

Postoperative Rehabilitation Protocol

Rotator Cuff Repair

Patient will wear and abduction/neutral rotation sling for 6 weeks post-op

If concomitant BICEPS TENODESIS then NO ACTIVE BICEPS for 6 weeks

PHASE I:

Days 0-14

- May remove sling for gentle pendulum exercise 2-3 times per day
- Elbow/hand gripping and ROM exercises perform 4-6 times per day
- Cryotherapy as needed

Weeks 2-4

- PROM – Flexion to 90°, abduction to 90°, ER to 30°, IR to 30°, extension 30° (ER/IR in scapular plane, flexion/extension at 90° in scapular plane)
- Rhythmic stabilization drills
- Continue all isometric contractions and use of cryotherapy as needed
- Initiate scapular isometrics
- Screen posture
- May begin joint mobilizations grade I and II for pain relief/relaxation

Weeks 4-5

- PROM - Flexion to 120°, abduction to 120°, ER to 30°, IR to 45°, extension 30°
- ER/IR in scapular plane and at 90° abduction
- Initiate ER/IR strengthening using exercise bands/tubing at 0° abduction (use towel roll under arm)
- Initiate manual resistance ER in supine in scapular plane (light resistance)
- Progress scapular strengthening
- Initiate prone rowing with arm at 30° of abduction in neutral arm position
- Initiate prone shoulder extension with elbow flexed to 90°
- Continue use of ice as needed. May use heat prior to ROM exercises
- Rhythmic stabilization exercises (flexion at 45°, 90°, 100° and ER/IR at multiple angles)

Week 5-6

- Advance PROM in all directions as tolerated
- Joint mobilization: gentle scapular/glenohumeral mobilization as indicated to regain full PROM
- AAROM and strengthening exercises to gain full motion
- Shoulder flexion
- ER at 90° abduction
- Initiate AROM exercises
- Shoulder flexion in scapular plane to 90° of flexion
- Shoulder abduction to 90°
- Progress isotonic strengthening exercise program
- IR/ER bands/tubing (towel under arm)
- Side lying ER (towel under arm)
- Prone rowing at 45° abduction
- Prone horizontal abduction (flexed elbow) at 90° abduction
- Biceps curls (isotonics with very light resistance)
- Slowly progress strengthening to prevent inflammation of tendon

Criteria to advance to Phase II:

- Full PROM
- Flexion PROM: >125°
- ER PROM in scapular plane to 75% of uninvolved shoulder
- IR PROM in scapular plane to 75% of uninvolved shoulder
- Abduction PROM to >90° in scapular plane

PHASE II:

Week 7

- Maintain full ROM in all planes
- Continue dynamic stabilization drills
- Progress AROM and light strengthening program
- ER/IR bands
- Lateral raises to 90° of abduction*
- Full can in scapular plane to 90° elevation*
- Prone extension
- Prone serratus punch
- Elbow flexion and extension

- *Must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; if unable continue dynamic rhythmic stabilization glenohumeral joint exercises
- Progress joint mobilization to grades III and IV to address capsular restrictions as indicated for all shoulder girdle joints

Weeks 8-9

- Continue as above
- Initiate light functional activities if physician permits
 - In pain free ROM; starting at waist level activities, progression to shoulder level activities then overhead activities

Week 10

- Continue with all exercises listed above
- Progress to fundamental shoulder exercises
- Strengthening exercises:
 - Standing lateral raise to 90°
 - Prone horizontal abduction – T's
 - Prone scaption – Y's
 - Initiate isotonic resistance (0.5kg weight) during flexion and abduction if patient exhibits non-painful normal motion without substitution patterns

Weeks 11-14

- Progress all exercises
- Continue ROM and flexibility exercises
- Stretch posterior capsule with cross body adduction stretching
- Progress strengthening program (increase 0.5kg/10 days if non-painful)
- No residual pain should be present following exercises

Criteria to advance to Phase III:

- Full AROM and PROM
- Pain free with all strengthening exercises
- Dynamic shoulder stability

PHASE III:

Weeks 15-20

- Continue ROM and stretching to maintain full ROM
- Self-capsular stretches
- Sleeper stretch
- Behind the back IR with towel
- Cross body stretch
- Doorway ER stretch
- Progress shoulder strengthening exercises

Fundamental shoulder exercises including:

- Diagonals with resistance band in D2 pattern
- Push up plus on walls (progress to floor)
- Dynamic hug with band
- IR at 90° with band
- Standing forward punch with band
- ER (supported and unsupported at 90°) with weight or band
- Biceps curls

Weeks 20-24

- Continue all exercises listed above
- Gradually increase resistance (patient should not exhibit pain during or after exercise and no substitution pattern)

Criteria to advance to Phase IV:

- Maintenance of full pain-free ROM
- Functional use of upper extremity
- Full muscular strength and power

PHASE IV: Return to Activity Phase (weeks 24-36)

Weeks 24-36

- Continue fundamental shoulder exercise program (at least 4 times weekly)
- Continue stretching if motion is tight
- Continue progression to sport and/or work activity/participation