



Rotator Cuff Repair Rehabilitation Protocol

Phase 1 (0 to 5-8 weeks post-op)

Rehabilitation Goals

- 1) Control pain and swelling
- 2) Protect the surgical repair
- 3) Protect wound healing
- 4) Normal elbow/wrist ROM
- 5) Begin early shoulder motion: PROM to 90° ABD and 90° FLEX for small and medium tears

PRECAUTIONS

- **NO** liftinh
- **NO** push-ups or other sports participation
- **NO** supporting of body weight by hands
- **NO** AROM
- Sling **AT ALL TIMES** except while performing rehab exercises x 4-8 weeks
- For subscapularis repair: ER limited at Ortho's discretion

ROM & Sling Guidelines

Avoid gaining ROM too quickly by adhering to the following:

- Forward FLEX: table slides in hammer grip only; progress as pain allows
- Passive ER (i.e. with stick) per Ortho's direction
- Modified pendulums; progress to full as tolerated

Tear Size	Sling Use	Begin PROM	Begin AROM
Small 0-1 m2	4 weeks	Immediate	4 weeks
Medium 1-3 cm2	6 weeks	Immediate	6 weeks
Large 3-5 cm2	6-8 weeks	6-8 weeks	8 weeks
Massive >5 cm2	6-8 weeks	6-8 weeks	8 weeks



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Wound

- Post-op dressing removed at PT eval
- Shower at post-op day #3
- Suture removal @ 7-14 days post-op by Ortho

Modalities

- Cryotherapy
 - Hourly for 15 minutes for the first 24 hours after sensation is restored from nerve block
 - Continue use until acute inflammation is controlled
 - Once controlled, use 3x per day for 15 minutes or longer as tolerated
- Soft tissue mobilization and other integrative medicine techniques
 - Soft tissue/trigger point work to the kinetic chain (i.e. cervical spine, scapula, and forearm)

Rehabilitation

- Frequent use of cryotherapy and/or ice
- Exercise prescription is dependent upon the tissue healing process and individual functional readiness in all stages. If any concerns or complications arise regarding the progress of any patient, PT should contact Ortho.
- Healing of the RC tendon(s) to the humerus can take 8-12 weeks
- As tolerated, progress rehabilitation exercises as wound healing occurs and
- the inflammatory response decreases
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ROM exercises:

Shoulder PROM for small and medium tears only within listed ROM guidelines in non-impingement position (i.e. hammer grip)
Scapular retractions, shoulder shrugs, and scapular depressions
Modified pendulums in sling; progress to full pendulums after 3-5 days

Strengthening:

Hand squeezing exercises
Elbow/wrist AROM & grip strengthening with shoulder in neutral position at side
Gentle sub-maximal (“2-finger”) shoulder isometrics for shoulder FLEX, ADD, EXT, and ABD (no IR/ER)

Cardiovascular training:

Recumbent bike while wearing sling
NO running or high-impact activity for aerobic training



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Follow-Up

- Supervised rehab: 1-2x per week
- PT re-eval: ~10-14 days
- Ortho re-eval: ~2 weeks

Phase 2 (5-8 weeks post-op)

Rehabilitation Goals

- 1) AAROM for FLEX and ABD to 120° for small and medium tears
- 2) PROM for FLEX and ABD to 90° for large and massive tears
- 3) Progressing passive ER
- 4) Pain-free ADLs

PRECAUTIONS

- **NO** lifting > 10 lbs
- **NO** overhead motions
- Avoid impingement positions, moderate or higher level exertional activities with involved arm, and high impact aerobic training

ROM & Sling Guidelines

- Wean from sling
- Progress ROM as tolerated

Rehabilitation

- ROM exercises
- Trunk stabilization (NWB)
- Scapular strengthening emphasizing scapular retractors and upward rotators
- Modalities PRN
- Cardiovascular training: continue recumbent bike; progress to elliptical (no push/pull with surgical arm) and/or treadmill walking
- Adjunct treatments to consider: dry needling, cervicothoracic manual therapy, aquatic walking with water at chest level or below (no UE movement or resistance; no swimming)



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Rotator Cuff Repair Rehabilitation Protocol

Phase 2 (5-8 weeks post-op)

Follow-Up

- 1) AAROM for FLEX and ABD to 120° for small and medium tears
- 2) PROM for FLEX and ABD to 90° for large and massive tears
- 3) Progressing passive ER
- 4) Pain-free ADLs

Phase 3 (9-16 weeks post-op)

Rehabilitation Goals

- 1) Normal ROM in all planes
- 2) Initiate strength training
- 3) Running progression protocol as indicated

PRECAUTIONS

Minimize pain and any inflammatory response

Rehabilitation

- ROM exercises
- Trunk stabilization (FWB)
- Scapular strengthening emphasizing scapula retractions and upward rotators
- Initiate strengthening as ROM normalizes, starting with high reps/low loads progressing to low reps/high loads
- Modalities PRN
- Cardiovascular training: continue recumbent bike, elliptical, and/or treadmill walking; consider initiating a running progression
- Adjunct treatments to consider: dry needling, manual therapy to GH joint and cervicothoracic regions, aquatic walking with water at chest level or below (no UE movement or resistance; no swimming)

Follow-Up

- Supervised rehab: 1-2x per week as needed
- PT re-eval: every 2 weeks
- Ortho re-eval: 12 weeks



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Rotator Cuff Repair Rehabilitation Protocol

Phase 4 (4-6 months post-op)

Rehabilitation Goals

- 1) Pain-free ADLs
- 2) Shoulder strength equal bilaterally
- 3) Meet occupational requirements at 4-6 months
- 4) Pain-free functional/sports drills

Rehabilitation

Advanced specific, functional, and individualized training to achieve Phase 4 goals (i.e. lift, pull, carry, and climb in unloaded/loaded conditions)

Follow-Up

- Supervised rehab: 1-2x per week as needed with gradual transition to home program
- PT re-eval: monthly
- Ortho re-eval: ~6 months post-op

Miscellaneous

- Pass Service fitness test at 9-12 months
- Progress activities for return to sport/collision sports or aggressive military training (i.e. airborne school) based on the patient's functional performance and endurance. This time period will be directed by the Ortho Surgeon and the Physical Therapist. This may require between 6-12 months before cleared without restrictions.



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