

**SHOULDER ROTATOR CUFF REPAIR
REHABILITATION PROGRAM
LEVEL III**

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This program is designed for **MASSIVE** rotator cuff repairs performed with the open procedure.
The level of rehabilitation will be designated by Dr. Moseley.

Weeks 0-6

- Pt. is held still in a sling/CryoCuff or UltraSling for 6 weeks.
- Shoulder shrugs and ball squeezes may be initialized immediately.

Weeks 6-9

- PROM (Flexion, Abduction, IR, ER) may be initialized at week 6. Begin with the arm at the side and elbow flexed at 90°, progress to scapular plane and then to the 90°/90° position.
- Use modalities as needed (heat, ice electrotherapy etc.).
- Pt. is no longer required to wear sling.

Weeks 9-12

- AROM for shoulder IR/ER beginning with the arm at the side with appropriate progression to the scapular plane and to the 90°/90° position.
- Continue with PROM and add AAROM exercises (Wand, Wall Climbs, Pulley, Functional Reach Behind the Back/IR Towel Stretch). Pt. should have full PROM by week 10-12.
- Add joint mobilization if needed.
- Active shoulder flexion through available range.
- Active abduction to 90°.

Weeks 12-16

- Continue ROM exercises if needed.
- SUB-MAXIMAL/PAIN FREE isometrics with the arm at the side.
- Theraband IR/ER with the arm at the side.
- Active shoulder extension in prone preventing arm movement beyond the plane of the body. Progress to dumbbells.
- Active horizontal adduction in supine.
- Scapular stabilization exercises (rows, shrugs, serratus punch plus).
- Dumbbells for rotation (external rotation in sidelying or prone with the arm abducted at 90°, internal rotation supine with the arm at the side and elbow flexed at 90°).
- Elbow/Wrist strengthening as necessary.

Weeks 16-22

- Continue isotonic exercises with emphasis on strengthening the rotator cuff.
- Add supraspinatus strengthening 0°-70°. This movement should be pain free and performed in the scapular plane. Progress from a "full can" to "empty can" (thumb up to thumb down) as pain allows.
- Active horizontal abduction (prone).
- PNF (D2) patterns.
- Arm ergometer.
- Add total conditioning program – strength, endurance and core stabilization. Include flexibility exercises as needed.

Weeks 22-28

- Continue to progress isotonic exercises. For shoulder internal/external rotation, gradually increase the stress to the shoulder by exercising in the functional shoulder position (progressing from 0° to 45° to 90° of shoulder abduction as tolerated). Emphasize eccentric strengthening of the rotator cuff.
- Isokinetic strengthening and endurance training (arm at side) for internal and external rotation (speeds 200 plus d/s) may be initiated at 20 weeks.
- Add military press.

Months 7-9

- Perform isokinetic test at 180, 240, 300 speeds. The shoulder should be pain free and have no significant amount of swelling.
- As strength improves, continue to increase weight resistance and high speed training with isotonic and isokinetic exercises.
- Continue to emphasize the eccentric phase in strengthening the rotator cuff.

Months 9+

- Continue strengthening program. Emphasis may be placed on exercising the shoulder in positions specific to the sport. Isokinetic results for the shoulder patterns should demonstrate at least 80% strength and endurance (as compared to other side) before proceeding to sport specific activities.
- Continue total body conditioning.
- Skill mastery. Begin practicing skills specific to the activity (work, recreational activity, sport, etc.) Throwing athletes may proceed to progressive throwing program. See Progressive Throwing Program for Operative Patients for details.