



ROTATOR CUFF REPAIR PROTOCOL

Small to Moderate Size (<3cm)

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
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

Phase IV: 12-20 Weeks PT 2x/week HEP daily	Full ROM	Avoid painful ADLs	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)
	Normalize scapulohumeral rhythm throughout ROM	Avoid rotator cuff inflammation	
	Restore strength 5/5	Avoid excessive passive stretching Allowed to begin running/cycling	
Phase V: Weeks 20+ PT 1-2x/week HEP daily	Full ROM and strength	Avoid painful activities	Advance eccentric training Advance endurance training Add plyometrics Add sport specific activities: -Throwing/racquet program ~5 months -Contact sports ~6 months
	Improve endurance	No contact/racket/throwing sports until cleared	
	Prevent re-injury	Return to sport (MD directed)	

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

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