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Rotator Cuff Repair – (Greater than 1 cm, Less than 5 cm)

I. Phase I - Immediate Post-Surgical Phase (Day 1-10)

Goals: Maintain Integrity of the Repair

Gradually Increase Passive Range of Motion

Diminish Pain and Inflammation

Prevent Muscular Inhibition

Passive motion only – DO NOT let arm drop completely to the side for 4 weeks

Avoid overhead movement/lifting for 6 weeks

Day One to Six:

- Abduction Brace for 4 weeks
- Pendulum Exercises 4-8x daily (flexion, circles)
- Active Assisted ROM Exercise (L-Bar)
 - ER/IR in Scapular Plane
- Passive ROM
 - Flexion to tolerance
 - ER/IR in Scapular Plane
- Elbow/Hand Gripping & ROM Exercises
- Submaximal Painfree Isometrics
 - Flexion
 - Abduction
 - External Rotation
 - Internal Rotation
 - Elbow Flexors
- Cryotherapy for Pain and Inflammation
 - Ice 15-20 minutes every hour
- Sleeping
 - Sleep in Abduction Brace for 4 weeks

Day Seven to Ten:

- Continue Pendulum Exercises
 - Progress Passive ROM to Tolerance
 - Flexion to at least 105 degrees
 - ER in Scapular Plane to 35-45 degrees
 - IR in Scapular Plane to 35-45 degrees
 - Active Assisted ROM Exercises (L-bar)
 - ER/IR in Scapular Plane
 - Flexion to Tolerance*
- *Therapist Provides Assistance by Supporting Arm
- Continue Elbow/Hand ROM & Gripping Exercises
 - Continue Isometrics
 - Flexion with Bent Elbow
 - Extension with Bent Elbow
 - Abduction with Bent Elbow
 - ER/IR with Arm in Scapular Plane
 - Elbow Flexion

Phase I: Continued:

- Continue Use of Ice for Pain Control
 - Use Ice at least 6-7 times daily
- Sleeping
 - Continue Sleeping in Brace until Physician Instructs (usually 4 weeks)

Precautions:

1. No Lifting of Objects
2. No Excessive Shoulder Extension
3. No Excessive Stretching or Sudden Movements
4. No Supporting of Body Weight by Hands
5. Keep Incision Clean & Dry

II. Phase II - Protection Phase (Day 11 – Week 6)

Goals: Allow Healing of Soft Tissue

Do Not Overstress Healing Tissue

Gradually Restore Full Passive ROM (Week 4-5)

Re-Establish Dynamic Shoulder Stability

Decrease Pain & Inflammation

Day 11 – 14:

- Passive Range of Motion to Tolerance
 - Flexion 0-125/145 degrees
 - ER at 90 degrees abduction to at least 45 degrees
 - IR at 90 degrees abduction to at least 45 degrees
- Active Assisted ROM to Tolerance
 - Flexion
 - ER/IR in Scapular Plane
 - ER/IR at 90 degrees Abduction
- Dynamic Stabilization Drills
 - Rhythmic Stabilization Drills
 - ER/IR in Scapular Plane
 - Flexion/Extension at 100 degrees Flexion
- Continue All Isometric Contractions
- Continue Use of Cryotherapy as needed
- Continue All Precautions

Week 3 - 4:

- Discontinue use of brace at week 4
- Patient should exhibit full passive range of motion
- Continue all exercises listed above
- Initiate ER/IR strengthening using exercise tubing at 0 degrees of abduction
- Initiate Manual Resistance ER Supine in Scapular Plane
- Initiate Prone Rowing to Neutral arm Position
- Initiate Isotonic Elbow Flexion
- Continue use of ice as needed
- May use heat prior to ROM exercises
- May use pool for light ROM exercises

Phase II: Continued:

Week 5 – 6:

- May use heat prior to exercises
- Continue AAROM and Stretching exercises
- Initiate Active ROM Exercises
 - Shoulder Flexion Scapular Plane
 - Shoulder Abduction
- Progress Isotonic Strengthening Exercise Program
 - ER Tubing
 - Sidelying ER
 - Prone Rowing
 - Prone Horizontal Abduction
 - Biceps Curls

Precautions:

1. No Heavy Lifting of Objects
2. No excessive behind the back movements
3. No Supporting of Body Weight by Hands & Arms
4. No Sudden Jerking Motions
5. No lifting overhead
6. Progress 1 lb. per week

III. Phase III – Intermediate Phase (Week 7-14)

Goals: Full Active ROM (Week 8-10)
Full Passive ROM
Dynamic Shoulder Stability
Gradual Restoration of Shoulder Strength & Power
Gradual Return to Functional Activities

Week 7:

- Continue Stretching & PROM (as needed to maintain full ROM)
- Continue Dynamic Stabilization Drills
- Progress Strengthening Program
 - ER/IR Tubing
 - ER Sidelying
 - Lateral Raises*
 - Full Can in Scapular Plane*
 - Prone Rowing
 - Prone Horizontal Abduction
 - Prone Extension
 - Elbow Flexion
 - Elbow Extension

*Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonics; if unable, continue glenohumeral dynamic stabilization exercises.

Week 8:

- Continue all exercise listed above
- If physician permits, may initiate Light functional activities

Week 14:

- Continue all exercise listed above
- Progress to Independent Home Exercise Program (Fundamental Shoulder Exercises)

IV. Phase IV – Advanced Strengthening Phase (Week 15 - 22)

Goals: Maintain Full Non-Painful ROM
Enhance Functional Use of UE
Improve Muscular Strengthen & Power
Gradual Return to Functional Activities

Week 15:

- Continue ROM & Stretching to maintain full ROM
- Self Capsular Stretches
- Progress Shoulder Strengthening Exercises
 - Fundamental Shoulder Exercises
- Initiate Interval Golf Program (if appropriate)

Week 20:

- Continue all exercises listed above
- Progress Golf Program to playing golf (if appropriate)
- Initiate Interval Tennis Program (if appropriate)
- May Initiate Swimming

V. Phase V – Return to Activity Phase (Week 23 - 30)

Goals: Gradual Return to Strenuous Work Activities
Gradual Return to Recreational Sport Activities

Week 23:

- Continue Fundamental Shoulder Exercise Program (at least 4 times weekly)
- Continue Stretching, if motion is tight
- Continue Progression to Sport Participation