

American Health Network Bone and Spine

Standard Rotator Cuff Repair Protocol

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Philosophy: This protocol is designed to serve as a guide for the clinician to rehabilitate a patient following standard rotator cuff repair procedures. Time frames allow for optimal healing, and should be used as criteria for advancement along with a patient's functional ability.

Phase I (0-4 weeks)

Goals

1. Decrease pain
2. Protect repair and educate patient regarding rotator cuff repair precautions
3. Full PROM all directions with exception of IR
4. Independent with home exercise program
5. Initiate scapular awareness exercises

Precautions:

1. **No active abduction, or external rotation for 6 weeks**
2. **Must wear sling at all times except with HEP/rehab for 4 weeks**
3. **No passive IR stretching for 4 weeks**

Exercises Phase I

1. PROM for flexion, scaption, and external rotation
2. Grade II, III glenohumeral mobilizations anterior, inferior, and posterior directions
3. Manual scapular resistance exercises
4. Codman's all directions
5. Active elbow flexion, and extension
6. Gripping exercises for the hand
7. Cervical AROM all directions
8. Educate family on performing PROM for home if appropriate
9. Modalities PRN

Phase II (4-8 weeks)

Goals

1. Decrease pain
2. Full PROM all directions
3. Initiate AROM with patient aware of upper trapezius substitution pattern

Precautions

1. **No resisted abduction or external rotation for six weeks post op**
2. **When strengthening is initiated- use exercise bands only for the first 4 weeks (no free weights)**
3. **Avoid abnormal scapular substitution patterns with initiation of active motion**

Exercise Phase II

Weeks 4-6

Theraband only for strengthening, no weights

1. Continue PROM, and initiate AAROM for flexion, abduction, ER, and IR
2. Scapular strengthening exercises (with bands)
3. Band resistive exercises for IR, and extension
4. Band resistive exercises for biceps and triceps
5. Continue to maintain cervical AROM all directions
6. Can perform lower extremity strengthening and cardiovascular exercises that are non-stressful to the shoulder
7. Trunk stabilization exercises

Weeks 6-8

Theraband only for strengthening, no weights

1. Initiate band resisted exercises for external rotation and abduction
2. Perform AROM for flexion, and scaption with emphasis on scapular awareness to minimize the upper trap influence
3. Initiate light resistance exercises in all scapular planes

Note: all strengthening should be performed below 90 degrees elevation until normal scapular rhythm and sufficient rotator cuff strength is achieved.

Phase III (8-12 weeks)

Goals

1. Achieve full AROM all directions
2. Minimal to no shoulder pain with ADL's
3. Improved strength in rotator cuff, and scapulothoracic muscles
4. Normal scapulohumeral rhythm with active motions

Exercise Phase III

Week (8-12)

1. Continue PROM and joint mobilization PRN
2. Continue strengthening of deltoid, cuff, and scapulothoracic musculature
3. Initiate proprioceptive training
4. Initiate closed chain exercises
5. Initiate active PNF patterns concentrating on technique, with gradual progression to resistive PNF patterns
6. Trunk stabilization/strengthening

Phase IV (12-20weeks)

Goals

1. Normal strength, endurance, and power
2. Return to full ADL's and recreational activities

Exercise Phase IV

Week (12-20)

1. Stretching PRN
2. Continue rotator cuff and scapulothoracic strengthening with following progression:
 - a. Prone scapular program
 - b. Integrate functional patterns
 - c. Increase speed of movements
 - d. Integrate kinesthetic awareness drills into strengthening program
 - e. Progress closed chain dynamic stability activities
3. Continue trunk and lower extremity strengthening

***Note: At four months may begin tennis ground stroke/ batting/ return to golf program if sufficient strength exists.**

Phase V (20-32 weeks)

Goals

1. Return to normal activity without restriction

Exercises

1. Stretching PRN
2. Continue rotator cuff, scapulothoracic, and trunk strengthening program
3. Plyometric medicine ball program
4. Initiate throwing program
5. Initiate progressive replication of demanding ADL/ work activities.