IDAHO SPORTS MEDICINE INSTITUTE™

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ROTATOR CUFF REPAIR PROTOCOL

*** Surgical protocols are only intended to be guidelines which must be tailored to meet the specific needs of each patient.**

Rehab progression summary:

Weeks 0-3	PROM/immobilization: sling x 6 weeks.
Weeks 3-6	AAROM
Weeks 6-10	AROM
Weeks 10-16	Strength
Months 4-6	Strength progression and sport specific exercise
Months 6-9	(Return to activity/sport)

Weeks 0-3 (PROM) 1st therapy session at 2 weeks post-op
Goals:

1. Well healed wounds
2. Pain control
3. Increase motion by 15 to 30 degrees each plane of motion

Treatment Strategies:

1. PROM exercises at home
2. Gradual progression to AAROM by therapist as patient progress allows
1. Scapular mobility (Scapular retraction, elevation, depression)
2. Joint mobilizations Gr I-III

Patient education:

1. NO ACTIVE MOVEMENT
2. Sling at all times except to shower and do exercises weeks 0-5

Weeks 3-6 (AAROM)
Goals:

1. Begin light activation of rotator cuff muscles
2. Continue to improve ROM in all planes
3. Done within pain tolerance
4. Out of sling by week 6

Treatment strategies:

1. AAROM at home
2. Joint mobilization Gr I-III
3. Scapular mobility (Scapular retraction, elevation, depression)
4. Gradual progression to AAROM by therapist as patient progress allows
5. Begin weaning out of sling weeks 5-6

Weeks 6-10 (AROM)
Goals:

1. Control scapular substitution with movement

2. Passive ROM approaching normal values
3. AROM with good scapulo-humeral rhythm

Treatment Strategies:

1. AAROM as needed to gain mobility and strength
2. Begin AROM with emphasis on scapular rhythm
3. Sub-maximal isometrics
4. Rhythmic stabilization
5. Scapular stabilization progression

Weeks 10-16 (Strengthening)

Goals:

1. Range of motion within normal limits
2. Active range of motion with normal scapulo-humeral rhythm

Treatment Strategies:

1. Continue range of motion work until within normal limits
2. Begin early progressive resistance exercise. Progression as determined by therapist
3. Caution with long lever arm exercises

Months 4-6 (Strength Progression)

Goals:

1. Strength with ADL's approaching normal.
2. Progressive return to throwing.

Treatment strategies:

1. Continue progression of rotator cuff PRE's
2. Begin general upper body strengthening exercise
3. Begin pre-throwing and throwing progression for throwing athletes.

Months 6-9 (Return to Activity / Sport)

Goals:

1. Return to all work and sport activities

Treatment strategies:

1. Gradual return to activity
2. Continue HEP for rotator cuff and general upper body strengthening
3. Isokinetic evaluation as determined by therapist / physician