

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

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This program is designed for **SMALL** rotator cuff repairs performed arthroscopically.
The level of rehabilitation will be designated by Dr. Moseley.

Days 0-7

- 1 Patient is held still in sling or CryoCuff until after first POV

Weeks 2-3

- 1 PROM (Flexion, Abduction, IR, ER) may be initialized at week 2. Begin rotation with the arm at the side and elbow flexed at 90°, progress to scapular plane and then to a 90°/90° position.
- 2 Shoulder shrugs and ball squeezes may be initialized immediately.

Weeks 3-6

- 1 AROM for shoulder internal/external rotation (arms positioned at the side with elbows extended) may be initialized at week 3.
- 2 Use modalities as needed (heat, ice, electrotherapy etc).
- 3 Continue PROM (Flexion, Abduction, Internal and External Rotation) and add AAROM exercises (Wand, Wall climbs, Pulley, Functional Reach Behind the Back/IRTowel Stretch).
- 4 Add joint mobilization as needed.
- 5 SUB-MAXIMAL/PAIN FREE isometrics with the arm at the side.

Weeks 6-8

- 1 Pt. no longer required to wear sling.
- 2 Theraband Internal/External rotation with the arm at the side.
- 3 Active shoulder extension in prone, preventing arm movement beyond the plane of the body.
- 4 Active horizontal adduction (supine) as tolerated.
- 5 Scapular stabilization exercises (rows, shrugs, serratus punch plus)
- 6 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°).
- 7 Active shoulder abduction to 90°
- 8 Active shoulder flexion through available ROM.

Weeks 8-12

- 1 Continue shoulder ROM exercises as needed. Pt. should have full PROM at 8 weeks and full AROM by 12 weeks.
- 2 Continue isotonic exercises with emphasis on strengthening the rotator cuff.
- 3 Add supraspinatus strengthening exercise at 12 weeks if adequate ROM is available 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.
- 4 Active horizontal abduction (prone).
- 5 Elbow/wrist strengthening as necessary.
- 6 Upper extremity PNF (D2) patterns may be added.
- 7 Arm ergometer

Weeks 12-18

- 1 Continue to progress isotonic exercises. For shoulder internal/external rotation, gradually increase the stress to the shoulder by exercising in the functional shoulder position (progress

- from 0° to 45 °to 90° of shoulder abduction as tolerated).
- 2 Isokinetic strengthening and endurance training (arm at side) for internal and external rotation (speeds 200 plus d/s).
 - 3 Add military press

Weeks 18-24

- 1 Perform isokinetic test at 180, 240, 300 speeds. The shoulder should be pain free and have no significant amount of swelling.
- 2 As strength improves, continue to increase weight resistance and high speed training with isotonic and isokinetic exercises.
- 3 Continue to emphasize the eccentric phase in strengthening the rotator cuff.
- 4 Add total conditioning program – strength, endurance and core stabilization. Include flexibility exercises as needed.

Month 6+

- 1 Continue strengthening program. Emphasis may be placed on exercising the shoulder in positions specific to the sport. Isokinetic test results for the shoulder patterns should demonstrate at least 80% strength and endurance (as compared to the other side) before proceeding to sport specific activities.
- 2 Continue total body conditioning program with emphasis on the shoulder.
- 3 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 Post Surgical Patients for details.