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## **REHABILITATION PROTOCOL - ROTATOR CUFF REPAIR**

\*\*\*The rehabilitation program will be individually tailored by the therapist in close communication with the surgeon. For most patients, the therapy will start on the second postoperative day from Phase I. However, patients with a massive rotator cuff tear will start the therapy (Phase I) 4-6 weeks after surgery\*\*\*

### **Phase I: Early Passive Motion: Day 2 to 4-6 weeks**

- Wear the arm sling always, but it may be removed for hygiene and exercise for the elbow, wrist and hand
- Pendulum exercises
- Active range of motion of elbow, wrist and hand out of sling
- Passive shoulder flexion in scapular plane in supine, with assistance of family member or therapist
- Passive/active assisted external rotation with cane or stick with shoulder abducted to 30 degrees in supine (with towel roll under elbow)
  - If subscapularis repair restrict external rotation to 0 degrees
- Pulleys – shoulder flexion (with emphasis on not substituting with upper trapezius, yet encouraging proper scapular upward rotation)
- Avoid simultaneous extension and internal rotation of the shoulder – causes excessive stress onto the repaired tissue
- No weight bearing with the operative arm

### **Phase II: Active Assisted/Active Motion: 6 – 12 weeks**

- Discontinue sling
- Continue PROM
- AAROM – especially shoulder elevation with cane, pulleys, and wall slides
- Progress to AROM as tolerated in pain free range (begin with gravity lessened positions as appropriate)

- Strengthen appropriate scapular muscles such as middle and lower trapezius. Start in appropriate positions such as side lying with scapular movement only initially for lower trapezius. Progress carefully.
- Patient education regarding home exercise program, posture, and appropriate modification of activities
- No weight bearing with the operative arm

### **Phase III: Strengthening: 12 weeks postoperatively**

(Must check with Dr. Welch prior to starting resistive strengthening)

- Goal – restore normal strength, gradual return to activity, restore correct scapulohumeral biomechanics
- Continue AAROM/AROM as needed
- Scapular muscle strengthening (serratus, trapezius) in appropriate positions depending on strength (side-lying, prone or standing)
- More aggressive stretching if needed
- Theraband – Concentric and eccentric within pain-free ranges, all planes (Note: keep elbow flexed to 90 degrees for flexion and elevate only to 90 degrees)
- Light free weights, aquatherapy as needed

### **Phase IV: Advanced Functional Strengthening: Approximately 20 – 24 weeks postoperative**

- Goals: restore full functional strength of the rotator cuff and other shoulder musculature. Meet the advanced strength requirement of the patient such as return a heavy-duty job or high-level athletics
- Closed chain activities (e.g., hand and knees activities, use of BAPS board using upper extremity to weight bear and weight shift on BAPS board)
- PNF patterns (manual, theraband, wall pulleys)
- Plyometrics (medicine ball training, etc., perform at less than 90 degrees of elevation). Advanced scapular muscle strengthening of serratus and trapezius as needed
- Progressively encourage patients to increase the functional use of the arm for light activities of daily living
- No recreation activities like swimming and golfing for 6 months following surgery