

Rotator Cuff Repair (Small / Medium) Protocol

Name _____ Today's Date _____

Diagnosis _____ Surgery Date _____

Frequency: 1 2 3 4 5 times/week Duration: 1 2 3 4 5 6 weeks Side: R / L

Evaluate only Provide home exercise program (HEP)

Evaluate and Treat

PHASE 1: Weeks 0-1:

- Patient to do Home Exercises given post-op (pendulums, elbow ROM, wrist ROM, grip strengthening)
- Patient to remain in splint for 6 weeks

PHASE 2: Weeks 1-6:

- PROM only
- Goals (6 weeks) - PROM - 140° forward elevation, 40° ER at side, abduction max 60-80° without rotation
- Active Elbow, Wrist and Grip strengthening
- Heat before PT, Ice cryotherapy after PT
- If above ROM goals are met in a pain-free manner, can advance to AAROM exercises at 4 weeks
- At Week 3 can begin scapular exercises – shoulder shrug and shoulder blade pinch
- If subscapularis repair, Passive ER limit is 30 in at all levels of abduction, Avoid Active IR

PHASE 3: Weeks 6-12:

- Can discontinue sling use
- Begin AAROM → AROM as tolerated
- Goals (12 weeks): AROM - same as above, but can increase as tolerated to full AROM
- Light passive stretching at end ranges
- Advance Scapular Exercises, Progressive Resistance Exercises for large muscle groups (pectoralis, latissimus)
- At 8 weeks, can begin isometrics with arm at side
- If subscapularis repair, combined abduction and ER will stress repair, so avoid this motion

PHASE 4: Months 3-12:

- Advance to full ROM as tolerated with passive stretching at end ranges
- Advance strengthening as tolerated:
 - isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and periscapular stabilizers
- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- 4 months – Can begin eccentrically resisted motions, plyometrics (ex. Weighted ball toss)
- 5 months - Begin sports related rehab, including advanced conditioning (wait to throw until 6 months)

Comments:

Modalities: ___ Per therapist ___ Electrical Stimulation ___ Ultrasound ___ Heat before/after ___ Ice before/after

___ Aquatherapy ___ Massage ___ Trigger points ___ ART (Active release techniques) Other _____

Signature _____ Date _____