



Rotator Cuff Repair

Post-Operative Rehabilitation Protocol

Sling	Must be worn <i>at all times</i> except when sleeping or performing PT/HEP exercises.			
Range of Motion		PROM	PROM → AAROM	AAROM → AROM
	Flexion	0-6 weeks <i>Max: as tolerated</i>	6-8 weeks <i>Max: as tolerated</i>	8+ weeks <i>Max: as tolerated</i>
	Extension	0-6 weeks <i>Max: as tolerated</i>	6-8 weeks <i>Max: as tolerated</i>	8+ weeks <i>Max: as tolerated</i>
	Abduction	0-6 weeks <i>Max: as tolerated</i>	6-8 weeks <i>Max: as tolerated</i>	8+ weeks <i>Max: as tolerated</i>
	External Rotation	0-6 weeks <i>Max: 60°</i>	6-8 weeks <i>Max: as tolerated</i>	8+ weeks <i>Max: as tolerated</i>
	Internal Rotation	0-6 weeks <i>Max: as tolerated</i>	6-8 weeks <i>Max: as tolerated</i>	8+ weeks <i>Max: as tolerated</i>
Resisted/Isotonic Strengthening	Begin at 12-weeks post-op. Avoid overhead strengthening until 20+ weeks post-op.			
Return to Sport	No earlier than 6-months post-op. Must meet Return-to-Sport criteria outlined in protocol below.			

As tolerated = pain level during exercise is no greater than 2/10 above baseline. Avoid "pushing into pain".

0-4 weeks

- Shoulder abduction sling at all times x 4 weeks
 - Exception:* May remove sling for showering, but should maintain arm in sling position
- Active ROM Elbow, Wrist and Hand
- Grip strengthening
- True Passive (ONLY) ROM Shoulder to be initiated in PT at 2 weeks post-op. **NO ACTIVE MOTION.**
 - PROM to patient tolerance in scapular plane.
 - Gentle joint mobilizations (in 30° of abduction in scapular plane) for pain modulation until 4 weeks post-op. Progress as tolerated to address post-operative stiffness.
 - Supine Elevation in Scapular plane = 140°
 - Emphasize External Rotation to tolerance with arm at side. (Minimum goal 40°; Maximum of 60°)
- Deltoid isometrics in neutral (submaximal) as ROM improves.

Shoulder Abduction Sling

Sling on at all times x 4 weeks. Take off only for exercises and hygiene.

ROM Restrictions

PROM only beginning POD 1. No AROM until 6 weeks.



0-4 weeks

- Pendulums
- Unresisted scapular stabilization exercises (side-lying on uninvolved side with arm supported; seated; standing): retractions, circles, etc.
- No Pulley/Canes until 6 weeks post-op (these are active motions).
- **Criteria to progress to next phase:** Flexion PROM to at least 120°, ER PROM to at least 30° with minimal pain.

4-6 weeks

- Discontinue abduction sling at 4 weeks post-op.
- Elevation in scapular plane and external rotation as tolerated.
- No active Internal rotation or behind back until 6 weeks post-op.
- Begin Cuff Isometrics at 6 weeks with arm at the side.

6-12 weeks

- Advance from PROM to AAROM weeks 6-8
 - Supine dowel exercises, incline table slides, side-lying supported flexion.
 - Deltoid isometrics in neutral (submaximal to tolerance)
 - Address thoracic mobility.
- Advance from AAROM to AROM weeks 6-8
 - Begin pulleys at week 8 (ensuring proper form)
 - ER/IR Isometrics in neutral (submaximal to tolerance)
 - Progress to resisted scapular strengthening exercises.
 - May begin horizontal adduction and functional IR (hand behind the back) at week 9. Do not push beyond light stretch sensation.
- Elevation in scapular plane and external rotation to tolerance.
- Light stretching at end ranges
- Cuff Isometrics with the arm at the side
- Upper Body Ergometer
- **Criteria to progress to next phase:** FULL flexion and ER PROM, Flexion AROM to at least 115° or more with proper glenohumeral rhythm, Ability to perform light, non-repetitive activities of daily living or work tasks below shoulder level without difficulty/pain.



3-5 months

- Advance to full ROM as tolerated with passive stretching at end ranges. Maintain full PROM.
- Continue grade III and IV joint mobilizations (in maximally available ER and abduction) as indicated.
- Advance strengthening as tolerated: isometrics, bands, and light weights (1-5lbs); 8-12 reps for 2-3 sets per rotator cuff, deltoid, and scapular stabilizers. No overhead strengthening until 20 weeks post-op.
- Only do strengthening 3x/week to avoid rotator cuff tendonitis.
- Begin eccentrically resisted motions, plyometrics (ex. weighted ball toss), proprioception (ex. body blade)
- Initiate weight-bearing exercises (incline shoulder taps/weight-shifting→quadruped→full)
- Limit long-lever (elbow extended) resistance > 2 lbs. with abduction-based exercises.
- Progress scapular strengthening.
- Begin sports related rehab at 4½ months, including advanced conditioning.
- **Criteria to progress to discharge PT:**
 - Full AROM as compared to uninvolved side.
 - Pain-free with activities of daily living.
 - >80% RTC strengthening as compared to uninvolved side using handheld dynamometer (may consider testing ER at varying degrees of abduction based on sport-specific goals).
- **Criteria to progress to sport-specific training or jobs requiring heavy manual labor:**
 - Criteria listed above.
 - ER/IR Ratio between 65-70%
 - ER/BW Ratio 15%
 - IR/BW Ratio 25%

5+ months

- Return to sport phase. Cannot fully return to sport until at least 6 months post-op.
- Progress with sport-specific strength and endurance exercises or interval training program (depends on sport involved).
- Proprioception training (alternating isometrics in sport-specific positions).



5+ months

- Plyometric-based exercises (progress from two-hand to one-hand movements, work through frontal/sagittal/transverse planes).
- Return to throwing at 6 months post-op.
- Throw from pitcher's mound at 9 months post-op.
- Collision sports at 9 months post-op.
- MMI is usually at 12 months post-op.

Criteria to Return to Unrestricted Play

- >90% sport-specific testing as compared to uninvolved side.
- <37 on Tampa Scale of Kinesiophobia.
- >90% strength as compared to uninvolved side.
>100% if affected side is dominant arm.

Functional Sports/Upper Body/Sports Assessment

- May begin throwing at 6 months (Interval Throwing Program)
 - Throwing Prep Screen prior to initiating throwing.
 - Schedule via spc@rushortho.com or QR Code
 - Throwing Assessment when throwing at 80% + effort or on the mound.
 - Schedule via spc@rushortho.com or QR Code
 - For non-throwing patients, Upper Body Assessment when initiating return to activity progression.
- Schedule via spc@rushortho.com or QR Code





Exercise	Week														
	1	2	3	4	5	6	7	8	9	10	12	16	20	24	
Initial Exercises:															
Active ROM: Elbow, Wrist, & Hand	█														
Pendulums	█														
Supine Elevation in Scapular Plane (140°)	█														
Scapular Stabilization	█														
Deltoid Isometric in Neutral	█														
Passive ROM	█														
Pulley/Cane Exercises								█							
Maintain Sling	█														
Advanced Exercises:															
Begin Assisted Active ROM						█									
Begin Active ROM								█							
Cuff Isometrics						█									
Light Stretching at End Ranges						█									
Upper Body Ergometer						█									
Eccentrically Resisted Motions/Plyometrics											█				
Sports-related Rehab												█			
Cardiovascular Exercises:															
Bike	█														
Elliptical Trainer								█							
Rowing												█			
Stair Stepper								█							
Agility Exercises:															
Running Progression											█				
Functional Sports Test												█			
High Level Activities:															
Golf Progression														█	
Return to Throwing														█	
Return to Throwing @ Pitcher's Mound at 9 months															
Return to Full/Collision Sport at 9 months post-op.															