



The Orthopaedic & Fracture Clinic

Rotator Cuff Repair Protocol

Medium/Large Tears (1-5cm)

Phase I (Day 1 – 14 Post Op)

Goals:

- Maintain repair integrity.
- Gradually increase passive range of motion.
- Diminish pain and inflammation.

Day One – Seven:

- Dressing change/sling use per physician.
- Pendulum exercises.
- Passive ROM.
 - Flexion to tolerance.
 - ER/IR in scapular plane.
- Good arm passive flexion in supine.
- Wand ER supine arm by side.
- Elbow/hand gripping and ROM exercises.
- Cryotherapy for pain/inflammation.
 - Ice 15 minutes every two waking hours.
- Sleep in sling or brace.

Day 7 – 14:

- Continue exercises as above.
- Add seated pulley forward flexion five minutes in-clinic and three – four times per day at home.
- Biodex passive flexion 15-20 minutes in-clinic until ROM is full over four weeks, ER once forward flexion is full.

Precautions:

- No lifting objects.

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

Goals:

- Allow healing of soft tissue.
- Do not overstress tissue.
- Gradually restore full PROM (week four – five).
- Decrease pain/inflammation.

Phase II (Day 14 – Week 8 Post Op)

Day 14 – 21:

- Continue passive range of motion program as above.
- Passive ROM to tolerance:
 - Flexion 0-125/145 degrees.
 - ER to at least 45 degrees.
 - IR to at least 45 degrees.

Week Six – Eight:

- Continue program as above.
- A/AROM exercises, external rotation, internal rotation, extension, adduction.
- Isotonic exercises:
 - Supine flexion.
 - T-band ER, IR, extension.
 - SL ER.
 - Biceps curls.
 - Prone row.
 - Prone horizontal adduction.
 - Full can forward flexion in plane of scapulae.

Goals:

- Full AROM (week 8 – 10).
 - Gradual restoration of AROM strength and power.
 - Dynamic shoulder stability.

Phase III (Weeks 8 – 14 Post Op)

- Continue ROM and stretching program.
 - ER/IR tubing.
 - ER side-lying.
 - Prone row.
 - Prone horizontal abduction.
 - Prone extension.
 - *Lateral raise.
 - *Full can in scapular plane.
 - Elbow flexion/extension.

*Start with weight of extremity adding weight as tolerated: 8 oz., 1 lb., 2 lbs.

Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; if unable, then continue glenohumeral exercises until able.