overstress healing tissue
Maximize PROM and AROM
No lifting overhead weights, no resisted exercises, avoid exercises in coronal plane abduction
No supporting body weight with hands and arms
Initiate AROM exercises (flexion scapula plane, abduction, ER, IR)
Gentle scapula/glenohumeral joint mobilization as indicated to regain full PROM
ER at 0, wall slide

Weeks 5-7

IR behind back, flexion as tolerated, ER at 45 abduction – 50, IR at 45 abduction – 60.

At 6 weeks begin light and gradual ER at 90 abduction gentle mid-range ER in POS, gradually progress to coronal plane.

Weeks 7-9 – ER at 90 abduction:90, IR at 90 abduction: progress to full.

horizontal adduction at 9th week, hands behind head starts at 9 weeks

ER at 90 abduction stretch, Sidelying IR at 90, overhead pulleys.

Discontinue sling and pillow

Sub-max isometric ER/IR, Rhythmic stabilization, Proprioceptive drills

Dynamic exercises – sidelying ER, Sidelying scaption, prone row, prone T, prone extension, standing scaption, prone scaption

Weeks 8-10

Standing scaption



PHASE III (12-18 Weeks)

Full AROM

Maintained full PROM

Continue exercises/stretchers from PHASE II

Dynamic shoulder stability

Gradual restoration of shoulder strength, power and endurance

Optimization neuromuscular control

Gradual return to functional activities

ER and IR with weights or theraband – forward, punch, shrug, dynamic hug, Ws, biceps curl, seated row

ER side-lying (lateral decubitus)

Continue dynamic exercises from PHASE II – limit resistance to max 3lbs.

Lateral raises*** - side-lying to 45° preferably

Full-can in scapular plane*** (no empty can abduction exercises)

Prone rowing

Prone horizontal abduction

Prone extension

Elbow flexion

***** Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; if unable, continue glenohumeral joint exercises.**

PHASE IV (18-26 Weeks)

Full AROM

Maintained full PROM

Continue exercises/stretchers from PHASE II

Dynamic shoulder stability

Gradual restoration of shoulder strength, power and endurance

Optimization neuromuscular control

Gradual return to functional activities

ER and IR with weights or theraband – add Ts, diagonal up and down, prone Us

Weight training per surgeon

Continue to avoid excessive force on the shoulder