



The Orthopaedic & Fracture Clinic

Rotator Cuff Repair Protocol

Medium/Large Tears (2-5 cm)

Phase I (1 – 14 Days Post Op)

Goals:

- Maintain repair integrity.
- Gradually increase PROM.
- Diminish pain and inflammation.

Post Op Day 1 – 14:

- Dressing change post operative day one.
- Sling use for six weeks. May remove it to shower and when performing exercises.
- PROM exercises only. Gravity eliminated supine flexion, external rotation, internal rotation and abduction. Concentration early on flexion and external rotation ROM.
- Elbow, forearm, and wrist ROM exercises.
- Ice 15 to 20 minutes every two waking hours.
- Sleep in the sling.
- Do not push PROM through pain.

Precautions:

- No lifting objects.
- No excessive shoulder extension.
- No active shoulder movements or excessive stretching.
- No supporting body weight by hands.

Phase II (14 days – 6 Weeks Post Op)

- Continue PROM as above.
- Scapular muscle exercises with concentration on lower and middle trap activities.
- Scapular mobilization.
- PROM to tolerance with ROM goals at six weeks:

- Flexion 140 to 170 degrees.
- External rotation 60 to 90 degrees.
- Internal rotation 60 to 90 degrees.

Phase III (6 – 12 Weeks Post Op)

- May discontinue sling use.
- May begin AAROM and progress to AROM exercises all shoulder motions.
- May begin Theraband exercises, external rotation, internal rotation and extension at 10 weeks post op.
- Patient must be able to elevate the arm without shoulder or scapular hiking before initiating isotonic.
- May initiate isotonic exercises with weights at twelve weeks post op. Start with weight of the extremity adding weight slowly as tolerated by the patient (8 oz., 1 lb., 2 lbs., etc.).
- If biceps tenodesis, then no weighted elbow flexion exercises until eight weeks post op.

Goals:

- Full AROM.
- Gradual restoration of strength and power.
- Dynamic shoulder stability.

Phase IV (12 – 24 Weeks Post Op)

Continue with AA, AROM exercises, and may initiate gentle terminal stretching.

Isotonic strengthening exercises:

- ER/IR tubing.
- ER in side-lying.
- Prone row.
- Prone horizontal abduction.
- Serratus anterior strengthening.
- Prone extension.
- Full can flexion.
- Shoulder abduction.
- Elbow flexion and extension.