OSF HEALTHCARE

ROTATOR CUFF REPAIR PROTOCOL

Small to Moderate Size (<3cm)

Postop	Goals	Precautions	Exercises
Phase I: 0-2 Weeks PT 1x/week HEP daily "Protection"	Edema and pain control Protect surgical repair Sling immobilization	Sling always, including sleep; remove for hygiene & exercises	Gentle Codman & Pendulum Side lying scapular stabilization Elbow, wrist, hand ROM Gripping exercises
Phase II: 2-6 Weeks PT 1-2x/week HEP daily	Begin passive shoulder ER and FLEX Protect surgical repair	Sling always, including sleep, unless the surgeon instructs an earlier sling discharge per op-note/post-op note. If so, phase III can be initiated; remove for hygiene and exercises PROM ER by side up to 30 degrees PROM FLEX up to 130 deg	Table step back/Forward Bow Supine PROM FLEX PROM ER by side with towel or in supine with elbow by side Week 4: Submaximal Deltoid, Biceps, Triceps Isometrics Continue: Gentle Codman/Pendulum Scapular stabilization
Phase III: 6-12 Weeks PT 2-3x/week HEP daily	Protect surgical repair Restore ROM Gradual return to light ADLs below 90° elevation Normal scapulohumeral rhythm below 90° elevation	Discharge sling at 6 weeks (**at 4 weeks for Dr. Below)** 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 ER & IR isometrics Hydrotherapy if indicated/available

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Phase IV: 12-20 Weeks 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 running/cycling	Endurance: Upper Body Ergometer (UBE) Full A/AA/PROM no limits Continue scapular stabilization (including closed kinetic chain) Advance scapulohumeral rhythm Begin resisted strengthening for scapula, biceps, triceps, and rotator cuff (high rep – low load)
Phase V: Weeks 20+ PT 1-2x/week HEP daily	Full ROM and strength Improve endurance Prevent re-injury	Avoid painful activities No contact/racket/throwing sports until cleared Return to sport (MD directed)	Advance eccentric training Advance endurance training Add plyometrics Add sport specific activities: -Throwing/racquet program ~5 months -Contact sports ~6 months

Protocol designed to indicate full weeks completed, i.e. 4 weeks means end of the 4th week, not beginning of 4th week

Amendments for Concomitant Procedures

Central Region: 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: Usually removed around 1 week by **ORTHO ONLY** – do not remove in rehab (shower only until then)

Telehealth:

Not Indicated