

Rotator Cuff Repair PT Protocol

The rehabilitation process following a rotator cuff repair is primarily determined by the size of the repair. It is crucial to ensure that the repaired tissue heals sufficiently before introducing any stress during rehabilitation. This protocol serves as a general guideline and can be modified based on the patient's clinical condition and the guidance of the surgeon. Formal PT will not start until 3 months post-op.

Pre-operative goals

- PROM WNL (i.e. no frozen shoulder)
- Understands realistic post-op goals and time frame

Phase I: Protection and Progressive PROM *(surgery to 12 weeks)*

- **Immediate post-op:**
 - Wear sling at all times, may be removed for showering and when directed
 - Ice as often as needed.
 - Work on active range of motion (AROM) of the elbow, wrist & hand
 - Sutures will be removed at post-op follow up appointment
- **Weeks 2-6:**
 - Begin Codman's pendulum swings
 - Use hips/torso to move arm by rocking body weight. Go in clockwise then counterclockwise direction.
 - At least 2x/daily
 - Continue AROM of elbow/wrist/hand.
 - Sling should be worn when patient is in an uncontrolled environment: sleeping, around, children, pets, and crowds
 - Remove to perform exercises
 - Caution – do not abduct the shoulder (actively pull upper arm away from torso)
- **Weeks 6-12**
 - Begin Active-Assisted ROM exercises (may use broomstick or pulley if available)
 - Table slides
 - Wall walks
 - Sleeper/supine stretches
 - Doorway stretches
 - Continue pendulums
 - Goals
 - Progress to full ROM
 - Able to comb hair
 - Dress with normal mechanics
 - Close/open car door
 - Precautions
 - No resisted activity/lifting
 - No aggressive IR stretching

Phase II: Progressive AROM & Strengthening – begin formal PT (*approx. weeks 12-16*)

- **Goals**
 - Active ROM WFL all motions
 - Able to place 8# into overhead cabinet
 - MMT ≥4/5 all motions
- **Therapeutic Exercises**
 - Progress AA/AROM if needed
 - Theraband or light DB resistance (light weight/high reps)
 - Bi's/tri's, shrugs, scapular protraction/retraction, IR/ER
 - Manual PNF patterns
 - Progressive bodyweight activities
 - Proprioceptive exercises
 - May start throwing/racquet progression when strength WNL, normal GH mechanics and no pain
- **Precautions**
 - No heavy or repetitive overhead lifting/reaching
 - Prevent posterior capsular tightness

Phase III: Advanced Strengthening for Return to Sport (*approx. weeks 16-24*)

- **Goals**
 - Emphasize return to skill/sport activities
 - MMT 5/5 in all motions
- **Strengthening:**
 - Continue proprioceptive drills
 - Advance plyometrics: chest pass, plyoball chop toss, overhead throw
 - Sport-specific drills
 - Isokinetic evaluation if necessary

This protocol has been adopted from Campbell Clinic Orthopedics and the Multicenter Orthopaedic Outcomes Network (MOON) Shoulder Group.