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Rotator Cuff Repair Post-Operative Physical Therapy Protocol

Now that your rotator cuff tear has been repaired it is very important that you follow this rehabilitation protocol in order to optimize your results. The rotator cuff tissue is not very strong and can retear before healing if you do not follow these guidelines. Generally speaking, the anchors and suture used to repair your cuff are very strong and rarely fail, but the tissue itself can tear free from the sutures. For this reason, I have you **protect your shoulder with a sling for 6 weeks** which is the **"healing time"**. If you move your shoulder actively (under its own power) during this time, you will greatly increase your risk of the cuff not healing properly. I would like you to maintain some mobility of the shoulder with **passive range of motion exercises** (shoulder moving by using other arm or someone else). I typically have a physical therapist in the office during your first post-operative visit to instruct you on how to do these. Please stay with the program. I would love to see you have the best result.

Phase I (0-6 weeks post-op)

GOALS:

- No active ROM of the shoulder joint
- Remain in sling
- **6 weeks is the crucial healing period**

Home Exercise Program:

- Scapular elevation, depression, protraction, retraction (e.g. "scapular clocks")
- Passive table slides in elevation
- Elbow, wrist, hand motion with elbow at side
- **IF BICEPS TENODESIS WAS PERFORMED, ALL ELBOW FLEXION SHOULD REMAIN PASSIVE FOR 6 WEEKS**
- Cryotherapy prn

Phase II (7-12 weeks post-op)

GOALS:

- Full ROM (Target to achieve full ROM by 12 weeks)
- Begin dry land active ROM without weight in biomechanically correct ROM only
- **Discontinue sling**

Physical Therapy Treatment:

- Glenohumeral and Scapulothoracic joint mobilizations
- PROM (Target to achieve full ROM by 12 weeks)
- Minimal manual resistance for isometric ER and IR and rhythmic stabilization (flexion, extension, Horizontal ab/adduction) at 45^{o}-90^{o}-120^{o} elevation in the scapular plane as patient gains control of the upper extremity
- AAROM progressing to minimal manual resistance for PNF patterns
- Aquatic therapy -- Increase speed of movement for increased resistance as tolerated, progress to using hands as a "paddle" and then to webbed gloves for increased resistance as tolerated. Also add periscapular strengthening (i.e. wall push-ups, supine scapular retraction while floating)
- Begin dry land active ROM without weights. Must be in good biomechanical ROM. Add light resistance as patient gains control of movement with good biomechanics.
- Include these exercises:
    - Elevation in the scapular plane (initially supine, progress to inclined, then upright)
    - Prone rowing
    - Serratus "punches" supine
    - Sidelying ER
    - Progress to IR on light pulleys or Theraband (after 6 weeks post-op only)

Home Exercise Program:

- As in Phase I, progress PROM as tolerated to full ROM
- All AROM exercises and isometrics. Again, emphasize proper biomechnaics

Phase III (13+ weeks post-op)

GOALS:

- Return to functional ativities
- Begin a strengthening program

Physical Therapy Treatment:

- G-H joint mobilizations and PROM when indicated
- Progress exercises in Phase II with increased weight based on 3 sets of 12-15 reps
- Gradually add the following exercises and progress weights:
    - Periscapular strengthening (wall push-ups, upright rowing, etc.)
    - ER, IR, and PNF patterns on pulleys
    - ER, IR, at 90^{o} abduction
    - Begin functional progression for sports/activity-specific tasks
    - Begin isokenetics for ER, IR at 12 weeks post-op (Begin in modified abduction, progress to supine or sitting 90^{o} abduction position)

Home exercise program:

- Maintain PROM
- Light Theraband exercise of ER, IR, Elevation, and “Full can” on non-PT days
- Progress to independent strengthening program prior to discharge