ROTATOR CUFF REPAIR PHYSICAL THERAPY PROTOCOL

Name_________________________________________________________ Date__________________

Diagnosis: s/p RIGHT/LEFT Rotator Cuff Repair  Biceps Tenodesis  SAD/Acromioplasty  DCE

Date of Surgery__________________   Frequency: _______ times/week   Duration: _______ Weeks

______Weeks 0-1:
Patient to do Home Exercises given post-op (pendulums, elbow ROM, wrist ROM, grip strengthening)
Patient to remain in splint for 6 weeks

______Weeks 1-6:
True PROM only! The rotator cuff tendon needs to heal back into the bone
ROM goals: 140° FF/40° ER at side; ABD max 60-80° without rotation
No resisted motions of shoulder until 12 weeks post-op
Grip strengthening
No canes/pulleys until 6 weeks post-op, because these are active-assist exercises
Heat before PT, ice after PT

______Weeks 6-12:
Begin AAROM→AROM as tolerated
Goals: Same as above, but can increase as tolerated
Light passive stretching at end ranges
Begin scapular exercises, PRE’s for large muscle groups (pecs, lats, etc.)
At 8 weeks, can begin strengthening/resisted motions
Isometrics with arm at side beginning at 8 weeks

______Months 3-12:
Advance to full ROM as tolerated with passive stretching at end ranges
Advance strengthening as tolerated: isometrics→bands→light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers
Only do strengthening 3x/week to avoid rotator cuff tendonitis
Begin eccentrically resisted motions, plyo (ex. Weighted ball toss), proprioception (es. body blade)
Begin sports related rehab at 4 months, including advanced conditioning
Return to throwing at 6 months
Throw from pitcher’s mound at 9 months  Collision sports at 9 months
MMI is usually at 12 months post-op

Comments:

____ Functional Capacity Evaluation  ____ Work Hardening/Work Conditioning  ____ Teach HEP

Modalities
____ Electric Stimulation  ____ Ultrasound  ____ Iontophoresis  ____ Phonophoresis  ____ Heat before  ____ Ice after
____ Trigger points massage  ____ TENS  ____ Therapist’s discretion

Signature____________________________________________________________________ Date__________________