


## *Rotator Cuff Repair Protocol: Small to Medium Sized Tears*

\*Refer to physical therapy referral for specific instructions related to patient progression\*

### *Phase 1 (weeks 0-6): Protection*

Rehabilitation Goals:	<ul style="list-style-type: none"> <li>• Protect surgical repair</li> <li>• Patient education</li> <li>• Pain/swelling control</li> <li>• Maintain distal UE ROM</li> <li>• Safely and gradually restore PROM</li> <li>• Patients with concomitant capsular release/MUA should be seen 5x/wk for 2 wks following surgery</li> </ul>
Sling:	<ul style="list-style-type: none"> <li>• 24 hours/day except when performing prescribed home exercises and dressing/showering (If careful, the sling can be removed while sitting and watching TV, etc.)</li> </ul>
Hygiene:	<ul style="list-style-type: none"> <li>• Original dressing removed POD-2</li> <li>• Allow steri strips to come off on their own</li> <li>• Patient may shower normally, no need to keep steri-strips dry. Allow the strips to fall off on their own. Do not lift arm in shower. Once dry, return to wearing sling.</li> </ul>
Interventions:	<p>Modalities:</p> <ul style="list-style-type: none"> <li>• Ice (10-20 minutes every waking hour during acute phase)</li> <li>• May implement E-STIM for pain control PRN when not contraindicated</li> <li>• May begin MHP as needed starting 7-10 days p/o</li> </ul> <p>Therapeutic Exercise:</p> <ul style="list-style-type: none"> <li>• Pendulums</li> </ul>  <ul style="list-style-type: none"> <li>• Elbow/Wrist AROM (no active biceps if concomitant biceps tenodesis)</li> <li>• Scapular retractions</li> <li>• Upper trap stretching</li> </ul> <p>PROM:</p> <ul style="list-style-type: none"> <li>• Scapular plane elevation</li> <li>• ER/IR in scapular plane</li> </ul>
Precautions:	<ul style="list-style-type: none"> <li>• No active involved shoulder movement</li> <li>• No lifting/carrying</li> <li>• Avoid heavy lifting activities with the contralateral UE</li> <li>• No weight-bearing</li> </ul>

*Phase 2 (weeks 6-12): Controlled Motion*

<b>Rehabilitation Goals:</b>	<ul style="list-style-type: none"> <li>• Continue to protect surgical repair</li> <li>• Minimize pain</li> <li>• ROM progression</li> </ul>
<b>Sling:</b>	<ul style="list-style-type: none"> <li>• May begin to transition out of sling at 6 wks p/o</li> <li>• (Patients may wish to sleep in sling and wear in public for a few more weeks for comfort and protection)</li> </ul>
<b>Interventions:</b>	<p>Modalities:</p> <ul style="list-style-type: none"> <li>• CP, MHP, and ESTIM as needed for pain/swelling control</li> <li>• May begin NMES to posterior cuff if needed at 8 wks.</li> </ul> <p>ROM/Mobility:</p> <ul style="list-style-type: none"> <li>• Progress to AAROM/AROM as tolerated (begin AROM in gravity eliminated positions progressing toward anti-gravity positions as tolerated)</li> <li>• Avoid compensation patterns</li> <li>• Continue to progress PROM to tolerance with goal of full AROM/PROM at 12 wks p/o</li> </ul> <p>Strengthening:</p> <ul style="list-style-type: none"> <li>• Begin submaximal resisted isometrics at 8 wks p/o</li> <li>• Distal UE strengthening unless contraindicated by biceps tenodesis</li> <li>• Dynamic stability drills</li> </ul>
<b>Precautions:</b>	<ul style="list-style-type: none"> <li>• No lifting/carrying</li> </ul>

*Phase 3 (weeks 12+): Strengthening*

<b>Rehabilitation Goals:</b>	<ul style="list-style-type: none"> <li>• Continue to protect surgical repair</li> <li>• Minimize pain</li> <li>• ROM progression</li> <li>• Improve strength</li> </ul>
<b>Interventions:</b>	<p>Modalities:</p> <ul style="list-style-type: none"> <li>• CP, MHP, and ESTIM as needed for pain/swelling control</li> </ul> <p>ROM/Mobility:</p> <ul style="list-style-type: none"> <li>• Restore full shoulder mobility</li> </ul> <p>Strengthening:</p> <ul style="list-style-type: none"> <li>• Begin shoulder strengthening (isotonics and isokinetics)</li> <li>• Initiate cuff strengthening in neutral with progression toward higher degrees of elevation</li> <li>• Limit LLA isotonic strengthening to 1-3#</li> <li>• Dynamic stability drills</li> </ul>

Notes:

- This is not the more conservative “large or massive tear” protocol
- NO AGGRESSIVE MYOFASCIAL RELEASE OR SCAR TISSUE MASSAGE
- Ok to drive after two weeks if the patient feels comfortable and confident.
  - Must be off all sedating pain medications (ie narcotics such as Roxicodone).