



## Rehab Protocol for Small (< 2 cm) Rotator Cuff Repair

### Rehab Progression Summary

0-2 weeks	Sling/immobilization
0-4 weeks	Passive ROM (Phase I)
3-6 weeks	Active-assisted ROM (Phase II)
4-8 weeks	Active ROM (Phase III)
8+ weeks	Strengthening (Phase IV)

### Immobilization

- Sling/abduction pillow is worn for 2 weeks during the day and night
- Remove sling for light activity and home exercise program as indicated by therapist

### Phase I - PROM: 1st post-op visit / 0-3 weeks

#### Goals for Treatment:

- Decrease pain and swelling
- Increase nutrition and healing response
- Infection prevention

#### PROM:

- Begin passive ROM exercises in clinic
- Pendulum exercise without weight: clockwise, counterclockwise, side-to-side, front-back
- PROM: ER, IR, flexion, extension
- Table slides
- Therapist: grade I, II joint mobilizations
- Scapular retractions
- Wrist/elbow exercises; grip exercises

#### Patient Education:

- Wound inspection
- Begin active assisted ROM at 3 weeks
- No active motion for 4 weeks, all planes
- No weights/PRE for 8 weeks
- No active external rotation for 2 weeks
- Limit external rotation to neutral for 2 weeks
- Sling use as indicated by repair
- Icing 3x/day for 20 minutes

#### Other:

- Ice
- Modalities - PRN



## Phase II - Assisted-AROM: 3 weeks post-op

### AROM:

- Pendulum exercises with light weight
- AAROM with cane & pulleys, to patient tolerance (flexion, abduction - ER to neutral)
- Body Blade - opposite hand, straight plane
- Shoulder shrugs - light weight/high reps

### Progress with:

- Wall climbing/finger ladder
- Scar mobility
- Joint mobilizations - grade I/II
- Quadruped rhythmic stabilization
- Body Blade - opposite hand diagonals with trunk rotation
- Biceps curls
- Shoulder extension with Theraband
- Shoulder shrugs
- UBE - active assist only

### Other:

- Ice
- Modalities - PRN

## Phase III - AROM: 4 weeks post-op

*Progression dependent on quality of repair/tissue*

### AROM:

- Continue with Phase II A-AROM
- AAROM exercises with cane
- AROM - all planes
- UBE - forward/reverse
- Scapular retraction
- Prone extension
- Supine "holds" at 90° flexion; progress to small circles
- Side-lying "holds" at 90° abduction; progress to small circles
- Isometrics <50% effort, no pain (flexion, extension, abduction, ER)
- Biceps curls/triceps extensions with light resistances, elbow at side

### Other:

- Ice
- Modalities - PRN



### Phase III - AROM: 6 weeks post-op

*Progression dependent on quality of repair/tissue*

#### Goal:

Should have full PROM

#### AROM:

- Continue with Phase III exercises, no weight
- Low-weight exercise (begin at 90° and increase to full ROM):
  - flexion/extension
  - abduction
  - rows
  - scaption
- Wall push-ups, wall push-ups plus
- Shoulder IR/ER with low resistance
- Scapular protraction ("serratus punch")
- Prone fly

#### Other:

- Ice
- Modalities - PRN

### Phase IV - Strength: 8 weeks post-op

#### Goal:

Should have full AROM, if not, begin passive stretch to achieve full ROM

#### Strength:

- Body Blade, involved extremity:
  - one-handed grip, abduction to 90°
  - two-handed grip, flexion to 90°
- Kneeling push-ups, kneeling push-ups plus
- Step-ups in kneeling push-up position
- UBE with increased resistance
- StairMaster in quadruped at level 12-15
- Treadmill in quadruped at 1.0 mph
- Plyoball:
  - circles, CW & CCW, 1 minute each direction
  - squares, CW & CCW, 1 minute each direction

#### Other:

- Ice
- Modalities - PRN



## Return to Sport-Specific Training: 12-16+ weeks post-op

- Continue with Phase IV Strength, increasing reps and resistance as tolerated
- Isokinetic testing as directed by physician
- Functional testing as directed by physician
- Push-ups, push-ups plus
- Step-ups in push-up position
- Sport-specific exercises as directed by physician and therapist

### Other:

- Ice
- Modalities - PRN

Courtesy of Vanderbilt Sports Medicine

*Adapted from MedSport: Ann Arbor, Michigan & Vanderbilt Sports Medicine, Nashville, TN*