

# Rotator Cuff Repair

The physical therapy rehabilitation for rotator cuff repair will vary in length depending on degree of instability, acute versus chronic condition, strength/ROM status, and activity demands.

## Phase 1 (Initial 3 weeks post-surgery)

- Patient is immobilized for initial 3 weeks
- Immobilizer may be removed for gentle passive ROM (flexion, abduction, external rotation) and pendulum exercises
- No active flexion or abduction first 3 weeks
- Start shoulder shrugs, elbow/wrist ROM, and ball squeezes

## Phase 2 (3-6 weeks post-surgery)

- No longer required to wear immobilizer
- Modalities as needed
- Continue passive ROM exercises
- Add active assist (wall climbs, wand) and pain-free active ROM
- Add joint mobilization as needed
- Add isometric exercises
- Active internal/external rotation exercises with rubber tubing as tolerated
- Active shoulder extension lying prone or standing (bending at the waist); avoid the shoulder extended position by preventing arm movement beyond the plane of the body
- Active horizontal adduction (supine) as tolerated

## Phase 3 (6-8 weeks post-surgery)

- Continue shoulder ROM exercises as needed
- Continue active internal/external rotation exercises with rubber tubing; as strength improves, progress to free weights
  - External rotation: performed lying prone with arm abducted to 90 degrees or side lying with the arm at the side (perform through available range)
  - Internal rotation: performed supine with the arm at the side and elbow flexed 90 degrees
- Active shoulder abduction from 0-90 degrees
- Add supraspinatus strengthening exercise if 0-90 degrees motion available
  - The movement should be pain free and performed in the scapular plane (about 20-30 degrees forward of the coronal plane)
- Active shoulder flexion through available ROM as tolerated

## Phase 4 (2-3 months post-surgery)

- Should have full passive and active ROM
- Continue isotonic exercises with emphasis on eccentric strengthening of the rotator cuff
- Add push-ups (should be pain-free); progress from wall to modified to military

- Add shoulder bar hang exercise to increase ROM in shoulder flexion and abduction
- Active horizontal abduction (prone)
- Upper extremity proprioceptive neuromuscular fascilitation may be added
  - Shoulder flexion/abduction/external rotation and extension/adduction/internal rotation diagonals emphasized
- Add strengthening exercises to the elbow and wrist
- Add upper body ergometer for endurance and gentle plyometrics

#### Phase 5 (4 months post-surgery)

- Add advanced capsule stretches, as necessary
- Continue to progress isotonic exercises
- Add military press exercise and total body conditioning program
- Add progressive plyometrics including stair stepper and tilt board
- Add pitch-back beginning with a light ball

#### Phase 6 (5 months post-surgery)

- Continue strengthening program (sport specific positions)
- Continue total body conditioning program
- Skill mastery; begin practicing skills specific to the activities
- May add progressive shoulder throwing program; advance through sequence as needed
- May perform isokinetic and endurance test if needed
  - Goal 80% or greater than opposite side