

## Rotator Cuff Repair

The following is a guideline for the post-operative rehabilitation of an individual who has undergone rotator cuff repair. This schedule will vary from patient to patient based on individual tolerance. This guideline is intended to be administered by a licensed physical therapist and/or certified athletic trainer. If there are any questions concerning the rehabilitation please don't hesitate to call our office.

MAJOR OBJECTIVES for this rehabilitation are:

1. 145 degrees of PASSIVE elevation, 50 degrees of PASSIVE external rotation with the humerus in slight abduction in the scapular plane, and internal rotation of the thumb to the upper lumbar area by 4 weeks post-op.
2. Full passive range of motion by 8 weeks post-op.
3. \*\*\* Pre-op range of motion will affect range of motion achieved post-operatively.
4. Active range of motion at trunk level allowed at 2 weeks post-op. ABSOLUTELY NO active lifting of the extremity above shoulder level until 6 weeks post-op.
5. NO PRE's until 6 weeks post-op.
6. ALWAYS stabilize the scapula when performing strength exercises.
7. ALWAYS have the patient perform 3-5 home exercises based on their most current needs to assist their recovery.

Day 1 through Day 10-14

1. Sling or abduction pillow to be worn at all times, except for showers, until first post-op visit.
2. No showers until instructed to do so by the doctor's office.
3. Cryotherapy.
4. AROM of cervical spine, elbow, wrist and hand.
5. Pendulum exercises in the sling.

Day 10-14 through Week 3

1. Begin formal therapy when instructed by doctor's office.
2. Continue with AROM of cervical spine, elbow, wrist and hand.
3. Modalities as needed.
4. Pendulum exercises without the sling.
5. Scapulothoracic joint mobilization (Maintain humerus in neutral, scapular plane)
6. Glenohumeral joint mobilization (Grade I and II) as needed.
7. PROM in supine:
  - Elevation in the scapular plane.
  - ER with slight abduction in scapular plane.
  - IR with slight abduction in scapular plane (Week 3-4).
8. Pulley exercises for elevation in the scapular plane.
9. Active scapulothoracic exercises as tolerated, maintain the humerus in neutral.
10. Submaximal pain-free isometrics for ER, IR, flexion, extension and adduction. ER and IR should be performed with a towel roll/pillow between the trunk and arm with the humerus in the scapular plane. (Weeks 3-4)

Week 4 through Week 5

1. Above program as needed.
2. PROM of ER/IR with 45 degrees of abduction with the humerus in the scapular plane.

3. AAROM with wand/cane for ER/IR with the patient seated, arm supported on a table with the humerus in 30-45 degrees of abduction in the scapular plane.
4. Resisted scapular stabilization exercises while maintaining the humerus in neutral.
5. Rhythmic stabilization of glenohumeral joint for ER/IR with arm supported in scapular plane. Sub-maximal with scapular stabilization.

#### Week 6 through Week 7

1. Above program as needed.
2. PROM to increase all motions to full by 9 weeks including ER/IR at 90 degrees of abduction.
3. AROM in all directions. Emphasize proper scapulothoracic motion.
4. Theratubes and PRE's for scapular stabilizers and posterior shoulder girdle.
  - Active motions – week 6
  - PRE's – Week 7
  - Rowing emphasizing scapular adduction. Do not shrug.
  - Prone horizontal abduction with the arm in ER.
  - Prone shoulder extension with the arm in ER.
5. Theratube and/or PRE program for the rotator cuff and deltoid:
  - Begin sub-max and work to max as symptoms dictate.
  - All strengthening exercise should be done with proper scapular stabilization
  - ER/IR in scapular plane with slight abduction.
  - Deltoid work in 90 degrees.
6. Sub-maximal manual resistance for ER/IR through a pain-free arc of motion. Arm should be supported and in the scapular plane.

#### Week 8 through Week 12

1. Above program as needed.
2. Progress theratube/PRE program for all exercises as tolerated.
  - Prone ER with the arm abducted to 90 degrees and the elbow flexed to 90 degrees. Begin with the arm supported on the table, progress to an unsupported position.
3. Manual resistance for all motions.
  - Emphasize scapular stabilization with all exercises.
  - Progress sub-max to max resistance.
  - Progress to full-arc motions and PNF patterns as tolerated.
4. Dynamic stability exercises as indicated. (Bodyblade or BOING) Begin in the scapular plane and progress to more provocative positions as tolerated.

#### Week 13 through return to activity

1. 2-3 speed isokinetic test for ER/IR and flexion/extension if prescribed by the doctor.
2. Progress strength and proprioception exercises as tolerated.
3. plyometric throwing exercises as needed (based on activity level)
4. Sport specific and work activities as prescribed by the doctor.
5. Return to activity when cleared by the doctor.