

Shoulder Rotator Cuff 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 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

Begin scapula musculature isometrics/sets; cervical range of motion

Begin PROM to tolerance (done supine; should be pain free)

Passive assisted abduction in scapular plane to less than 90°

Passive assisted ER to 60 in scapular plane and IR to 30 in scapular plane. Both in abduction to tolerance and prescribed limits.

Limit IR behind back to beltline – start at 2 weeks.

Patient education on posture, joint protection, positioning, hygiene

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

No sudden jerking motions

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, IR behind back, horizontal adduction, hands behind head

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

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.

Prone rowing

Prone horizontal abduction

Prone extension

Elbow flexion

****** Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonics; 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