



Rotator Cuff Repair: Small Tear

Post-Operative Rehabilitation Protocol

Lake Cook Orthopedics

The intent of this protocol is to provide the clinician with a guideline for the postoperative rehabilitation course of a patient that has undergone a rotator cuff repair. This protocol is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon

Phase 1: **Time Frame:** 0-4 weeks

Immobilization: Sling / Immobilizer / brace x 4 weeks

Restrictions: Avoid AROM and strengthening. No restriction on ROM degrees. ROM should be a slow stretch (not forceful). Rotator cuff repair takes up to 10-12 weeks to heal.

Exercises: Gripping exercises, elbow, wrist and finger ROM, PROM and AAROM for shoulder. Instruct on HEP to perform twice daily.

Phase 2: **Time Frame:** 4-8 weeks

Immobilization: None

Restrictions: No resistance exercises. Hold on isometric strengthening until 6 weeks

Exercises: Gradually increases ROM exercises and add AROM. At 6 weeks begin shoulder isometric strengthening with arms at side (IR, ER, scapular stabilization). Modalities used as needed.

WWW.LAKECOOKORTHO.COM



Phase 3: **Time Frame:** 8-12 weeks

Immobilization: None

Restrictions: Exercise advancement should be gradual and in slow increments while avoiding pain. If patient develops pain, drop back to early phase of rehabilitation, until pain free.

Exercises: Continue with shoulder PROM and AROM (Goal is 85% or greater of normal PROM by 12 weeks). Add shoulder resistance strengthening exercises at 8 weeks, progression should be gradual and in slow increments while avoiding pain.

Phase 4: **Time Frame:** 12+ weeks

Immobilization: None

Restrictions: No specific restrictions. Patients ROM, strength and endurance should be advanced progressively while avoiding pain.

Exercises: ROM should be returning to normal; if not, continue to address with stretching and a HEP. Progressive upper-body strengthening may be more aggressive after 16 weeks. Add plyometric training for athletes at 16 weeks. Add exercises simulating work requirements at 16 weeks as part of return to work program.

Phase 5: **Time Frame:** 20+ weeks

Goal: Restore normal shoulder function and progress to return to sport or return to work.

Restrictions: No specific restrictions. Advance progressively while avoiding pain. If the patient develops pain they are to return to earlier stage of rehabilitation.

Exercises: Aggressive upper-body strengthening and with initiation of plyometric training and sports or work specific training. Consider work conditioning program based on patients job requirements and patient motivation.