

Rotator Cuff Repair – REHAB PROTOCOL

The purpose of this protocol is to provide a guideline for the postoperative rehabilitation course of a patient that has undergone a rotator cuff repair). This protocol is not intended to be a substitute for one's clinical judgement regarding the progression of a patient's post-operative course based on their physical exam, progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient, they should consult with the referring surgeon.

NO UPPER BODY ERGOMETER AT ANY TIME

Phase I: First 4 weeks of therapy (typically begins 4-6 weeks after surgery)

- Patient education: posture, joint protection, positioning, and hygiene
- No active movement of the shoulder
- No pendulums
- Elbow, wrist, and hand AROM without weight
 - Only PROM of elbow if biceps tenodesis was performed
- Passive forward elevation to 90 degrees
- Passive external rotation (elbow at side) to 30 degrees
- Only PROM activities with low rotator cuff EMG activity (i.e. no pulleys, cane ex, or self PROM)
- Begin active and manual scapula strengthening exercises

GOAL: *Gradual PROM with minimal pain. No strengthening.*

Phase II: Weeks 4-6 of therapy

- Progress scapula strengthening
- Progress passive forward elevation and passive external rotation
- May begin aquatic therapy after 6 weeks for AAROM. No swimming strokes

GOAL: *Gradual progression of PROM*

Phase III: Weeks 6-12 of therapy

- Progression of PROM, to AAROM, to AROM to normalize ROM. Progress slowly as tolerated. Careful not to over exert direct passive tension on the repair:
 - Horizontal abduction
 - External rotation at multiple angles (45, 75, 90 degrees)
 - Functional internal rotation only as needed
- Initiate posterior capsule stretching cross body adduction stretching as needed
- **No rotator cuff strengthening exercises.** May do scapular, back, and biceps strengthening with light resistance

GOAL: *Gradual Progression of ROM Exercises. Be sure to place emphasis on good shoulder mechanics when progression through ROM exercises.*

Phase IV: Beyond 12 weeks of therapy:

- Patient education is important. Counsel on importance of gradually increasing stress to the shoulder while returning to normal ADLs, work, and recreational activities.
- If full ROM before 5 months, may d/c from PT to return at 5 months for strengthening • Dynamic stabilization exercises
- Closed chain activity progression
- Initiate balanced rotator cuff strengthening program at 5 months if normal ROM achieved (otherwise, continue ROM program)
- Initially performed in a position of comfort with low stress to the surgical repair in the plane of the scapula (band or light weights)
- Rehabilitation activities should be pain free and performed without substitutions or altered movement patterns
- Modalities as needed
- Ensure appropriate use of upper extremity during ADL's

GOAL: *Slow and gradual pain-free progression of ROM and strength in order to return to all normal ADLs, work, and recreational activities*

*****Expected Recovery Time is approximately 9-12 Months*****

NOTE: If you have any questions or concerns regarding any of the phases or advancements in this protocol, please do not hesitate to contact our office at 781-337-5555.

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