



ROTATOR CUFF POSTOPERATIVE REHAB PROTOCOL

DATE OF SURGERY: _____

Phase	Precautions	Treatment Recommendations	Emphasize												
<p>Weeks 0-3 Recovery</p> <p><i>Criteria for Advancement:</i> -Transfers unassisted -Independent with sling mgmt, ADLs, HEP -Decreasing discomfort at rest</p>	<ul style="list-style-type: none"> NWB No AROM No ER past 20° Do not lie on operative side Sling at all times except bathing, dressing, HEP Pillows to support arm when sitting/sleeping <i>Biceps tenodesis: No biceps strengthening x8 wks</i> 	<ul style="list-style-type: none"> Transfer training in/out of bed, sit to stand, and stairs while maintaining NWB on operative extremity Pain-free distal AROM Shoulder PROM: Codman's, passive ER to 20° w/ wand <i>Subscap repair: Passive supine ER to 15°</i> <i>Massive cuff tear: No Codman's or motion x2 weeks</i> Instruct in semi-reclined sleeping position Educate on applying/removing and proper sling positioning ADL training Cryotherapy/elevation of operative UE to prevent swelling Initiate and emphasize importance of HEP to continue until initiation of outpatient PT -Elbow and wrist AROM <i>-Biceps tenodesis: No active elbow flexion x4 weeks</i> 	<ul style="list-style-type: none"> Pain/edema control Proper sling position/compliance Protection of repair Independent transfer, ambulation, stairs Pain-free HEP 												
<p>Weeks 4-6 Early Motion</p> <p><i>Criteria for Advancement:</i> -Swelling/pain controlled -45° passive scapular plane ER -120° passive scapular plane elevation -Tolerance of scapular/RC exercises -Intendent w/ HEP</p>	<ul style="list-style-type: none"> Sling at all times except bathing, dressing, HEP No shoulder AROM Avoid severe pain w/ PT/functional activity Avoid holding objects >1lb <p>Special Considerations -<i>Biceps tenodesis:</i> AROM w/ neutral wrist, no resisted biceps activity x8 weeks -<i>Massive cuff tear:</i> Delay protocol by 2 weeks -<i>Subscap repair:</i> No flexion past 90° x6 weeks, no ER past 30° x6 weeks</p>	<p><i>Scapular plane ROM Goals (do not force but eval for stiffness)</i></p> <table border="1"> <thead> <tr> <th></th> <th>Elevation</th> <th>ER</th> <th>IR</th> </tr> </thead> <tbody> <tr> <td>Week 4</td> <td>90°</td> <td>30°</td> <td>To chest</td> </tr> <tr> <td>Week 6</td> <td>120°</td> <td>45°</td> <td>To chest</td> </tr> </tbody> </table> <p>Abduction: 0-90° within 6 weeks (gentle)</p> <p><i>Exercises</i></p> <ul style="list-style-type: none"> PROM in scapular plane as above AAROM shoulder ER w/ wand within prescribed limits Scapular mobility/stability exercise progression -Manual scapular clocks Codman's Distal AROM (unless biceps tenodesis) Core strengthening Deltoid isometrics Week 6: Rotator cuff isometrics -Submaximal rhythmic stabilization ER/IR w/ PT -Submaximal ER/IR isometrics 		Elevation	ER	IR	Week 4	90°	30°	To chest	Week 6	120°	45°	To chest	<ul style="list-style-type: none"> Control swelling Proper sling application, removal, and positioning Protect surgical repair Importance of compliance w/ HEP and protection during ADLs
	Elevation	ER	IR												
Week 4	90°	30°	To chest												
Week 6	120°	45°	To chest												
<p>Weeks 7-11 Intermediate Motion</p> <p><i>Criteria for Advancement:</i> -Pain controlled -Scapular plane AROM: 150° elevation, 45° ER -Independent with HEP -Restore scapula plane FF to full -Scapular plane ER to 70-90°</p>	<ul style="list-style-type: none"> Avoid pain w/ ADLs, PT, HEP No combined abduction/ER No lifting >5 lbs Avoiding supporting body weight on operative extremity <p>Special Considerations -<i>Biceps tenodesis:</i> Active ROM w/ neutral wrist, no resisted biceps for 8 weeks -<i>Massive cuff tear:</i> Delay protocol by 2 weeks</p>	<ul style="list-style-type: none"> D/c sling if still in use Shoulder ROM exercises -AA/PROM w/ wand: FF and ER, abduction, extension -Initiate AROM in all planes -Posterior capsular stretch Stabilization exercises -Humeral head control exercises -Closed kinetic chain exercises (i.e. ball stabilization in wk 10) -Scapular stabilization Strengthening exercises Cervical AROM and upper trap stretching Upper body ergonometry (motion permitting) Re-education of movement patterns Manual therapy as needed (scapular, soft tissue mobilization) Functional mobility training Modalities for pain and edema Pool therapy if available 	<ul style="list-style-type: none"> Gradually restore shoulder AROM Restore scapular and RC muscle balance and endurance Reduce compensatory shrug (trapezius) Progress HEP 												

Note: For special considerations, please adhere to modifications noted within each phase of the protocol

Special Consideration(s): Biceps tenodesis Massive cuff tear Subscapularis repair

<u>Phase</u>	<u>Precautions</u>	<u>Treatment Recommendations</u>	<u>Emphasize</u>
Weeks 12-15 Advanced Motion and Strength <i>Criteria for Advancement:</i> - Normal/near normal motion and flexibility past 90° -UE and periscap muscle strength 4+/5 for control w/ functional movements -ADLs: Independent & minimal pain -Tolerance to all exercises w/o discomfort	<ul style="list-style-type: none"> ▪ Avoid scapular compensation w/ AROM ▪ No painful activities Special Considerations <ul style="list-style-type: none"> ▪ Massive cuff tear: Delay protocol by 2 weeks 	<ul style="list-style-type: none"> ▪ Progress shoulder ROM and flexibility to WNL ▪ Manual therapy to restore shoulder girdle ROM ▪ Address flexibility of thoracic spine ▪ PNF patterning ▪ Progressive resisted exercises for UE, shoulder girdle, core -Lat pull downs, serratus strengthening, side-lying ER ▪ Initiate banded ER.IR ▪ Initiate closed chain UE exercises w/ gradual loading -Avoid full body weight ▪ Progress humeral head rhythmic stabilization exercises -Closed chain, upright position, overhead ▪ Upper body ergometry and general conditioning ▪ Functional training to address patient's goals ▪ Progress to more advanced, long-term HEP 	<ul style="list-style-type: none"> ▪ Restore normal ROM and flexibility ▪ Restore strength ▪ Posterior capsular mobility ▪ Reduce compensatory patterning
Weeks 16+ Return to Activity <i>Criteria for Return to Sport</i> -Independent in long-term sport-specific exercise program -Movement patterns, strength, flexibility, motion, power, accuracy to meet demands of sport symptom-free	<ul style="list-style-type: none"> ▪ Avoid high impact -Contact sports ▪ Avoid too much too soon -Monitor exercise dosing ▪ Consult with MD re: allowable sports 	<ul style="list-style-type: none"> ▪ Progress humeral head control exercises in a variety of overhead positions ▪ Progress isotonic exercises to higher loads as indicated ▪ Sustained single arm holds with perturbations ▪ Closed kinetic chain progression exercises ▪ Progress cardiovascular conditioning ▪ Sport-specific multidirectional core re-training ▪ Dynamic balance activities ▪ Neuromuscular shoulder re-education for control with dynamic sports-specific exercises ▪ Progress total body multidirectional motor control exercises to meet sport-specific demands at 6 months if appropriate ▪ Collaboration with trainer, coach or performance specialist 	<ul style="list-style-type: none"> ▪ Monitor load progression and volume ▪ Monitor for loss of strength and flexibility ▪ Improve muscle strength and flexibility ▪ Neuromuscular patterning ▪ Collaboration w/ sports performance expert

Protocol adapted from Hospital for Special Surgery Rehabilitation postoperative rotator cuff repair guidelines