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Rotator Cuff Repair Post-Operative Physical Therapy Protocol

THIS PROTOCOL MAY BE MODIFIED DEPENDING ON THE SEVERITY OF YOUR TEAR AND QUALITY OF YOUR TISSUE.

FOR VERY LARGE TEARS, I WILL TYPICALLY PRESCRIBE COMPLETE IMMOBILIZATION DURING THE FIRST 6 WEEKS

Phase I (0-6 weeks post-op)

GOALS:

- No active ROM of the shoulder girdle
- Remain in sling
- *****6 weeks is the crucial healing period*****
- ***Failure to follow these restrictions may compromise your repair and ultimately lead to poor outcome***

Home Exercise Program:

- Scapular elevation, depression, protraction, retraction (e.g. "scapular clocks")
- Pendulums with emphasis on "relaxed" shoulder and using trunk as prime moving force
- Elbow, wrist, hand motion with elbow at side
- Use Ice or the cryotherapy unit as much as you like.

Phase II (7-12 weeks post-op)

GOALS:

- Full ROM (Target to achieve full ROM by 12 weeks). Please keep in mind that this is a very ambitious goal. As long as you are making progress, you are well within what is "normal"
- 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)
- **BODY WEIGHT STRETCHES PERFORMED BY YOU THROUGHOUT THE DAY ARE CRITICAL AND THE MOST IMPORTANT THING THAT YOU CAN DO IN ORDER TO IMPROVE YOUR RANGE OF MOTION**
- Minimal manual resistance for isometric ER and IR and rhythmic stabilization (flexion, extension, Horizontal ab/adduction) at 45°-90°-120° 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 biomechanics
- **ONCE AGAIN - BODY WEIGHT STRETCHES PERFORMED BY YOU THROUGHOUT THE DAY ARE CRITICAL AND THE MOST IMPORTANT THING THAT YOU CAN DO IN ORDER TO IMPROVE YOUR RANGE OF MOTION**

Phase III (13+ weeks post-op)



GOALS:

- Return to functional activities
- 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° abduction
 - Begin functional progression for sports/activity-specific tasks

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