



## **Rotator Cuff Repair PT Protocol**

### **Andrea Saterbak, MD**

#### **Post-op 0-2 weeks:**

- Typically no PT appointments until first post op visit at 2 weeks
- Wear sling until 4 weeks post op unless otherwise specified by physician
- NO active use of RC muscles, do not lift arm away from the body
- Discuss sleeping postures, semi reclined position like in a recliner with pillow under the posterior shoulder to avoid extension
- Inspect incision, monitor for signs of infection, keep incision clean and dry
- Ice for pain management
- Primarily in sling for the first 2 weeks, but ok to let arm hang down out of sling once in a while – until week 4
- Move uninvolved joints-elbow, wrist, fingers
- Trapezius and levator stretch
- Posture education
- Pendulums

#### **2 weeks post-op:**

Goal: prevent adhesive capsulitis

- Controlled PROM in scapular plane – use your judgment as to how far to push it. Avoid abduction if painful or causes impingement
- Continue pendulums
- Scapular stabilization exercises: retraction, depression, protraction in sling
- Submax isometrics in the sling – should be pain free (avoid IR and ext if subscap repair)
- If there is a subscap repair, No PROM ER beyond 30<sup>0</sup> until 6 weeks
- Grade I-II joint mobs for pain
- Continue with ice on a regular basis

#### **4 weeks post-op:**

Goal: PROM flex/abd 100-110<sup>0</sup>

- Wean out of sling
- Continue scapular stabilization exercises
- Progress isometrics
- Begin with AAROM with pulleys and/or a dowel
- If there is a subscap repair, no active IR until 6 weeks

### **6 weeks post-op:**

Goal: Full PROM by 6 weeks, follow up with MD

- Begin AROM per tolerance, wait longer for larger repair
- Closed chain exercise with 25-50% body weight (wobble board, ball, table wash)
- Side lying ER – no weight
- Rhythmic stabilization
- Push ups with a plus

### **8 weeks post-op:**

Goal: Able to raise arm overhead- AROM

- PROM and AAROM to end ranges, AROM – begin in supine and progress to standing to 90°, watch for impingement signs and compensation with shoulder hiking
- Grade II-III joint mobilization to assist with ROM gains
- Begin gentle strengthening (this can be done after 6 weeks as long as they have good motion)
  - Theraband exercises
    - IR/ER
    - Mid trap rows
    - Pull downs

### **10-14 weeks post-op:**

Goal: Full ROM by 12 weeks

- Begin strengthening/progressive AROM. Use 2oz to 1 lb weights. There should be minimal pain with exercises or later in the day. Emphasize high reps for endurance.
  - Standing flexion to shoulder height or modified in supine
  - Standing scaption with thumbs to shoulder height
  - SL ER with towel under arm
  - Prone ER keeping elbow bent to 90°
  - Standing IR with theraband
  - Bicep curl palm up
  - Ball on wall or body blade (make sure scaps are set)

### **14 weeks to 6 months post-op**

Goal: good to normal strength, little to no pain, return to ADLs, work, athletics

- Aggressive RC exercises
- Initiate return to sports program (20 weeks)

\*\*No restrictions with biceps tenotomy

MD appt at 2 weeks, 6 weeks, and 3 months post-op. Goal by 3 month appointment is for patient to have good function, most of their strength, minimal to no pain, and regular use of arm for ADLs. Goal by 6 months is to have regular use of surgical arm.