**Rotator Cuff Repair**

**General Precautions:**

Require abduction pillow brace/sling for 6 weeks post-op unless otherwise specified.

**PHASE I:**

Days 0 -14

• May remove sling for gentle pendulum exercise 2-3 times per day.

• Elbow/hand gripping and ROM exercises: perform 4-6 times per day.

• Cryotherapy as needed.

Weeks 2-4

• PROM -Flexion to 90º, Abduction to 90º, ER 30º, IR 30º, Extension 30º.

 (ER/IR in scapular plane, Flexion/extension at 90 º flexion in scapular

 plane)

• Rhythmic stabilization drills.

• Continue all isometric contractions and use of cryotherapy as needed.

• Initiate scapular isometrics.

• Screen posture

• May begin joint mobilizations grade I and II for pain relief/relaxation.

• Initiate passive table slides

Weeks 4-5

• PROM -Flexion to 120º, Abduction to 120º, ER 30º, IR 45º, Extension 30º.

• ER/IR in scapular plane and at 90º abduction.

• Initiate ER/IR strengthening using exercise tubing at 0º of abduction (use

 towel roll under arm).

• Initiate manual resistance ER in supine in scapular plane (light resistance).

• Progress scapular strengthening.

• Initiate prone rowing with arm at 30º of abduction to neural arm position.

• Initiate prone shoulder extension with elbow flexed to 90º.

• Continue use of ice as needed. May use heat prior to ROM exercises.

• Rhythmic stabilization exercises (flexion at 45º, 90º, 100º and ER/IR at

 multiple angles).

Weeks 5-6

• Advance PROM in all directions as tolerated.

• Joint mobilizations: gentle scapular/glenohumeral joint mobilization as

 indicated to regain full PROM.

• AAROM and stretching exercises to gain full motion.

• Shoulder flexion

• ER at 90º abduction.

• Initiate AROM exercises.

• Shoulder flexion in scapular plane to 90º of flexion.

• Shoulder abduction to 90º.

• Progress isotonic strengthening exercise program.

• IR/ER tubing (towel under arm).

• Side-lying ER (towel under arm).

• Prone rowing at 45º abduction.

• Prone horizontal abduction (flexed elbow) at 90º abduction.

• Biceps curls (isotonics with very light resistance).

• Slowly progress strengthening to prevent inflammation of tendon.

***Criteria to advance to Phase II:***

• Full PROM.

• Flexion PROM: >125º.

• ER PROM in scapular plan to >75º (if uninvolved shoulder PROM >80º).

• IR PROM in scapular plan to >75º (if uninvolved shoulder PROM >80º).

• Abduction PROM to >90º in scapular plane.

**PHASE II:**

Week 7

• Maintain full ROM in all planes.

• Continue dynamic stabilization drills.

• Progress AROM and light strengthening program with the addition of

• ER/IR tubing

• Lateral raises to 90º of abduction\*

• Full can in scapular plan to 90º elevation\*

• Prone extension

• Prone serratus punch.

• Elbow flexion and extension

• \*Must be able to elevate arm without shoulder or scapular hiking before

 initiating isotonics; if unable, continue dynamic rhythmic stabilization

 glenohumeral joint exercises.\*

• Progress joint mobilizations to grades III and IV to address capsular

 restrictions as indicated for all shoulder girdle joints.

Weeks 8-9

• Continue as above

• Initiate light functional activities if physician permits

• In pain free ROM; starting at waist level activities, progression to shoulder

 level activities, then overhead activities.

Week 10

• Continue with all exercises listed above.

• Progress to fundamental shoulder exercises.

• Strengthening Exercises: addition of the following

• Standing lateral raise to 90º

• Prone Horizontal Abduction –T’s.

• Prone Scaption –Y’s.

• Initiate isotonic resistance (0.5kg weight) during flexion and abduction if

 patient exhibits non-painful normal motion without substitution patterns.

Weeks 11-14

• Progress all exercises.

• Continue ROM and flexibility exercises.

• Stretch posterior capsule with cross body adduction stretching.

• Progress strengthening program (increase 0.5kg/10 days if non- painful).

• No residual pain should be present following exercises.

***Criteria to advance to Phase III:***

• Full AROM and PROM.

• Pain free with all strengthening exercises.

• Dynamic shoulder stability.

**PHASE III:**

Weeks 15 -20

• Continue ROM and stretching to maintain full ROM.

• Self-capsular stretches

• Sleeper stretch

• Behind the back IR with towel

• Cross body stretch

• Doorway ER stretch

• Progress shoulder strengthening exercises

Fundamental shoulder exercises including:

• Diagonals with resistance band in D2 pattern.

• Push up plus on wall (progress to floor).

• Dynamic hug with band.

• IR at 90º with band.

• Standing forward punch with band.

• ER (supported and unsupported at 90º) with weight or band.

• Biceps curls

Weeks 20-24

• Continue all exercises listed above.

• Gradually increase resistance (patient should not exhibit pain during or

 after exercise and no substitution pattern).

**Criteria to advance to Phase IV:**

• Maintenance of full pain-free ROM.

• Functional use of upper extremity.

• Full muscular strength and power.

**PHASE IV: Return to Activity Phase (Weeks 24-36)**

Weeks 24-26

• Continue fundamental shoulder exercise program (at least 4 times weekly).

• Continue stretching if motion is tight.

• Continue progression to sport and/or work activity/participation.