

Rotator Cuff Repair Rehab Guidelines

Large Tear – Generally 2-3
Tendons Involved (Very Unstable)
Bone Tunnels or up to 5 Anchors

Prairie



Shoulder, Elbow & Hand Center

Procedure:

- Tendon healing back to bone is a slow process that requires many weeks under tension free conditions.
- The success of the rotator cuff repair depends on many factors including tear size, tissue quality, tension on the repair and whether or not the deltoid was taken down for an open procedure versus arthroscopy.

Precautions:

- Arm in sling with large abductor pillow for 6 weeks, then small pillow for 1-2 weeks.
- The supraspinatus is the primary lifter for the first 30° of shoulder flexion, scaption, and abduction. The infraspinatus and Teres Minor are responsible for ER. No active supraspinatus, infraspinatus, or Teres Minor movements for 12 weeks.
- If biceps tenodesis included in surgery, then no *resistive* elbow flexion or supination for 8 weeks. If SLAP also performed, then no *resistive* elbow flexion for 12 weeks.

Phase 1: weeks 1 – 7

- Instruct in application of ice and encourage use for 15-20 min. every 3-4 hours during the day.
- Instruct in pendulum exercises to be completed at home 4-5 x/day keeping abductor pillow in place.
- Start PROM
 - Forward flexion in supine as tolerated, may be more comfortable in ER to rotate the repair from under the acromion.
 - ER to 40° with arm in adduction.
 - IR in scapular plane as tolerated, no IR behind back or in abduction.
 - No extension or cross body adduction.
- Begin cervical, elbow, wrist and hand AROM.
- Postural education, scapular retraction and depression. No shrugs.
- Can be advanced to small abductor pillow at 6 weeks, then D/C sling at 8 weeks.

Phase 2: weeks 8 – 11

- Continue PROM as indicated and begin AAROM.
- Progressive return to full forward flexion, abduction, and ER.
- May begin pulleys and cane exercises.

Phase 3: weeks 12 – 15

- Progressive return to full ROM.
 - May start gentle AROM in gravity eliminated position and progress as tolerated.
 - May begin IR stretch behind back.
 - ER in progressive degrees of abduction.
- Can begin AROM in IR/ER with no resistance.
- Start gentle posterior capsule stretches with cross body adduction and sleeper stretch.
- Start to advance strength.
 - May begin isometrics in all planes.
 - Begin prone scapular stabilization exercises.
 - Low level biceps and triceps strengthening with elbow supported.
 - Initiate Theraband isotonic strengthening program.
 - No isotonic flexion, scaption, or abduction.
 - Perform scapular strengthening with rows, shrugs, and punches.

Phase 4: weeks 16 >

- Continue flexibility training with AROM.
 - Emphasize posterior capsule flexibility and scapular mobility.
 - Add anterior chest wall stretching.
- Begin progressive resistive rotator cuff and periscapular strengthening.
 - Include supraspinatus isotonic strengthening with thumb up to 70-80° and progress to above shoulder height if can be accomplished pain free and without compensatory hiking of the scapula or shoulder.
 - Resistance must be added gradually to promote contractile remodeling.
 - Multiple angle: start at low level and progress to horizontal as strength improves.
 - Sub maximal resistance to painful motions should be used until the motions are pain free.
 - Emphasis early should be on lower weight and higher repetition to foster muscle hypertrophy.
- Finally - Return to functional activities and work/sport specific conditioning to enhance endurance and coordination.
 - One-handed plyometrics.
 - Eccentric cuff strengthening.
 - Large muscle strengthening: lat pull downs, bench press, military press.