

**Postoperative Rehabilitation Rotator Cuff Repair  
Small/Medium Tears**

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**Phase I: 0-4 Weeks**

**Goals:**

1. Minimize postoperative pain and swelling.
2. Protect healing structures of rotator cuff.
3. Facilitate full passive range of motion.
4. Maintain muscle activity of rotator cuff/scapular stabilizers musculature.
5. Independent with Home Exercise Program.

**Immobilization:**

1. Patient to use sling for about 4 weeks, then gradually wean out as approved per MD. -sling is to be worn at all times except for hygiene and therapeutic exercise.

**Precautions:**

1. No AROM.
2. No excessive stretching, sudden movements or excessive motion behind back.
3. No supporting of body weight.

**Modalities:**

1. Cryotherapy.
2. Pain modification.

**ROM:**

1. **Home CPM** Flexion/Abduction and ER to tolerance.  
-to use 30 min/session 4x/day for 2-3 weeks.
2. Elbow, wrist and hand ROM to be full.
3. Any ROM limitations will be directed by MD (if other procedures were performed at the same time).
4. Passive ROM to be full by week 6, progression as tolerated or per individual surgical limitations.

**Exercises:**

1. Pendulums, elbow, wrist and hand motions including grip strengthening, Table Slides, and overhead pulleys for patient PROM.
2. Clinician directed PROM.

3. Joint mobilization as indicated (Grades I-II).
4. Begin scapular control exercises (start in sidelying).
5. PROM with L-bar/cane for IR/ER at 30-45 ABD at week 2-3.

**Phase II: 4 Weeks – 8 Weeks**

**Goals:**

1. Minimize postoperative pain.
2. Facilitate full passive range of motion.
3. Protect healing structures of rotator cuff.
4. Maximize strength of rotator cuff/scapular stabilizers musculature.

**Immobilization:**

1. Patient to continue use of sling for prolonged or fatiguing activities as indicated.  
-to begin to wean out of sling at 4 weeks.

**Modalities:**

1. Cryotherapy.
2. Pain modification.

**ROM:**

1. PROM expected to be full in all motions by week 6.  
-aggressively pursue any deficiencies.
2. Begin active/assistive ROM exercises by week 4.

**Exercises:**

1. Overhead pulleys, canes and pendulum as indicated.
2. Clinician directed PROM.
3. Joint mobilizations as indicated (Grades I-III).
4. Begin submax isometrics with arm at neutral for RTC and deltoid at week 4-6.
5. Progress scapular stabilization program (sidelying to prone).
6. Begin Rhythmic Stabilization (from neutral then progressing ranges as tolerated).

**Phase III: 8 Weeks – 12 Weeks**

**Goals:**

1. Minimize postoperative pain.
2. Facilitate full passive and active range of motion.
3. Protect healing structures of rotator cuff.
4. Maximize strength of rotator cuff/scapular stabilizers.
5. Pursue independent function with upper extremity.

**Modalities:**

1. Cryotherapy.
2. Pain modification as needed.

ROM:

1. PROM expected to be full-aggressively pursue any deficits.
2. Begin AROM for RTC with arm at side at week 6-8.
  - a. Gradually work towards active elevation against gravity while avoiding scapular substitution patterns.

Exercises:

1. Overhead pulleys, canes, other Active Assistive exercises as indicated.
2. Clinician directed PROM as needed.
3. Joint Mobilizations as indicated (Grades III-IV).
4. Progress scapular PRE's in prone position.
5. Progress to RTC PRE's with bands and weights.
6. Progress active resistive exercises throughout-TOTAL ARM STRENGTHENING.
  - a. Being sure to watch control and scapular substitution.
  - b. Avoid overhead resistance until isokinetic strength goals are met.

**Phase IV: 3- 4+ Months**

Goals:

1. Protect healing structures of rotator cuff.
2. Maximize strength of rotator cuff and scapular stabilizers muscles.
3. Return to pain free functional sport and/or work activities.

Exercises:

1. TAS progression, advancing resistance as tolerated.
2. Throwing program, overhead activities at 4 months if strength goals met.

Strength Testing (at 4 months):

1. Internal rotation/external rotation at 60° and 180°/sec - goals of 25-30% tq/BW internal rotation and 15-20% tq/BW external rotation.  
-continue testing monthly until desired goals met (as indicated per patient type).

Return to Sport:

1. Throwing and overhead activities when strength goals met and completion of functional progression.

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