

Postoperative Rehabilitation Protocol for Rotator Cuff Repair

**Patient will wear an abduction pillow sling for 6 weeks postoperatively*

**Unless otherwise specified, do not begin PT until patient has been seen for 2-week postoperative visit*

Postoperative weeks 2-4

- Sling immobilization
- Active ROM Elbow, wrist, and hand
- True PROM **only**. NO ACTIVE MOTION
- Pendulums
- Supine elevation in scapular plane to 140 degrees
- ER to tolerance with arm at side (emphasize ER, minimum goal of 40°)
- Scapular stabilization exercises (lying on side)
- Deltoid isometrics in neutral (submaximal) as ROM improved
- Screen for posture
- Modalities PRN

Postoperative weeks 4-6

- Begin progressing PROM to full by end of week 6
 - No internal rotation or behind back until 6 weeks
- Begin AAROM and advance to AROM as tolerated
- Elevation in scapular plane and ER as tolerated
- Begin cuff isometrics at 6 weeks with arm at side
- Joint mobilizations: gentle scapular/glenohumeral joint mobilization as indicated to regain full PROM
- Progress scapular strengthening
- Rhythmic stabilization exercises
- Continue use of ice as needed. May use heat prior to ROM exercises

Postoperative weeks 6-12

- AAROM to AROM as tolerated
- Elevation in scapular plane and ER to tolerance
- Begin IR as tolerated
- Light stretch at end ranges
- Cuff isometrics with arm at the side
- Upper Body Ergometer

Postoperative weeks 12+

- Advance to full ROM as tolerated with passive stretching at end ranges
- Advance strengthening as tolerated: isometrics / bands / light weights
 - 1-5lbs; 8-12 reps / 2-3 sets per rotator cuff, deltoid, and scapular stabilizers
- Begin eccentrically resisted motions, plyometrics (weighted ball toss), proprioception (eg. Body blade)
- Begin sports related rehab at 4.5mo including advanced conditioning

- Return to throwing at 6mo
- Throw from pitcher's mound at 9mo
- Collision sports at 9mo