

## REHABILITATION GUIDELINES FOR SMALL TO LARGE ROTATOR CUFF REPAIRS

### PHASE I (0-3 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> <li>Follow up with MD for suture removal by day 14</li> <li>Begin physical therapy 3-5 days post op, 2x/week</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>Control pain, inflammation and muscle spasm</li> <li>Keep wound clean and dry</li> <li>Maintain ROM of hand and elbow</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>PROM only               <ul style="list-style-type: none"> <li>If tenodesis repair: no active biceps x 6 weeks</li> <li>If subscapularis repair: no IR or ER past 30 degrees x 6 weeks</li> </ul> </li> <li>Wear sling as directed by physician</li> <li>No lifting, AROM, overhead motion, supporting of body weight with hands</li> <li>Avoid sudden movements or excessive stretching</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li><b>PROM:</b> <ul style="list-style-type: none"> <li>Flexion to tolerance</li> <li>ABD in scapular plane to tolerance</li> <li>ER/IR in scapular plane at 45° ABD               <ul style="list-style-type: none"> <li>Limit ER/IR to 30° if subscapularis repair</li> </ul> </li> </ul> </li> <li>Gentle grade I and II glenohumeral mobilizations for pain relief only-no high grade mobilizations</li> <li>Daily home exercise program:               <ul style="list-style-type: none"> <li>PROM to tolerance for Codman's, gentle table slides</li> <li>AROM elbow, wrist and hand minding any special precautions</li> </ul> </li> <li>Ice frequently or as dictated by pain and/or swelling</li> </ul>
Cardiovascular Exercises	<ul style="list-style-type: none"> <li>In sling may ride recumbent bike</li> </ul>

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Progression Criteria	<ul style="list-style-type: none"> <li>PROM flexion to 140 degrees, ER/IR to 45 degrees (or per MD)</li> </ul>
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### PHASE II (3-6 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> <li>MD at 6 weeks for follow up</li> <li>Continue physical therapy 2 x week</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>Regain full PROM</li> <li>Progression to gentle isometric strengthening exercises</li> <li>DC sling at 6 weeks or as directed by MD</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>Sling use per MD</li> <li>PROM only                             <ul style="list-style-type: none"> <li>- If tenodesis: no active biceps x 6 weeks</li> <li>- If subscapularis repair: keep IR/ER to 30 degrees unless otherwise noted by MD</li> </ul> </li> <li>No active glenohumeral motion</li> <li>No lifting or supporting of body weight with hands</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>PROM: continue with flexion and ABD in scapular plane to tolerance                             <ul style="list-style-type: none"> <li>- Flexion should be at least 140°</li> <li>- ER and IR at 60°-90° of ABD with a limit to 45° (unless otherwise noted)</li> </ul> </li> <li>Sidelying scapular stabilization                             <ul style="list-style-type: none"> <li>- Retraction and retraction with depression</li> </ul> </li> <li>At 5-6 weeks initiate <b>submaximal</b> isometrics                             <ul style="list-style-type: none"> <li>- elbow bent shoulder flexion/extension, IR/ER</li> <li>- elbow flexion/extension</li> </ul> </li> <li>At 5-6 weeks Initiate <b>gentle</b> rhythmic stabilization in 45° ABD for ER/IR</li> <li>HEP                             <ul style="list-style-type: none"> <li>- Continue previous PROM for Codman's and table slides</li> <li>- Isometrics and gentle gripping activities</li> <li>- 4 way wrist exercises</li> </ul> </li> <li>Ice frequently or as indicated by pain and/or swelling</li> </ul>
Cardiovascular Exercises	<ul style="list-style-type: none"> <li>May continue recumbent bike in sling</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>Full PROM flexion and scaption</li> <li>IR/ER 45 degrees (at 60-90 degrees ABD unless otherwise noted by MD)</li> </ul>

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PHASE III (6-8 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> <li>• MD follow up at 6 weeks post op</li> <li>• Continue physical therapy 2 x/week</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>• Full PROM all planes</li> <li>• Continued protection of repair</li> <li>• Begin AAROM, AROM (educate patient on difference)</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• No support of body weight</li> <li>• If tenodesis performed: may begin AROM but no resisted biceps x 12 weeks</li> <li>• If subscapularis repair performed: may begin AROM for IR</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>• PROM all planes</li> <li>• Begin AAROM of glenohumeral joint:             <ul style="list-style-type: none"> <li>- UBE minimal to no resistance low arms (standing)</li> <li>- active scapular protraction/retraction</li> <li>- sidelying easy resisted scapular protraction/retraction</li> <li>- GH “seaters”</li> <li>- supine wand exercises, progress to standing</li> <li>- pulleys at 8 weeks</li> <li>- wall walks, standing wand exercises (emphasize AAROM)</li> </ul> </li> <li>• With glenohumeral joint completely supported:             <ul style="list-style-type: none"> <li>- bicep curls (begin with AROM, progress to high reps and low weight unless tenodesis performed)</li> <li>- triceps extensions</li> <li>- 4 way wrist curls</li> </ul> </li> <li>• HEP:             <ul style="list-style-type: none"> <li>- Codmans as needed</li> <li>- Wand exercises (supine then standing), pulleys, wall walks (emphasize AAROM)</li> <li>- Scapular exercises</li> </ul> </li> </ul>
Cardiovascular Exercises	<ul style="list-style-type: none"> <li>• UBE standing, no resistance</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>• Progression of strengthening is dependent on patients’ ability to not utilize compensatory motions</li> <li>• Patient must demonstrate good glenohumeral and scapular mechanics prior to beginning isotonic strengthening.</li> </ul>

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### PHASE IV (8-10 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> <li>Continue physical therapy 2x/week</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>Full AAROM by 10 weeks</li> <li>Begin AROM beginning with gravity assisted, progress to gravity resisted</li> <li>Progress strengthening based on patient's ability to not use compensatory movements</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>Patient must demonstrate good scapular and GH joint mechanics before progressing to AROM and isotonic strengthening</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>AROM flexion in scapular plane, ABD, IR/ER in scapular plane at 90-100 degrees of flexion (sidelying or supine first, high reps, low resistance)</li> <li>Aquatic exercises for AROM</li> <li><b>Sub-maximal</b> rhythmic stabilization supine at 45, 90 and 120 degrees of flexion and ER/IR in scapular plane</li> <li>Supine ER/IR with tubing in 0° ABD with a towel roll between body and arm (increased EMG activation of cuff in sidelying)</li> <li>Prone scapular stabilization (being with short lever arm, elbow bent):             <ul style="list-style-type: none"> <li>rows at 30° ABD</li> <li>extension</li> <li>horizontal ABD</li> </ul> </li> </ul>
Cardiovascular Exercises	<ul style="list-style-type: none"> <li>UBE, light resistance</li> <li>Pool for ROM</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>Good glenohumeral and scapular mechanics (no hiking) with AROM before progressing isotonic strengthening</li> <li>Full AAROM</li> </ul>

### PHASE V (10-12 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> <li>MD at 12 weeks for follow up</li> <li>Continue physical therapy 2 x/week</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>Full AROM by week 12 without substitution</li> <li>If tenodesis performed goal is return of biceps strength by week 12</li> </ul>

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Precautions	<ul style="list-style-type: none"> <li>• Monitor for substitution and compensatory motions</li> <li>• No push-ups or military press</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>• Light PNF</li> <li>• Standing scaption</li> <li>• Lateral raises to 90 degrees (start with palm down on hip, rotate to palm up)</li> <li>• Sidelying ER with light resistance (towel roll between body and arm)</li> <li>• Toward week 12 begin WB exercises                         <ul style="list-style-type: none"> <li>- alphabet on Total Gym, progress to wall then quadruped position</li> </ul> </li> </ul>
Cardiovascular Exercises	<ul style="list-style-type: none"> <li>• Light swimming with kickboard</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>• Full P/AROM</li> <li>• Negative impingement signs and instability tests</li> </ul>

### PHASE VI (12-16 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> <li>• MD at week 12 for follow up</li> <li>• Continue physical therapy 1-2 x/week</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>• Full AROM without substitution</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• Push-up progression wall to floor at end of phase</li> <li>• No military press</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>• Continue above exercises progressing strengthening gradually without compensatory patterns</li> <li>• Progress WB exercises</li> <li>• Incorporate total body strengthening</li> <li>• Initiate functional activities</li> </ul>
Cardiovascular Exercises	<ul style="list-style-type: none"> <li>• No restrictions (if cleared by MD)</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>• Negative impingement and instability signs</li> <li>• Full AROM without compensatory patterns</li> </ul>

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PHASE VII (16 WEEKS +)

DATES:

Appointments	<ul style="list-style-type: none"> <li>• MD at week 16 for follow up</li> <li>• Continue physical therapy 1 x/week with progression to HEP</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>• Full AROM without compensatory patterns</li> <li>• Able to lift 2-5 lbs overhead without compensation (job dependant)</li> <li>• Progress to independent HEP</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• None</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>• Sleeper stretch if needed for capsule stretch</li> </ul>
Cardiovascular Exercises	<ul style="list-style-type: none"> <li>• No restrictions</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>• Patient education about continuing strengthening with proper movement patterns, no compensation and any lifting precautions per MD</li> </ul>

References: Retrieved from

[http://www.brighamandwomens.org/Patients\\_Visitors/pcs/rehabilitation/services/StandardsofCare.aspx](http://www.brighamandwomens.org/Patients_Visitors/pcs/rehabilitation/services/StandardsofCare.aspx)

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