

Rotator Cuff Repair

****DISCLAIMER:** Total length of rehab will vary depending upon the following factors: size of tear, severity or acuteness of injury, age, health, or personal goals of the patient.

***Rate of progression will depend on size of tear repaired. If repair is 5 cm or less, then time frames on protocol below may be started 2 weeks earlier than listed. Immobilizer should still be worn for at least 3 wks and discharged by the end of 4th wk. If size of tear is greater than 5 cm, then protocol should be followed as listed below. ***

Phase I: Post-operatively 0-4 weeks

Goals for Phase I:

1. Shoulder PROM WFL
 2. Minimize pain and swelling
 3. Normal ROM of uninvolved joints
- A. Orthotics: Patient will be immobilized for 4 wks. May wean from sling at 4 wks unless otherwise stated on script from physician.
 - B. ROM: Patient instructed in AROM for wrist/elbow of involved extremity. Begin conservative PROM and pendulum exercises during first post operative PT visit. No AROM of shoulder. Pulleys may be performed after 1st week, however, should be performed passively. May begin AAROM at start of week 3 unless indicated sooner on physician order.
 - C. Flexibility: Work to restore normal flexibility of elbow/wrist.
 - D. Modalities: Use for pain, inflammation, swelling control. If using E-stim (sensory intensity only, no muscle contraction should be elicited).
 - E. Soft tissue management: Wound monitoring, swelling control, scar massage
 - F. Grade 2 A/P joint mobs only for pain management and to initiate normalization of passive accessory mobility

Phase II: Beginning of week 5

Goals for Phase II:

1. No longer using immobilizer
 2. Functional active/passive range of motion
- A. Orthotics: Immobilizer discontinued
 - B. ROM: Work to restore full ROM. May begin AROM if performed with minimal compensation. Continue with PROM, and AAROM. (wand exercises, pulleys, wall walks, manual stretching) etc. All ROM exercises performed > 90 degrees should be performed with thumb up and back (shoulder ER position to prevent iatrogenic impingement.)
 - C. Flexibility: Work to restore normal flexibility of shoulder.
 - D. Strengthening: No strengthening unless indicated by physician
 - E. Conditioning: UBC as tolerated (performed active assistively)
 - F. Functional activities: ADL's out of sling as tolerated (no lifting objects heavier than wt of clothes)
 - G. Modalities: Continue as necessary.
 - H. Continue Grade 2-3 joint mobilizations (A/P and caudal)

Phase III: 6-8 weeks

Goals for Phase III:

1. Full AROM
 2. Begin to establish control of humeral head by facilitation/strengthening of rotator cuff
- A. Strengthening/conditioning: May begin low intensity strengthening. Alternating isometrics, Progress to resistive isotonic exercises: (may initiate in antigravity positions if compensation w/ accessory muscle groups), theraband, tubing, free weights, cuff weights, etc (minimize compensation of upper

trapezius during resistive exercises. If full ROM is not achieved yet, strengthening may be performed w/in available ranges.

- B. ROM: Continue as needed (A, AA, PROM)
- C. Functional activities: ADLs encouraged which involve reaching, however, reaching for objects > 1# above shoulder height should be discouraged.
- D. Grade 3-4 Joint mobilizations PRN to regain normal accessory mobility (A/P and caudal)

E. Phase IV: 9-12 weeks

Goals for Phase IV:

- 1. Demonstrate good/normal strength/Biodex testing at 80%
 - 2. Normal Flexibility / AROM
 - 3. Integrate functional strengthening to prepare for sport / work activity
- A. Continue strengthening/conditioning/functional activities as needed
 - B. Biodex test performed and 3 months post op
 - C. Biodex: Release to sports / work when involved arm 80% of uninvolved per Biodex test or when released by physician