



ROTATOR CUFF REPAIR REHABILITATION GUIDELINES
 Dr. Steven Pennington
 2500 W "A" St Suite 201, Moscow, ID 83843 (208) 883-2828
 825 SE Bishop Blvd Suite 120, Pullman, WA 99163 (509) 332-2828

| Phase I, Post-Op (0-6 weeks) | |
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| OSMS Appointments | <ul style="list-style-type: none"> • Medical appointment at 5-14 days with films • Physical therapy will begin as directed by your physician and as indicated on your physical therapy order |
| Rehabilitation Goals | <ul style="list-style-type: none"> • Protect the arthroscopically-repaired shoulder • Cryotherapy unit to the shoulder <ul style="list-style-type: none"> ○ 20 minutes every 2 hours to reduce swelling • PROM for shoulder flexion, abduction, IR to abdomen, and ER to neutral • Limited removal of the sling in safe environments at 10-14 days |
| Precautions | <ul style="list-style-type: none"> • True PROM only (repaired tendon needs to heal back to the bone!) • No canes or pulleys (these are active-assist exercises) |
| ROM Exercises | <ul style="list-style-type: none"> • Max ROM FF to 140 degrees • Max ER to 40 degrees • Max abduction 80 degrees without rotation |
| Suggested Therapeutic Exercises | <ul style="list-style-type: none"> • Heat before, ice after PT • Hand gripping • Elbow, forearm, and wrist ROM • Side lying scapular clock with progression to manually resisted shoulder protraction/retraction • Desensitization for axillary nerve distribution • Postural exercises • By week 3 <ul style="list-style-type: none"> ○ Advance to sub-maximum rhythmic stabilization ○ scapular protraction in supine and side-lying • By week 4 <ul style="list-style-type: none"> ○ Advance to T-bar ER/IR performed while sitting and standing ○ T-bar abduction in scapular plane ○ Biceps/triceps resistive exercises • By week 5 <ul style="list-style-type: none"> ○ Advance to T-bar ER/IR while standing ○ Submaximal rhythmic stabilization ○ Supine ER/IR at 45 degrees abd <ul style="list-style-type: none"> ▪ Progress to standing |
| Cardiovascular Exercises | <ul style="list-style-type: none"> • Walking or stationary bike (with sling on) |
| Progression Criteria | Negative impingement pain or shoulder apprehension |

| PHASE II: after Phase I criteria met, usually 6-12 weeks | |
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| OSMS Appointments | <ul style="list-style-type: none"> • MD appointment at 6 weeks • Physical therapy appointments every 5-7 days |
| Rehabilitation Goals | <ul style="list-style-type: none"> • Full shoulder ROM in all planes, with eventual normal scapulothoracic movement • Begin scapular exercises, PREs for pecs, lats, large muscle groups • Full discontinuation of sling |



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| Precautions | <ul style="list-style-type: none"> • Begin LIGHT end-range passive stretching |
| Suggested Therapeutic Exercises | <ul style="list-style-type: none"> • Scapular PREs • Prone extension/horizontal abduction to 45 degrees, with progression to 90 degrees • Resisted ER/IR in neutral with tubing and progress to side-lying ER as tolerated • AROM in plane of scapula with elbow flexed, max flex/abd to 90 degrees • By week 8 <ul style="list-style-type: none"> ○ Advance to AROM in plane of scapula with elbow flexed, limited to 90 degrees ○ UBC light resistance ○ Resisted ER/IR in neutral with tubing <ul style="list-style-type: none"> ▪ Progress to side-lying ER as tolerated • By week 10 <ul style="list-style-type: none"> ○ Progress to AROM long level arms ○ Weight bearing/closed chain exercises <ul style="list-style-type: none"> ▪ Wall push-ups ▪ 4-point hand walking |
| Progression Criteria | Full shoulder ROM |

| PHASE III: after Phase II criteria met, usually 12-18 weeks | |
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| OSMS Appointments | <ul style="list-style-type: none"> • MD appointment at 12 weeks • Physical therapy appointments every 1-2 weeks |
| Rehabilitation Goals | <ul style="list-style-type: none"> • Full shoulder and scapular ROM, in all planes • 5/5 RTC strength at 90 degrees and 5/5 periscapular strength |
| Precautions | <ul style="list-style-type: none"> • Strengthening limited to 3x/week to avoid tendinitis • Avoid sport-specific rehab until 18 weeks • Avoid OH motion or collision sports until 6 months |
| Suggested Therapeutic Exercises | <ul style="list-style-type: none"> • AROM in plane of scapula with elbow flexed (limit flex/abduction to 90 degrees) • IR in side-lying as tolerated • Resisted ER/IR in neutral with tubing and progress to side lying ER as tolerated • Isometric strengthening with bands/light weights for RTC, deltoid, scap stabilizers • At 16 weeks, advance to ER strengthening at 90 degrees abduction • At 18 weeks, advance to plyometric exercises • Return to throwing/OH hitting at 6 months • Throw from pitcher's mound at 9 months |
| Return to Sport/Discharge Criteria | Return to sport is generally acceptable at 6 months after surgery, after clearance by surgeon and physical therapist/ATC |