

Small to Medium Rotator Cuff Repair Protocol

Sling should be worn for approximately 4 weeks per Dr. Driscoll's instruction. May remove for treatment. Patient may also remove sling for activities such as eating, writing, computer work, and personal hygiene. Please provide daily home program for each phase.

PHASE 1 (weeks 1-6): Goals - pain control, reduction of inflammation, initiation of passive range of motion (PROM), maintenance of scapulothoracic function, & maintenance of cardiovascular health. Avoid active range of motion (AROM) and shoulder strengthening.

PHASE 1A (weeks 1-2)

- Remove sling three times per day for the following:
 - Active range of motion at wrist, elbow and hand
 - Scapular protraction and retraction, elevation and depression
 - Squeeze exercise ball often
- Ice to control pain and inflammation
- Maintain cardiovascular health using walking or exercise bike

PHASE 1B (weeks 3-4)

- Continue phase 1A regimen
- Add pendulum exercises
- Lower extremity and trunk exercises (no bouncing)

PHASE 1C (weeks 5-6)

- Continue phase 1B regimen
- Add PROM with pulley to 100 degrees of forward elevation
- Add passive external rotation with cane to 30 degrees (*limit to 0 degrees for subscapularis repairs*)
- **No aggressive stretching**
- Isometric hand, wrist, & elbow flex/ext in neutral shoulder position
- Lower extremity and trunk exercises (no bouncing)
- Continue work on the upper quadrant to reduce restrictions to proper physiologic movement

PHASE 2 (Week 7 through month 3): Goals - restoration of normal glenohumeral and scapulothoracic motion through to active-assisted and AROM, maintenance of scapulothoracic function, & maintenance of cardiovascular health.

- Range of motion:
 - Active-assisted ROM with pulley to overhead forward elevation
 - Active-assisted external rotation with cane, limit at contralateral external rotation (*or 30 degrees for subscapularis repairs*)
 - Active-assisted internal rotation behind back with cane or pulley.
 - Progress to active range of motion at 9 weeks as tolerated.

- **No shoulder strengthening**
- Continue modalities for control of pain and inflammation as needed
- Continue scapular range of motion and initiate scapular isometrics
- Continue hand, wrist, and elbow isometrics
- Continue lower extremity and trunk exercises
- Continue work on the upper quadrant to reduce restrictions to proper physiologic movement
- Maintain cardiovascular health using walking or exercise bike

PHASE 3 (Months 4-6): Goals - strengthening, correcting residual deficits in ROM and glenohumeral/scapulothoracic dynamics, maintenance of cardiovascular health.

- Continue range of motion regimen without restrictions
- Gradually initiate isometric and theraband rotator cuff strengthening
 - Begin with lowest resistance and progress gradually
 - Internal and external rotation with arm at the side (deltoid and cuff)
 - Curl, tricep push-down, and row exercises (biceps, triceps, and scapular stabilizers)
 - No heavy overhead lifting. No acceleration of the arm in sport.
- Maintain cardiovascular health with walking, exercise bike, jogging, etc.
- Progress lower extremity and trunk exercises

PHASE 4 (> 6 months) Goals – Pain-free full ROM, normalized strength, return to sport or activity program.

- Progress to light weights in the gym
- Sport-specific training
- Clearance to return to sport based on surgeon's exam

Last reviewed 1/1/2011