

ROTATOR CUFF REPAIR PROTOCOL (Dr Mark Smith)

Weeks 1-3

- Full time in sling
- Range of motion: seated passive cane external rotation (**not beyond 30° for the first 6 weeks**) with a towel roll between elbow and side. If too painful then supine passive external rotation with a towel roll under elbow to position shoulder at 20° flexion and 20° abduction in scapular plane.
- Exercises:
 - Cervical range of motion
 - Elbow, wrist, and hand range of motion
 - Active elbow flexion and extension
 - Shoulder shrugs and scapular retraction (preventing shoulder extension)
- Ice for pain and swelling

Weeks 3-6

- May gradually discontinue sling around the house at 4 weeks if comfortable. Still need sling when going out in public up until 6 weeks post-op.
- Range of motion:
 - Begin supine passive flexion, working toward active assisted flexion at 4-5 weeks
 - Passive abduction stretch *in clinic only*, emphasizing slow return to the side
 - Progress ER stretches at 45° abduction and 80° abduction in the scapular plane
 - Begin posterior capsule stretches. *No inferior or anterior GH mobilization.*
- Exercises:
 - No active abduction for 12 weeks postop unless written on order by Dr Smith.
 - Begin no-load serratus exercise at 5-6 weeks.
 - Advance to passive multi-plane pulley when 120° flexion is achieved in supine.
 - Begin limited range, no resisted active ER and IR with towel roll
- If pain level is not decreasing, decreased intensity and volume of exercise
- Modalities for pain, as needed

Weeks 6-9

- Continue passive and active assisted stretches to achieve full ROM in all planes, including ER at 90° abduction
- Mobilization to GH joint as needed
- Exercises:
 - Begin UBE, below shoulder level
 - Progress scapular strengthening
 - Supine kinesthetic awareness exercise in ER/IR only, low load

- Begin rows with theraband, but not beyond plane of body
- Begin functional IR ROM
- Advance pulley to active assisted in multiple planes.
- Begin isometrics, submaximal, pain free for ER, IR, flexion, extension.
- Begin light theraband for ER/IR using a towel roll once isometrics are tolerated well.
- Begin strengthening exercises only if overall pain level is low
- Modalities for pain as needed.

Weeks 9-12

- Continue stretches towards normal ROM
- Continue posterior capsule stretches as needed
- Exercises:
 - Begin active shoulder flexion and scaption (begin with gravity eliminated and work towards wall walking and anti-gravity exercise)
 - Increase resistance with rows, ER, and IR as tolerated
 - Begin supine, low intensity rhythmic stabilization at 110-120° flexion for rotator cuff and deltoid co-contraction.
 - Begin prone scapular exercise *but consider supine scapular exercise if patient has history of cervical problems or adverse neural tissue signs*
 - Advance kinesthetic awareness exercise to multi-angle and gradually work from short to long lever arm
 - Non-resistive, short range diagonal patterns
- Progress only without increase signs of inflammation
- Modalities as needed for pain

3-6 Months

- Continue stretches and mobilizations as needed to maintain full ROM
- Exercises:
 - Advance strengthening for rotator cuff, low weight, increasing reps
 - Advance scapular exercises
 - Advance strengthening for the rest of the upper extremity
 - Advance with proprioception exercises
 - Progress to light work simulation at 4-5 months or as requested by physician