



ROTATOR CUFF REPAIR - SMALL/MEDIUM - SUMMARY

General Program Outline

ROM: Emphasis on PROM initially. Add AAROM supine ER at wk 2. Add AAROM elevation at wk 4. Add AROM elevation at wk 6 with emphasis on avoiding shoulder shrug. Goal of functional ROM 10-12 wks

Muscle Activation: Important to prevent reflex disassociation, maintain muscle tone, and prevent muscle atrophy. Initiate with sub-max, pain-free isometrics and AROM as outlined in the protocol.

Strengthening: No aggressive strengthening for 12 wks. Goal of 85-90% strength by 5-6 months. Patients should continue with strength training for at least 1 year post-op to maximize outcome.

ROM goals to achieve / not to exceed								
	0-2 wks	2-4 wks	4-6 wks	6-8 wks	8-10 wks	10-12 wks		
Flexion / scaption	Per tolerance	Per tolerance (at least 0- 90 deg)	Per tolerance 0-120	Unlimited (0-140)	Unlimited (0-160)	Unlimited (0- 170/180)		
Abduction	0-50 deg	0-70 deg	0-90 deg	0-120 deg	0-150 deg	0-170/180 deg		
ER in scapular plane	0-30 deg	0-45 deg	0-60 deg	0-70 deg	0-80 deg	0-80/90 deg		
IR (GH) in scapular plane	To chest	To chest	0-30 deg	0-45 deg	0-60 deg	0-70 deg		
ER at 60 ABD	None	0-30 deg	0-60 deg	0-70 deg	0-80 deg	0-80/90 deg		
ER at 90 ABD	None	None	0-45 deg	0-60 deg	0-70 deg	0-80/90 deg		
IR at 90 ABD	None	None	None	0-45 deg	0-60 deg	0-70 deg		
Extension	Neutral	Neutral	0-30 deg	0-45 deg	0-50 deg	0-60 deg		

Rotator Cuff Repair – Small/Medium Treatment Interventions								
Warm up: Pendulum or Hot pack	Warm up: Passive Pendulum or Hot pack or AAROM on Nustep	Active warm-up: Codman's, UBE with no resistance (add light resistance at wk 8)	Active warm-up: UBE, rower					
Emphasis on GH passive range of motion as outlined below. Add			ROM activities as necessary					
AAROM ER in scapular plane at	GH Mobilizations grade I/II for pain, III/IV to increase joint mobility as	Low load long duration end-range stretch (if necessary)	Scapulo-thoracic strengthening:					
wk 2. No AROM	needed		chest press (+), rows in full ROM,					
GH Mobilizations (in scapular plane) grade I/II for pain or muscle	Thoracic spine P-A mobilizations	GH Mobilizations PROM with end range stretch	press down, scaption prone hor abd in neutral rotation, prone ext with ER,					
spasm	Facilitate Thoracic extension:	Therapeutic exercises:	prone hor abd with ER					
There size a size D. A machilizations	stretch in sitting with/without	AAROM: Pulleys, wand. Add in ext past	prone full can, dynamic hug,					
Thoracic spine P-A mobilizations as needed. 0-2 wks: seated. 2-	overpressure (ball / towel roll/ foam roller behind back)	neutral wk 6, Add in gentle IR behind the back stretch wk 8	serratus punch 120 deg, lat pull downs (wk 16)					
4wks:Progress to prone as	,	AROM: GH: All motions, emphasize	GH/RTC strengthening:					
tolerated	PROM with end range stretching as outlined above	quality movement. Focus on endurance Scapula: (light resistance of <5 lbs with	flexion, scaption, press down, prone hor abd w/ ER					
Postural education: Avoid forward		emphasis on endurance)	sidelying ER, isotonic IR/ER, progress					
head/rounded shld	AAROM as outlined above:	protraction, retraction	to 90/90 wk 16 if needed					
Active scapular retraction, scapular	Pulleys, wand exercises, ball rolling on table	rows to neutral, depression *4 keys exercises (max LT.MT, inh UT)	isokinetic IR/ER, progress to 90/90 wk 16 if needed					
depression in neutral position		sidelying ER sidelying flexion	Total arm strengthening: Triceps					
Scapular PROM in sidelying (if	Aquatics	prone hor abd with ER prone ext	extensions, biceps curls					
needed). Manual resisted scapular	Postural education: Avoid forward	Muscle activation:	PNF patterns					
isometrics	head/rounded shoulders	Sub-max pain-free GH isometrics						
AROM elbow, wrist, hand.	Active scapular protraction,	Supported Biceps / Triceps isotonics, unsupported wk 8	Proprioceptive/Kinesthesia activities: rhythmic stabilizations, body blade					
Gripping activities without lifting	retraction to neutral, scapular	Rhythmic stabilization sub-max:	mythinic stabilizations, body blade					
	depression	wk 6: supine arm supported ER/IR	CKC exercises: sub-max BW:					
Cryotherapy. IFC if indicated	Scapular manual RROM in	wk 8-10: supine flexion 90 deg, low load CKC (<bw) ball="" ie:="" on="" table<="" td=""><td>quadruped (euroglide / cuff link), wall push-ups. Progress to full BW (wk 16-</td></bw)>	quadruped (euroglide / cuff link), wall push-ups. Progress to full BW (wk 16-					
	sidelying	wk 10: supine flexion 120 deg,	18): partial prone walk-outs, full prone					
		standing flexion 90 deg bilateral progress	walk-outs					
	AROM elbow, wrist, hand	to unilateral	Plyometrics: bilateral progress to					
	Cryotherapy. IFC if indicated	Encourage thoracic extension	unilateral					
			Cryotherapy					
		Ice (in stretch if needed) 15 minutes E Stim (IFC or NMES) if necessary	E stim, biofeedback if necessary					