

Small Rotator Cuff Repair Post-op Protocol

This protocol is intended to be a general outline only. The physician reserves the right to either advance or delay this protocol as deemed necessary. If so, this should be done by direct communication with the therapist, or in writing on the therapy referral form given to the patient on the day of surgery.

General Post-Operative Guidelines

- For small tears of the rotator cuff, physical therapy should begin between 2 weeks post-op.
- Patient will perform the following exercises as instructed by physician, starting on day of surgery: pendulum exercises, shoulder shrugs, elbow flexion/extension, and grip strengthening. Patient may also be allowed to begin activity such as stationary bike for cardiovascular fitness.
- For the first 4 weeks, patient will wear sling with abduction wedge at all times except for bathing. Patient will also perform regular icing for pain and inflammation control.
- No anti-gravity AROM until 16 weeks post-operative.

Week 2 – 6: Patient seen 3x/week

Precautions: No AROM shoulder elevation for first 4 weeks.

Continue wearing sling when out in public and while upright

ROM Guidelines: PROM flexion to 140° supine, full scaption.

ER to 60° w/arm abducted to 45° by end of Week 4.

ER to 75° w/arm abducted to 45° by end of Week 6.

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- Continue above exercises
- Supine PROM for flexion, scaption, ER, and IR to belly
- Supine cane exercises for flexion
- Supine cane exercises for ER at 45° abduction
- Grade 1-2 glenohumeral joint mobilization, scapular isometrics in sidelying
- Soft tissue mobilization (parascapular, cervical) as indicated
- Postural exercises: scapular clock, retraction, depression, etc.
- Lawnmowers, "robbery," and table lifts
- Pulley AAROM exercises in sitting for flexion and scaption
- Active IR with arm hanging at side in neutral position and elbow extended

Week 6 – 10: Patient seen 2x/week or as indicated

Precautions: No anti-gravity AROM

Goals by Week 8: Full supine PROM in all directions, IR to table

- Continue above exercises
- AAROM ER at 90° abduction in supine
- Prone scapular retraction and shoulder extension to neutral
- Sidelying ER AROM to neutral
- Isometric flex, ext, add, abd, ER, and IR at side using 50% of patient's effort
- PROM horiz add and posterior capsule stretch
- Apply e-stim to parascapular muscles and/or posterior cuff if needed

Week 10 – 12: Patient seen 1-2x/week

Goals by Week 12: Full IR ROM, increased periscapular strength

- Towel stretch for IR ROM if needed
- Sidelying ER AROM past neutral
- Gravity-neutral AROM for flexion and abduction
- Wall walking for flexion and abduction
- Supine serratus anterior ROM
- Prone mid trap strengthening
- Pulley-resisted shoulder retraction and extension

Week 12 – 16: Patient seen 1-2x/week

Goals: Full AROM without scapular substitution

- Perform isometrics at full strength
- Light weight to prone scapular exercises
- Prone low trap strengthening
- At 16 weeks begin anti-gravity AROM flexion, scaption, and abduction once wall walking and gravity-neutral exercises achieve full ROM
- Light weight for standing shoulder AROM
- Light weights for sidelying ER AROM past neutral
- Theraband and pulley resisted ER and IR

Week 16 to 6 Months Post-Op: Patient seen as needed

Goals: Full strength of rotator cuff, deltoid, and periscapular muscles. Full function for sport and work activities

- Ball circles on wall
- Bodyblade
- Quadruped weight-bearing serratus activation, weight shifts, rhythmic stabilization
- PNF diagonal AROM
- Theraband and pulley resisted shoulder flexion, horiz abd/add, lat pulldowns
- Plyometric exercises with ball
- Begin sport/work-specific motion training
- Facilitate return to weightlifting equipment for bilateral upper extremities with light weights
- Add throwing exercises. If patient plays throwing sports, initiate throwing program when deemed appropriate by therapist and surgeon.

Guidelines for Return to Sports

Patient may return to sport and work activities involving overhead lifting/throwing around five months post-op, depending on size of tear and the patient's specific job requirements. Patient must achieve full rotator cuff, deltoid, and parascapular strength and demonstrate ability to perform work duties or sport activities without pain and with proper form.