

### **ROTATOR CUFF REPAIR PHYSICAL THERAPY PROTOCOL**

The intent of this protocol is to provide guidelines for progression of rehabilitation and is not intended to serve as a substitution for clinical decision-making. Progression through each phase of rehabilitation should consider tissue-healing time frames, clinical objective findings, and MD approval to ensure structural stability. There will be variability between patients in terms of time frames. Please reach out to Dr. Harrison with concerns or questions.

#### **Shoulder Post-Surgical Instructions:**

- Follow-up appointment with Dr. Harrison 6-10 days after surgery
- Shower 2 days after surgery (remove dressing, wash incision with soap and water)
- Do not soak in water until the incision is completely healed (minimum 2 weeks)
- Take medication as needed for pain management
- Ice 20 minutes every 1-2 hours
- Wear compression socks on both legs until follow-up appointment
- Sling (if given after surgery) all the time besides when changing clothes or showering
- Wear sling for 6 weeks, sling may be removed at night to sleep to 4 weeks
- No lifting greater than a coffee mug
- Start post op exercises day of surgery
- Call the physical therapy office of your choice and schedule an appointment for physical therapy
- Schedule the following post operative follow-up appointments:

Post op week 1

Post op week 4

Post op week 10

Please call our office with any questions or concerns, including redness, draining of the incisions or fever

#### **Sling Management:**

- Sling with abduction pillow x 4 weeks
- Sling without abduction pillow 4-6 weeks
- Sling may be removed at night to sleep at 4 weeks

#### **Protocols Modified on Following:**

Small tear: < 1 cm

Medium tear: 2-3 cm

Large tear: > 3 cm - No Internal Rotation or Extension until POW 6

Subscapularis repair- Limit ER to 30 degrees for 6 weeks



### Week 1:

- Elbow, wrist, and hand active range of motion
- Pendulums
- Shoulder shrugs in sling
- Modalities as needed

### Week 2:

- Begin formal physical therapy 1-2 times per week.
- Table Slides
- Begin passive range of motion
  - Forward Elevation (Goal  $\geq 140$  by week 4-6)
  - External Rotation (Goal  $\geq 40$  by week 4-6)
  - Extension not beyond 0

### Week 3-6:

- **Small Tear Protocol**– begin gentle internal rotation ROM
- Active assistive range of motion (i.e., supine wand for external rotation and elevation, pulleys)
- Upper body ergometer Active Assistance ROM

### Week 6:

- **Large Tear Protocol** – Begin gentle internal ROM
- Begin active range of motion
- Begin gentle shoulder extension ROM
- Shoulder submaximal muscle activation
- Upper body ergometer light resistance

### Week 7-12:

\*Small & Medium tears may initiate a strengthening program with good active ROM and low irritability. For Large tears or poor tissue quality repairs, strengthening may be delayed until POW 12. Limit strengthening to 3 times per week to minimize tissue irritability.

- Begin progressive gentle strengthening all planes below 90 degrees (4-way tubing, internal and external rotation, scapular protraction, retraction, elevation, and depression)
- Dumbbells and resistive equipment initiated at therapist's discretion
- Begin overhead strengthening and functional training when patient has full pain free range of motion
- Progress to home exercise program

### Months 3-6: Return to full activity

**Clearance determined by Dr. Harrison, Rehab Team, and Coaches  
that the athlete is ready to return to competition.**

**Surgery - Rehab - Return to Train - Return to Sport - Return to Competition Progression (3-6 months)**