Rotator Cuff Repair Rehab Guidelines

Medium Tear – Generally involves Supraspinatus and Infraspinatus (Partially Unstable) 2-3 Anchors

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 abductor pillow for 5 weeks. Wean out of sling slowly over a week.
- The supraspinatus is the primary lifter for the first 30° of shoulder flexion, scaption, and abduction. The infraspinatus is responsible for ER. No active supraspinatus or infraspinatus movements for 10 weeks.
- If biceps tenodesis included in surgery, then no *resistive* elbow flexion or supination for 6 weeks. If SLAP also performed, then no *resistive* elbow flexion for 12 weeks.

Phase 1: weeks 1 – 5

- 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.
- Start PROM – No passive adduction to side, only to level of abductor pillow.
    - 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.

Phase 2: weeks 6 – 8

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

- Can begin isometric IR/ER, extension, biceps and triceps (No flexion or abduction) at 8 weeks.

Phase 3: weeks 9 – 12

- 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.
  - 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.
  - Include isometric flexion and abduction at 12 weeks.

Phase 4: weeks 13 >

- 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.