

## **Rotator Cuff Repair Protocol**

### **Dr. Robert Klitzman**

This rehabilitation protocol was developed for the patient following a rotator cuff surgical procedure. This protocol will vary in length and aggressiveness depending on factors such as:

- Size and location of tear
- Degree of shoulder instability/laxity prior to surgery
- Acute versus chronic condition
- Length of time immobilized
- Strength/pain/swelling/range of motion status
- Rehabilitation goals and expectations

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances.

The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain, inflammation, and effusion
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals

The physical therapy should be initiated within the first week and one half to two full weeks post-op. A CPM machine will be used for home range of motion prior to beginning a full therapy program. The supervised rehabilitation program is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

**Important post-op signs** to monitor:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain response, hypersensitive – an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

**Return to activity** requires both time and clinical evaluation. To safely and most efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness to return to activity. Return to intense activities following a rotator cuff repair require both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing. Symptoms such as pain, swelling, or instability should be closely monitored by the patient.

**Phase 1: Week 1-3  
Rotator Cuff Repair  
Dr. Robert Klitzman**

<b>WEEK</b>	<b>EXERCISE</b>	<b>GOAL</b>
1-3	<p><b>ROM</b></p> <p>Passive ROM in scapular plane Pendulum exercises Elbow (flex/ext) range of motion Initiate rope/pulley week 3-4 post-op Initiate passive ER wand exercise week 3-4 not to exceed 45° or ER at 45° abduction</p> <p><b>STRENGTH</b></p> <p><b>NO</b> Active shoulder flexion or abduction allowed In the first 3 weeks Grip strengthening with putty or ball</p> <p><b>BRACE</b></p> <p>Brace for 3 weeks or as noted by Dr. Klitzman Brace removed to perform exercises above</p> <p><b>MODALITIES</b></p> <p>E-stim as needed Ice 15-20 minutes</p>	Gradual ↑

**GOALS OF PHASE:**

- Promote healing of repaired rotator cuff
- Control pain and inflammation
- Gradual increase of ROM
- Independent in HEP
- Delay muscle atrophy



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**Phase 3: Week 6-12**  
**Rotator Cuff Repair**  
**Dr. Robert Klitzman**

<b>WEEK</b>	<b>EXERCISE</b>	<b>GOAL</b>
6-12	<p><b>ROM</b></p> <p>Continue all ROM from previous phases Posterior capsule stretching Initiate Grade II-IV joint mobs as needed Rope/Pulley (flex, abd, scaption) Towel stretching Wand activities in all planes</p> <p><b>STRENGTH</b></p> <p>Continue with all strengthening from previous Phases increasing resistance and repetition Manual rhythmic stabilization exercises at 90° flex Shoulder shrugs with resistance Shoulder retraction with resistance Supine punches with resistance Prone shoulder extension Prone rowing Prone ER with abduction Initiate forward flexion, scaption, empty can Sidelying ER Initiate D1/D2 patterns supine then standing Push-up progression UBE for endurance training Initiate plyotoss at chest then progress to overhead Bicep/Tricep work Isokinetic ER/IR at neutral at week 10-12</p> <p><b>MODALITIES</b></p> <p>Ice 15-20 minutes</p>	Full ROM 10-12 wk

**GOALS OF PHASE:**

- Minimize pain and swelling
- Reach full ROM
- Improve upper extremity strength and endurance
- Enhance neuromuscular control
- Normalize arthrokinematics

**Phase 4: Week 12-24**  
**Rotator Cuff Repair**  
**Dr. Robert Klitzman**

**WEEK**

**EXERCISE**

12-24

**ROM**

Continue with all ROM activities from previous phases  
Posterior capsule stretching  
Towel stretching  
Grade III-IV joint mobs as needed for full ROM

**STRENGTH**

Progress strengthening program with increase in resistance and high speed repetition  
Initiate IR/ER exercises at 90° abduction  
Progress rhythmic stabilization activities to include standing PNF patterns with tubing  
Initiate single arm plyotoss  
Initiate military press, bench press, flys, lat pulldowns  
UBE for strength and endurance  
Initiate sport specific drills and functional activities  
Initiate interval throwing program week 16-20  
Initiate light upper body plyometric program week 16-20  
Progress isokinetics to 90° abduction at high speeds

**MODALITIES**

Ice 15-20 minutes

**GOALS OF PHASE:**

- Full painless ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Initiate sports specific training/functional training