



## Rotator Cuff Repair Protocol

Large to Massive Size (>3cm)

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
<b>Phase I: 0-4 Weeks</b> PT 1x/week HEP daily  "Protection"	Edema and pain control  Protect surgical repair  Sling immobilization	Sling at all times including sleep  Remove for hygiene & exercises	Gentle Codman & Pendulum  Side lying scapular stabilization  Elbow, wrist, hand ROM  Gripping exercises
<b>Phase II: 4-6 Weeks</b> PT 1-2x/week HEP daily	Begin passive shoulder ER and FLEX  Protect Surgical Repair	Discharge sling at 6 weeks <b>(at 4 weeks for Dr. Below)</b>  PROM ER by side up to 30 deg  PROM FLEX up to 90 deg	Table step back/Forward Bow  Passive ER by side with towel or in supine with elbow by side  Continue:  Gentle Codman/Pendulum  Scapular stabilization
<b>Phase III: 6-12 Weeks</b> PT 2-3x/week HEP daily	Protect surgical repair Restore ROM  Gradual return to light ADL's below 90° elevation  Normal scapulohumeral rhythm below 90° elevation	Avoid cuff inflammation and painful ADLs  Avoid repetitive activity  No resistance training (submaximal, pain-free isometrics indicated)  No stretching/pushing through tension	Joint mobilization (Maitland AP Grade III-IV)  Progress AA/PROM to FLEX 155°, ABD 135°, ER 45°, ABER 90°, ABIR 45°  Progress A/AROM to tolerance (Progress from gravity minimized to gravity resisted) AAROM Supine -> AROM Supine -> AROM Inclined-> AROM standing  IR Progression: neutral IR -> ABD+IR -> Cross Body Adduction -> EXT+IR -> Spine Slide/Towel IR Stretch  Submaximal Deltoid, Biceps, Triceps, ER & IR isometrics  Hydrotherapy if indicated
<b>Phase IV: 12-20 Weeks</b> PT 2x/week HEP daily	Full ROM  Normalize scapulohumeral rhythm throughout ROM  Restore strength 5/5	Avoid painful ADLs  Avoid rotator cuff inflammation  Avoid excessive passive stretching  Allowed to begin	Endurance: Upper Body Ergometer (UBE)  Full A/AA/PROM no limits  Continue scapular stabilization (closed kinetic chain)

		running/cycling	Advance scapulohumeral rhythm  Begin resisted strengthening for scapula, biceps, triceps, and rotator cuff (high rep – low load)
<b>Phase V: Weeks 20+</b>	Full ROM and strength	Avoid painful activities	Advance eccentric training
PT 1-2x/week	Improve endurance	No contact/racket/throwing sports	Advance endurance training
HEP daily	Prevent re-injury	Return to sport (MD directed)	Add plyometrics Add sport specific activities: -Throwing/racquet program ~5 months -Contact sports 6 months

### **Amendments for Concomitant Procedures**

Check boxes for any MD specifics, altered protocols for secondary procedures, etc.

- Distal Clavicle Excision:**  
Weeks 0-8 No cross-body adduction / No ABD >90deg / No ER/IR in 90 deg ABD
- Biceps Tenodesis:**  
Weeks 0-4 No active elbow FLEX  
Weeks 4-8 Begin biceps submaximal isometrics  
Weeks 8+ Begin biceps resistance training
- Subscapularis Repair:**  
Weeks 0-4 No ER >0deg / No active IR  
Weeks 4-6 No ER >30deg / No passive FLEX >90deg / No EXT >20deg  
Weeks 6-12 Begin active IR  
Weeks 12+ Begin resisted IR; Begin spine slide AAROM -> AROM behind back

## Physician-Specific

### Typical Schedule of follow-up visits with physician after surgery:

**Dr. Ramirez:** 2, 8, 14 weeks; 4 months

**Dr. Below:** 1, 6, 12, and 18 weeks

### Typical Medications:

**Dr. Ramirez:** Oxycodone, Medrol Dosepak, Tylenol, Ibuprofen

### TED hose:

**Dr. Ramirez:** 2 weeks

**Dr. Below:** 3 weeks

### Dressings:

**Dr. Ramirez:** Remove at 1 week

**Dr. Below:** 1 day then shower only