

Rotator Cuff Repair Rehabilitation Protocol Dr. Rivers

Post-op Restrictions:

- No Active Elevation for 6 weeks (or per MD orders)
- Wear Sling for 2 weeks when active
- Avoid Abduction AAROM x 2 weeks

Overall Goals:

- Control pain, inflammation, and effusion
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion

Phases of Treatment:

- Protection Phase – Weeks 0 - 6
- Intermediate / Active Phase – Weeks 6 - 10+

Patient Name: _____

ID # _____

Date of Surgery: _____

Weeks 0 – 2 (Day 2 – 14)	Weeks 2 – 4 (Day 15 – 28)
<p>Dates: _____</p> <p style="text-align: center;">Protection Phase</p> <p>PROM:</p> <ul style="list-style-type: none"> • FLEX / SCAP to tolerance • ABD to 90° • ER / IR to 45° in scapular plane <p>AAROM:</p> <ul style="list-style-type: none"> • Wall pulley, T-bar / Wand • FLEX / SCAP to 90° • ER to 45° in scapular plane <p>Therapeutic exercises:</p> <ul style="list-style-type: none"> • Pendulums (CW, CCW, S/S, F/B) • Shoulder shrugs • Scapular retractions • Ball squeezes, gripping ex's • Wrist isotonics with light resistance • Elbow AROM • Shoulder shrugs 	<p>Dates: _____</p> <p>PROM:</p> <ul style="list-style-type: none"> • FLEX / ABD / SCAP to tolerance • ER (scapular plane) to 60° • IR (scapular plane) <p>AAROM:</p> <ul style="list-style-type: none"> • Wall pulley: <ul style="list-style-type: none"> • FLEX / SCAP to tolerance • ABD to 90° progressing to tolerance • Wand / T-bar <ul style="list-style-type: none"> • FLEX to tolerance • ER (SCAP) to 60° • Progress ER at 90° ABD at 4 weeks post-op <p>Therapeutic exercises:</p> <ul style="list-style-type: none"> • Sub-maximal isometrics • Biceps curls with light resistance • Prone rows @ 2weeks • Prone shoulder EXT @ 3 weeks

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Patient Name: _____ **ID #** _____

Date of Surgery: _____

Weeks 4 – 6 (Day 29 – 42)	Weeks 6 - 8
<p>Dates: _____</p> <p>PROM:</p> <ul style="list-style-type: none"> • FLEX / ABD / IR to tolerance • ER @ 90° ABD • Initiate GI Joint mobs as needed <p>AAROM:</p> <ul style="list-style-type: none"> • Wall pulley: <ul style="list-style-type: none"> • FLEX / SCAP / ABD to tolerance • T-bar/wand: <ul style="list-style-type: none"> • FLEX to tolerance • ER @ 90° ABD <p>Therapeutic Exercises:</p> <ul style="list-style-type: none"> • Scapular: quadruped weight shifts • Quadruped serratus stabs • Prone scapular retraction • Seated protraction / retraction with arm on table • Body blade neutral • Scapular retraction with t-tube • Triceps extension with tubing • SL ER to neutral (no resistance) • Rhythmic stabs in balance position (passively position shoulder into 110° FLEX with 20° HOR ABD) • Week 5 initiate wall crawls FLEX • Scapular: Quadruped weight shifts 	<p>Dates: _____</p> <p style="text-align: center;">Intermediate / Active Phase</p> <p>PROM:</p> <ul style="list-style-type: none"> • No restriction • Initiate active elevation with <u>No Substitution (If Substitution: Focus on Scapular strengthening and ER / IR.</u> <p>Therapeutic Exercises:</p> <ul style="list-style-type: none"> • UBE • Standing FLEX / ABD / SCAP to 90° w/o substitution (consider Supine FLEX / SL ABD if unable to elevate w/o substitution) • Prone HOR ABD • T-band shoulder ER / IR • T-tube bilateral shoulder EXT • GB stabs at wall • Supine GB stabs • Wall crawls ABD • Wall push-ups • Supine scapular protraction with tubing / weight • Progress resistance with biceps and triceps exercises

Richmond Spine & Joint Clinic, P.A.

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Patient Name: _____ **ID #** _____

Date of Surgery: _____

Weeks 8-10	Weeks 10 and beyond
<p>Dates: _____</p> <ul style="list-style-type: none">• Initiate AROM PNF D1 / D2 (wall or supine)• Body blade @ 90° FLEX• Progress resistance on all JOBE exercises• T-band FLEX / EXT / ABD / ADD• Progress to modified push-up	<p>Dates: _____</p> <ul style="list-style-type: none">• Progress resistance on all JOBE exercises, scapular exercises, and T-band / T-tube exercises• PNF D1 / D2 with resistance• May Begin weight machines:<ul style="list-style-type: none">• Rows• Lat pull-downs• Chest press



Bone & Joint Clinic, P.A.