
Rotator Cuff Repair Protocol

1-6 weeks post op

- Sling/immobilizer at all times for 6 weeks including sleeping, except at therapy and for home exercises
- Wrist/Elbow ROM, 3x per day for 15 repetitions
- Modalities as needed for pain, swelling, ROM
- Scapular Exercises: **elevation** with shrugs, **depression**, **retraction**, **protraction** with the use of manual resistance
- Core strengthening exercises
- PROM: may use manual assistance
 - **Flexion to 90°**
 - **Abduction to 90°**
 - **IR/ER to 30°** in scapular plane
 - **Extension to 30°**

6 weeks post op

- GH joint mobilization A/P glides (no caudal/inferior glides)
- Work for GH/SC joint motion of 2:1 ratio
- PROM: continue with shoulder pulleys or manual assistance
 - **Flexion to 120°**
 - **Abduction to 120°**
 - **IR to 45°** in scapular plane
 - **ER to 30°** in scapular plane
 - **Extension to 30°**
- Active horizontal adduction (supine) as tolerated
- Begin AAROM exercises

8 weeks post op

- Advance ROM in all directions
- Continue AAROM exercises
- Begin AROM exercises
- Wall Walks for ROM and anterior and inferior capsule stretching
- Begin **Sub-maximal** rotator cuff isometrics in all motions with arm at side with no rotation
- Standing IR/ER with light T-band/tubing with arm abducted 20-30° with pillow under arm
- Scapular Stabilization exercises

10 weeks post op

- Full A/PROM with normal GH/SC motion (2:1 ratio) between now and 12 weeks
- When patient is able to fully elevate arm in flexion and abduction using 6-8lbs standing move patient to Core Rotator Cuff exercises
- Begin *Core Rotator Cuff Exercises* - advance weight as tolerated to 8-10lbs at 5-6 sets of 15-20 reps

Rotator Cuff Repair (page 2)

- **Prone flexion with thumb up** - arm perpendicular to floor in prone and flex forwards fully, 12 O'clock position
- **Prone Abduction 100° with thumb up** - arm perpendicular to floor in prone and horizontally abduct to level of body in scapular plane, 2 O'clock position for right handed patient
- **Prone Abduction 45° with thumb up** - arm perpendicular to floor in prone and horizontally abduct arm to level of body, 4 O'clock position for right handed patient
- **Prone Extension with arm in max ER** - arm perpendicular to floor in prone and arm extended to level of body, 6 O'clock position
- Add **Sidelying ER** with hand weights with arm abducted 20-30°
- Cont. with ex's in **Scaption**
- Scapular ex's continue as above add in:
 - **Depression** with *seated press ups*, sitting with hands flat on the floor next to your hips, elbows locked raise your bottom off floor with movement from scapulas, use hand blocks for greater ROM when able

12 weeks post op

- Begin conventional weight lifting with machine weights and progress to free weights, if desired as tolerated
- Full ROM isokinetics in 30-45° abduction and scapular plane same speeds
- Begin upper extremity plyometrics, no simulated throwing
- Begin eccentric exercises for posterior cuff using manual resistance in sidelying ER or tubing simulating throwing follow through

14 weeks post op

- Begin light tennis ball tossing at 20-30ft. max at 60% velocity, work on mechanics of wind up, early cocking phase, late cocking phase, acceleration, and follow through

16 weeks post op

- Rotator cuff exercises should be around 8-10 lbs on all motions
- May begin interval throwing program for throwers after passing strength test
- Add advanced capsule stretch as necessary
- Continue with strengthening as needed
- Total body conditioning

Return to Sport/Activity

- When cleared by physician
- Completion of isokinetic testing
- Completion of interval throwing program
- No pain with all desired activities