



## **Rotator Cuff Repair**

### **Post-Operative Rehabilitation Protocol**

#### **General Considerations:**

- Timing and prognosis are approximate and will depend on many factors including but not limited to surgical complexity, compliance with recommendations made by Surgeon and Physical Therapist, individual physiological factors, and positive mental outlook
- Protocols are not absolute and clinical judgment should be used in each individual case to determine best practices for favorable outcomes.
- Protocols are not to be substituted for care under a Physical Therapist's supervision.

#### **Goals/Focus/Precautions:**

- Sling worn at all times for the first 6 weeks, except to bathe. Wear the sling during sleep.
- Passive range of motion is vital early in the rehab process to avoid capsular restrictions. Avoid planes of motion that put strain on the repair.
- Avoid passive elevation past 90 degrees for the first 4 weeks.
- Passive ROM the first 6 weeks. Active assist ROM only from 6-8 weeks. Active ROM begins at 8 weeks. No resistance until 12 weeks.
- No direct palpation or mobilization to incisions or portals until 4 weeks post-op.
- Patient should be aware that healing, remodeling, and tissue maturation occur for well up to a year post operatively.

#### **Phase I – (Week 0-6): Passive ROM / Maximal Protection Phase**

**Goals:** Decrease pain. Increase passive range of motion however not past 90 degrees of flexion for the first 4 weeks.

- Rest and ice are especially important during the first few days after surgery. (20 minutes every hour)

Manual: Passive ROM exercise. Gentle joint mobilization. Soft tissue mobilization (away from the incisions).

Exercises: Passive ROM exercises. Scapular re-training exercises, ball squeezes, trunk strengthening.

### **Phase II – (Week 6-8): Active Assist ROM**

**Goals:** Discontinue wearing the sling. Full passive range of motion. Good scapular awareness. Adequate thoracic extension. Full active assist ROM by the end of this phase.

Manual: Continue with soft tissue treatments, gentle joint mobilization, passive and active assist stretching throughout all planes of motion.

Exercise: Passive and active assist range of motion., scapular stability exercises, core strengthening, stationary bike and walking.

### **Phase III – (Week 8-12): Active Range of Motion Phase**

**Goals:** Full passive ROM early in this phase. Full active ROM without scapular substitution by the end of this phase. Excellent scapular mechanics.

Manual: Joint mobilization, stretching, scapular re-education exercises, soft tissue massage as needed.

Exercises: Passive stretching as needed, active elevation, begin slow jogging, scapular strengthening and re-education activities, continue with core strengthening.

### **Phase IV – (Week 12+) Strengthening**

**Goals:** Full passive ROM. Full active ROM. Continue scapular strengthening. Begin gentle strengthening of the glenohumeral joint.

Manual: Passive stretching, joint mobilization, soft tissue mobilization as needed, manual resisted exercises.

Exercises: Scapular strengthening exercises, glenohumeral strengthening exercises in all planes of motion, core strengthening exercises.

**Considerations:** Full range of motion may be difficult to achieve and will continue to improve over the next several months. Never exercise through pain. Return to sports is determined by the physical therapist and/or the surgeon.