



Brent M. Lawrence, MD
(501) 321-0555

Rotator Cuff Repair Rehabilitation Protocol

Following rotator cuff repair, it is important to follow rehabilitative and post-operative instructions to facilitate recovery and avoid injury to the repair. Strict sling immobilization is emphasized early on to allow for healing. Please use the following protocol as a general guideline, as your specific protocol may be altered depending on the extent of the repair and how your body responds to the surgery and subsequent rehabilitation.

PERI-OPERATIVE INFORMATION

BEFORE SURGERY

Prior to surgery, it is important to consistently make an effort to maintain strength and range of motion in the shoulder. This can be accomplished via exercises as described under “Phase 1” below. You should limit activities that aggravate the shoulder and you may use ice and NSAIDs as needed.

AFTER SURGERY

After surgery, you will be placed into an abduction sling. You will need to wear the sling at all times, even when sleeping. The sling will be worn for the first 6 weeks after surgery. For weeks 1-2, you should stay in the sling at all times and only remove it for general hygiene and to perform elbow/wrist/hand ROM. For weeks 3-6, you will still need to stay in the sling at all times but you will begin home exercises for “Phase 1” rotator cuff rehab. After week 6, when you come out of your sling, start performing light activities close to your body. You should be very careful with lifting your arm overhead and away from your body, especially if you are lifting anything very heavy. Work with your physical therapist to build strength and ROM in your shoulder and they can guide you on advancing your activities.

PHYSICAL THERAPY

Physical therapy will begin after your 6-week follow up visit. Physical therapy will focus on restoring range of motion, strength and mobility to your shoulder. They will also use modalities to help with stiffness and swelling.

DRIVING

You will be permitted to drive after surgery following approval from your doctor. Generally you should expect to not be able to drive for four to six weeks following the operation. You are not permitted to drive while wearing your sling or while on narcotic medication.

MEDICATION

Your surgeon will prescribe you pain medicine after the operation. You may take Ibuprofen between your pain medications if needed. You may take Tylenol in place of your pain medication if your pain is controlled but do not take in addition to your pain medication since it has Tylenol in it. Please call the doctor's office if you have any questions regarding medication.

ICE

You must use ice on your shoulder after the operation for management of pain and swelling. Ice should be applied 3-5 times a day for 10-20 minutes at a time. Always maintain one layer between ice and the skin. Putting a pillowcase over your ice pack works well for this.

SLEEPING

You should be wearing your sling at all times, even when sleeping. For many patients, lying flat is very uncomfortable. It is generally easier to sleep propped up on pillows or in a recliner. Do not attempt to sleep on your operated shoulder for at least 6 weeks.

Rotator Cuff Rehabilitation Protocol

****The following is an outlined progression for rehab. Time tables are approximate and advancement from phase to phase as well as specific exercises performed should be based on each individual patient's case and sound clinical judgment by the rehab professional. ****

Phase 1 (0-6 Weeks) Passive Range of Motion Phase

Goals

Protect Healing Tendon
Restore Passive ROM of the Shoulder

Precautions

Do not start Passive Internal Rotation until 2 weeks post-op.
Do not perform any Active ROM of the shoulder.
Use sling for at least four weeks or as instructed by physician.

Recommended Exercises

Pendulums
Standing Scapular Mobility (no resistance)
Supine or Standing Passive External Rotation
Supine Passive Shoulder Flexion (elevation)
Passive Internal Rotation (starting at 2 weeks post-op)
Passive Horizontal Adduction
Ball Squeeze

Guidelines

Perform these exercises 3-5 times a day. Do 1-2 sets of 10-20 repetitions of each exercise.

Phase 2 (6-12 Weeks) Active Range of Motion Phase

Goals

Continued protection of healing tendon

Continue to improve passive ROM and initiate progression of active assisted and active ROM

Progress to Active ROM against gravity by end of phase

Initiate gentle sub-maximal rotator cuff isometrics

Precautions

Discontinue use of sling if you have not already

Be careful with raising your arm away from your body only lift your arm to the front not to the side

Do not use your arm to pick anything up or carry anything

Recommended Exercises

Passive ROM and Stretching

Continue passive ROM with physical therapist

Continue exercises from Phase 1 until each can be progressed to active assisted or active motion

Supine Passive External Rotation in scapular plane progressing to 90 deg of Abduction

Active Assisted Progressing to Active ROM

Supine stick flexion with progression to standing active shoulder flexion/scaption

Table slides in flexion with progression to wall slides

Supine or standing cross body stretch

Sidelying internal rotation stretch (caution to not cause impingement)

Sidelying external rotation

Prone row, extension, horizontal abduction, scaption (by end of phase 2)

Strengthening

Sub-maximal isometric internal and external rotation

May advance to resistance bands by 10 weeks if patient is progressing well and has full ROM

Guidelines

Perform these exercises once a day. Do 2-3 sets of 15-20 repetitions.

Phase 3 (12 - 24 Weeks) Strengthening Phase

Goals

Continue to focus on restoration of ROM, biomechanics and strength
Initiate progressive strengthening of rotator cuff and periscapular muscle groups
Begin to use arm for daily activities

Precautions

Caution with lifting especially away from body and overhead
Caution with repetitive use of arm
Stop activity if it causes pain in shoulder
Work with surgeon or physical therapist regarding specific return to sport/activity plan

Recommended Exercises

Passive ROM and Stretching

Continue on own and with therapist as needed

Active Assisted and Active ROM

Continue ROM exercises from phase 2 until ROM is normalized

Strengthening (Resistance Band or Dumbbell)

Scapular Retraction

Prone Extension

Prone Horizontal Abduction

Standing/Prone Scaption

Internal Rotation

External Rotation

Progress to Diagonal Patterns and Multi-Planar/Functional Planes of Motion

Dynamic Strengthening

Manual Resistance Patterns

Rhythmic Stabilization

Proprioceptive Drills

Push Up Progression

Guidelines

Perform ROM and stretching exercises once a day until normal ROM is achieved. Do 2 sets of 15-20 reps. Once normal ROM is achieved continue exercises to maintain

Perform strengthening exercises 3-5 times a week. Do 2-3 sets of 15-20 reps. Strict attention must be paid to scapulohumeral rhythm with completion of all strengthening exercises.

Phase 4 (24 Weeks - 1 Year) Return to Sport/Activity Phase

Goals

Maintain normal ROM and strength

Continue to encourage progressive use of arm for functional activity and return to sport

Precautions

Encourage slow progression back to sport and high-level activity

Work with surgeon or physical therapist regarding specific return to sport/activity plan

Recommended Exercises

ROM and Stretching

Continue ROM and stretching exercises from phase 2-3

Strengthening

Continue to progress strengthening program from phase 3

Guidelines

Perform ROM and stretching program 1-3 times a week to maintain normal ROM. Do 1-2 sets of 15-20 reps.

Perform strengthening 2-3 times a week. Do 2-3 sets of 15-20 reps.