

Rotator Cuff Repair Rehabilitation Protocol

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This protocol is designed to assist the therapist in directing the post-operative recovery of patients following an arthroscopic rotator cuff repair. This protocol is a general outline of the anticipated progress for the majority of repairs. In cases of anticipated post-operative stiffness or PASTA repairs, this protocol may be accelerated. Alternatively, in massive, retracted multi-tendon repairs, it may be delayed with strengthening after 14-16 weeks in some cases. In subscapularis repairs, passive external rotation should be advanced slowly, as should internal rotation against resistance.

Phase 1: Protection (0-6 wks)

- Shoulder immobilizer for the first 6 weeks. Sleep in the sling (remove neck strap if needed for comfort)
- **Range of Motion** - remove sling 3 x daily for ROM exercises as below:
 - Pendulum exercises - no larger than a basketball, 5 minutes at time, alternate directions
 - Active ROM in elbow flexion and extension with the elbow at the side and humerus in neutral rotation
 - Forearm pronation and supination, finger and wrist ROM
 - Scapular retractions and trapezial stretch
- May progress to table slides at 4 wks for small repairs, PASTA repairs, or as noted on the referral
- **Restrictions**
 - No active ROM of the shoulder
 - No passive ER beyond neutral at weeks 0-2, no ER beyond 30° weeks 2-6
 - No passive ER beyond neutral at weeks 0-6 for subscapularis repair
 - No internal rotation behind the back
- **Goals**
 - Protect the integrity of the repair, decrease soft tissue swelling
 - Demonstrate scapular mobility
 - Supine active assist FE of >90°, ER of < 30° at wk 6

Phase 2: ROM (6-12wks) and Early Strengthening (8-12wks)

- Discontinue shoulder immobilizer, may use simple sling as needed for comfort when out of the house (fatigue, pain, protection)
- Advance to routine ADL's as tolerated, no lifting greater than 2 lbs
- Range of Motion - begin at 6wks
 - Begin supine active-assisted ROM and supine AROM as tolerated
 - Advance table slides to rail slides and wall slides by week 12
 - Advance supine AROM to seated and standing once adequate scapular control demonstrated
 - Wand exercises:
 - Flexion, abduction, and ER: advance as tolerated
 - Progress supine to seated to standing once adequate scapula control
 - Pulleys: flexion, abduction, scaption
 - Scapular mobilization as indicated
- Strengthening - may begin at 8 wks unless restricted on referral
 - Shoulder isometrics: all planes (hold IR until 10 wks for subscap repair)
 - Scapular strengthening:
 - Protraction, retraction exercises, and prone rows
 - Light weight, high rep rotator cuff retraining exercises (may begin at 10wks once adequate scapular control demonstrated)
- Restrictions
 - No passive ER beyond 60° weeks 6-8 if subscap repaired
 - No lifting greater than 2lbs
- Goals
 - Establish normal scapulohumeral rhythm
 - Supine forward elevation of 140° by week 12
 - Standing forward elevation of 120° by week 12
 - Expect variable ER recovery in massive infraspinatus repairs

Phase 3: Moderate Strengthening (12-16 wks)

- Patient may begin progressive resistance training for rotator cuff strengthening, continued peri-scapular stabilizer strengthening and normalization of ADL's
- Return to increased lifting and carrying activities as limited by discomfort

- Range of Motion
 - Progress as tolerated without limitation
 - Wall washing, etc
- Strengthening
 - Progress from isometrics to band exercises to light weights for cuff strengthening
 - Scapular strengthening:
 - Advance rows and scapular stabilization exercises
- Restrictions
 - No sudden jerking movements, no forceful or painful lifting, no overhead throwing
- Goals
 - Full non-painful AROM with good scapular control
 - Increased muscular endurance and strength

Phase 4: Advanced Strengthening (beyond 16wks)

- Continue to advance strengthening exercises for improved dynamic and overhead function of the shoulder
 - No weight bearing limitations
 - Sport specific rehab as needed

Return to Sport: common return to sport guidelines are noted below

- Golf:
 - 6wks - may begin putting
 - 10 wks - light chipping with 1/4 swing around the green
 - 12wks - begin 1/2 swing with short irons and advance
 - 16 -20wks - full swing with long irons and driver off a tee
 - 5-6 mos - return to full play as tolerated
- Tennis:
 - 12 wks - light ground strokes of a dropped ball
 - 16 wks - progress to stationary ground strokes with a partner or wall drills at sub-maximal effort, light volley as tolerated
 - 20 wks - progress ground stroke intensity and ground strokes while moving
 - 5 to 6 mos - return to sub-maximal serving and then advance to game play as tolerated