Small to Medium (1 – 3 cm) Arthroscopic or Mini-Open Rotator Cuff Repair Post-Operative Rehabilitation Program

**SUBSCAPULARIS INVOLVEMENT PRECAUTIONS:**
1. Limit Passive ER to 45° until 4 weeks post-op
2. Full PROM by 8-10 weeks post-op
3. NO active/resisted IR until 6 weeks post-op
4. Begin active ER early: 0 – 30° (at 30° of ABD)

**BICEPS TENODESIS PRECAUTIONS:**
1. No Resisted elbow flexion for 8 weeks
2. No Resisted shoulder flexion for 8 weeks
3. No lifting of anything over 1 or 2 pounds for 8 weeks

* IF CHECKED PRECAUTIONS IN BOX ABOVE SUPERCEDE PROTOCOL
*The following protocols are general treatment guidelines. Treatment plan will be established in consultation with referring physician.
*It is important to know the exact surgical procedure, including the following:
  - Size of the tear, how many tendons involved, Type of repair, Tissue quality
  - Other procedures performed (acromioplasty, bursectomy, manipulation, etc.)

**MAJOR OBJECTIVES** for this rehabilitation are:
1. 145° passive flexion and 50° passive ER with the humerus in slight abduction in the scapular plane by **4 weeks post-op.**
2. Full PROM by **8 weeks post-op** (****Pre-op ROM will affect ROM achieved post-operatively***).
3. AROM at trunk level allowed at **2 weeks post-op** (except with subscapularis tears). ABSOLUTLEY NO AROM of the extremity above shoulder level until **8 weeks post-op.**
4. No PRE’s until **6 weeks post-op.**
5. Always stabilize the scapula when performing strength exercise.
6. Issue home ranger pulleys to progress flexion in plane of scapula

**Phase One – Protective Phase (0-4 weeks post-op)**
**Goals:**
- Decrease pain and inflammation
- Protection of the repair
- Prevent/Decrease glenohumeral stiffness

**Treatment:**
1. Sling / abduction pillow to be worn at all times **(4-6 weeks)** Per physician instruction
2. No showers until instructed to do so by physician
3. Cryotherapy
4. AROM of cervical spine, elbow, wrist, and hand
5. Seated Table walk-outs (walk hand out and back on table)
6. Grip and wrist strengthening
7. Pendulum exercises (**start day 1**)
8. PROM in supine:
   a. Elevation in the scapular plane
   b. ER with slight abduction in scapular plane
   c. IR with slight abduction in scapular plane (week 2 - 3)
9. Pulley exercises for elevation in the scapular plane (week 2)
10. AAROM exercises (use of cane for ER with towel under elbow)
11. AROM scapular exercises: retraction, shrugs
   a. *Submaximal pain-free isometrics for ER, IR, flexion, extension, and abduction. ER and IR should be performed with a towel roll between the trunk and the arm (week 2)
12. AVOID active ER, Abduction, and extension for the first 2 – 3 weeks
13. AVOID passive horizontal adduction and extension for the first 4 weeks

Phase Two – Intermediate Phase (4-8 weeks post-op)
Goals: Protect the repair
        Full PROM by 8 weeks
        Improve strength of the rotator cuff and periscapular muscles
        Promote proper shoulder biomechanics

Treatment:
1. Continue with above program
2. Work on ROM with emphasis of full PROM by 8 weeks
3. Continue with RTC Isometrics
4. Begin UBE as tolerated at low resistance (week 6)
5. *Initiate PREs with theraband or weights for ER/IR and extension (week 6)
6. PREs for scapular stabilizers/posterior shoulder girdle
   a. Active motions – (week 6)
   b. PREs – (week 7)
      o Serratus punches, prone extension, prone rowing with emphasis on scapular adduction, prone horizontal abduction with arm in neutral
7. Perform AAROM supine flexion, ER, and IR (with use of a cane)
8. *Rhythmic stabilization of GH joint for ER/IR with arm supported in scap plane (week 6)
9. Glenohumeral and scapulothoracic mobilizations as needed
10. Standing wall slides
11. AROM in all Directions → watch for substitutions (week 6 – 8)
12. Sidelying ER/IR with dumbbell (week 7 to 8)

Phase Three – Strengthening Phase (8-12 weeks)
Goals: Protect the repair
        Restore full PROM by 8 weeks
        Restore full AROM by 12 weeks
        Normal shoulder biomechanics
        Initiate return to functional activities

* Developed and approved by Rolando Izquierdo, M.D. (Updated March 2016)
Treatment:
1. Continue with above program
2. Continue PROM/Static stretching for limited motions
3. AROM in all directions → watch for substitutions
4. Progress theraband/PRE program for all exercises as tolerated:
   - Supine or Prone ER with the arm abducted to 90° and the elbow flexed to 90°
     Begin with the arm supported on the table, progress to unsupported position
5. Manually resisted PNF patterns (progress from isometric→manual resist→theraband)
6. Continue soft tissue mobilizations and increase aggressiveness of joint mobilizations
7. Wall push-ups
8. Initiate proprioceptive exercises
9. Dynamic stability exercises (bodyblade). Begin in the scapular plane and progress to more provocative positions as tolerated.

Phase Four – Advanced Strengthening (13-21 weeks)
Goals: Maintain full, non-painful AROM/PROM
       Improve strength of RTC and periscapular muscles
       Return to functional activities per guidelines set based on tear size and demands of work or sport. Avoid pain-producing activities.

Treatment:
1. Continue with the above program
2. Progress proprioception exercises as tolerated
   a. Plyometric throwing exercises as needed
3. Aggressive strengthening (Isotonics)
   a. Shoulder flexion, Abduction, ER, IR
   b. Supraspinatus
   c. Scapular muscles
   d. PNF patterns
4. Active Stretching

Phase Five – Return to Activity (21 weeks and beyond)
Goals:
       Gradual return to recreational and sport activities
       Continue scheduled follow-ups with the surgeon and physical therapist as needed
       Return to full activity at 4 months

Treatment:
1. Continue with above exercises
2. Progress all strengthening and proprioceptive exercises
3. Make exercises sport specific
4. Determine plan for carrying through with independent home or gym exercise program