

Small- Medium Rotator Cuff Repair Protocol (< 2 cm) Twin Cities Orthopedics Dr. Mair

WEEKS 0-4

Patient to wear sling continuously for 4 weeks. Sling may be removed for exercises, showering and dressing.

ROM

- -AROM of elbow, wrist and hand (If biceps tenodesis, avoid active elbow flexion and forearm supination until 4 weeks postop)
- -PROM (flexion to tolerance in pain-free ROM, ER/IR in scapular plane in pain-free ROM

EXERCISES

- -Scapular retractions
- -Codman's
- -Hand gripping
- -Soft tissue mobilizations as needed
- -Assessory joint mobilizations as needed
- -Submaximal, painfree isometrics (If biceps tenodesis, avoid shoulder and elbow flexion)

Flexion with elbow bent to 90 degrees

ER/IR

Elbow flexors

GOALS

- -Maintain integrity of repair
- -Diminish pain and inflammation
- -Prevent muscular inhibition

PRECAUTIONS

- -No lifting of objects
- -No excessive shoulder extension
- -No excessive stretching or sudden movements
- -No supporting of body weight by hands
- -Keep incision clean and dry

WEEK 4-6

ROM

- -Continue PROM as necessary to achieve full ROM
- -Advance to AAROM (wand, pulleys, table slides)
- -May initiate active elbow flexion and supination if biceps tenodesis



EXERCISES

- -Initiate scapular stabilization exercises (prone extension, horizontal abduction and row to neutral)
- -Rhythmic stabilization exercises
- -Isotonic elbow flexion
- -Continue joint mobilizations to restore movement and provide joint hydration and nutrition
- -Continue submaximal, painfree isometrics

GOALS

- -Gradually restore full PROM
- -Do not overstress healing tissue
- -Re-establish dynamic shoulder stability
- -Decrease pain and inflammation

PRECAUTIONS

- -No lifting of heavy objects
- -No excessive behind the back movements
- -No supporting of body weight by hands and arms
- -No sudden jerking motions

WEEK 6-8

ROM

- -Continue PROM as necessary to achieve full ROM
- -AROM with scapular stabilization
- -Light passive stretching at end ranges

EXERCISES

- -Core strengthening exercises
- -May add resisted elbow flexion and forearm supination if biceps tenodesis as long as AROM is non-painful
- -Progress scapular stabilization exercises
- -Continue rhythmic stabilization

GOALS

- -Maintain full PROM
- -Dynamic shoulder stability
- -Painless AROM

WEEK 8-10

EXERCISES

- -Initiate rotator cuff strengthening with no weight, high reps
- -Proprioceptive/stability training



WEEKS 10 PLUS

EXERCISES

- -Initiate PRE's (light weight, high reps) (pt. must be able to elevate arm without shoulder or scapular hiking before initiating isotonics)
- -Aerobic conditioning
- -Core stabilization exercises in standing to prepare for RTW or sport and ADL's
- -Progress strengthening program (increase 1 lb/10 days if non-painful)
- -Passive capsular stretching at end ranges especially cross body adduction and IR to stretch posterior capsule as needed
- -Progressive systematic interval program for return to sports starting around week 20

PRECAUTIONS

-Strengthening daily, when up to 3 pounds decrease to 3x/week to avoid rotator cuff tendonitis

GOALS

- -Full AROM
- -90% strength per MMT
- -Able to perform 10 min. of UBE without shoulder pain
- -Return to strenuous work and sport week 23-36

This protocol provides the rehabilitation specialist with general guidelines for the rehabilitation of the patient undergoing a small-medium RCR.

Questions regarding the progress of specific patient are encouraged and should be directed to 952 442-8201 or to rehabprotocols@tcomn.com.