Medical School



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## **ROTATOR CUFF REPAIR REHABILITATION PROTOCOL**

Post-op phase	Sling	Range of Motion	Therapeutic Exercise	Precautions
Phase 1 0 to 6 weeks <u>Goals</u> : *Maintain integrity of the repair *Do not overstress healing tissue *Gradually increase passive range of motion *Diminish pain and inflammation *Prevent muscular inhibition	Per MD Position in neutral rotation to avoid excessive shoulder IR Pendulum exercises several times a day	PASSIVE ROM ONLY Small: FF 145, ER in scaption 75, ABER 80, IR in scaption as tolerated *may begin AAROM at week 4, do not exceed PROM limits Medium: FF 120, ER 60, ABER hold till week 6, IR as tolerated Large: FF 90, ER 45, ABER hold till week 8, IR as tolerated *Limit IR behind back to beltline, begin week 4 for all tears; avoid in subscap Subscap: Week 0-2: PROM FF 90, IR abdomen, ER to 30 Week 2-6: FF 140, ER as tolerated without PT stretching	<ul> <li>Pendulum exercise</li> <li>Elbow, wrist and hand ROM and ball squeezes</li> <li>Passive supine FF, ER, IR per ROM limits with therapist</li> <li>Scapular retraction</li> <li>IR behind back may start after 4 weeks. *Avoid with subscap repairs</li> <li><b>NO PULLIES UNTIL PHASE 2</b> unless small tear which can start at week 4 (active assisted exercise)</li> <li>Encourage home exercise program</li> </ul>	*No active elevation for first 6 weeks post-op *No lifting of objects *No excessive shoulder extension *No excessive stretching or sudden movements *No supporting of body weight by hands
Phase II 6 to 12 weeks Goals: *Maintain integrity of the repair *Do not overstress healing tissue *Gradually increase passive and active range of motion to full *Re-establish dynamic shoulder stability *Re-establish scapulohumeral rhythm	D/C	Gradually progress to full ROM all planes Begin AAROM progression for medium and large tears. Hold AROM for Large tears until week 12. Subscap: Increase Motion as tolerated, begin AROM	ER stretch at 0° and 90° abduction Wall slide IR behind back and side lying IR @ 90° (sleeper stretch) Horizontal adduction and hands behind head <b>May begin overhead pullies</b> *Active-assisted arm elevation progressing to active elevation with scapulohumeral rhythm (not large tears) *Sub-max Isometric ER/IR *Rhythmic stabilization & proprioceptive drills * <u>Dynamic exercises:</u> Side lying ER, side lying scaption, prone row, prone T, prone extension, prone scaption, standing scaption	No resisted exercises Avoid exercises in coronal plane and ABDuction Large tears: avoid active ROM and RTC strengthening until week 12

Phase III 12 to 18 weeks Goals: *Progressive rotator cuff strengthening and scapular stability *Progressive functional training	none	Maintain full ROM Begin AROM for large tears.	Wall IR be (slee] Horiz * <u>The</u> shru * <u>Dyr</u> 2; li *Proj	tretch at 0° at 90° a slide ehind back and side per stretch) zontal adduction at <u>eraband exercises</u> : 1 ugs, dynamic hug, <u>namic exercises</u> : C imit resistance to n prioception drills pulohumeral rhyth	Avoid exercises in coronal plane and ABDuction No weight training.		
Post-op Phase	Stretching Exercises Exercises			Return to Sports	Precautions		
Phase IV 18- 26 weeks	Continue previous stretches	Continue dynamic exercises and theraband exercises from phase 3 Optional theraband: add T's, diagonal up and down Add prone U's		Per surgeon	Weight training per surgeon. Continue to avoid excessive force on the shoulder		e on the
Phase V 26 weeks and after	Continue all previous stretches	Continue above Plyometric exercises		Interval sports Weight training precautions. programs can begin			