



UNION GENERAL ORTHOPEDICS & SPORTS MEDICINE

AFFILIATE OF: UNION GENERAL HEALTH SYSTEM

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CONSERVATIVE ROTATOR CUFF REPAIR PHYSICAL THERAPY

Philosophy

This protocol is to be utilized as a guideline. There will always be individual differences amongst patients regarding progression and tolerance of specific activities. Progression through the protocol will depend on successful accomplishments of set milestones as assessed by the physician and the physical therapist/athletic trainer.

The physical therapist and patient must constantly be aware of changes in condition, including but not limited to signs and symptoms of joint irritation/pain, tendonitis, and effusion. The patient's home exercise program is of utmost importance and should be monitored and emphasized.

Rehabilitation should create the optimal environment for the natural process of healing to occur. Initially, there should be a strong emphasis on minimizing swelling and pain as well as motion restoration. If a patient's progress is significantly delayed, please contact the physician office to keep them informed.

If you have any questions regarding this protocol, please contact the UGH Orthopedics and Sports Medicine Department at (706) 439-6858.

CAUTION: Return to intense activities such as lifting and sports early post-operatively may increase the overall chance of setbacks like reinjury and symptoms of pain, swelling, or instability should be closely monitored and reported by the patient.



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Phase I (6-10 weeks)

Goals

1. Protect the repair and educate patient regarding rotator cuff repair precautions
2. Decrease pain
3. Increase PROM for forward flexion and scaption (see precautions for IR/ER)
4. Independent with home exercise program
5. Initiate scapular awareness exercises

Precautions:

1. **No AROM or AAROM until week 8.**
2. **Must wear sling at all times except when exercising until week 8.**
3. **No passive IR stretching until week 8.**
4. **No strengthening until week 14.**

Exercises Phase I

Weeks 6-8

1. PROM for flexion, scaption, and external rotation (to 45 degrees)
2. Grade II, III glenohumeral mobilizations anterior, inferior, and posterior directions.
3. Manual scapular resistance exercises
4. Codman's all directions
5. Active elbow flexion, and extension
6. Gripping exercises for the hand
7. Cervical AROM all directions
8. Educate family on performing PROM for home if appropriate
9. Modalities PRN

Weeks 8-10

1. Continue PROM
2. Initiate AAROM for flexion, abduction, ER, and IR (pulleys, wand, etc), cueing for good scapular positioning/scapulohumeral rhythm
3. Can perform lower extremity strengthening and cardiovascular exercises that are non-stressful to the shoulder
4. Trunk stabilization exercises



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Phase II (10-14 weeks)

Goals

1. Decrease pain
2. Full PROM in all directions.

Precautions:

1. No strengthening until 14 weeks.
2. Avoid abnormal scapular substitution patterns with initiation of active motion

Exercise Phase II

Weeks 10-14

1. Perform AROM for flexion, and scaption with emphasis on scapular awareness to minimize the upper trap influence
2. Initiate active scapular retraction and prone Houston exercises
3. Initiate bicep and tricep strengthening with bands only
4. Begin using extremity for light ADLs



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Phase III (14-24 weeks)

Goals

1. Achieve full AROM all directions with normal scapulohumeral rhythm.
2. Minimal to no shoulder pain with light to moderate ADL's.
3. Initiate shoulder strengthening.

Precautions: all strengthening should be performed below 90 degrees until normal scapular rhythm and sufficient rotator cuff strength is achieved. Exercise bands only (no free weights) for first 4 weeks of strengthening.

Exercise Phase III

Weeks 14-24

1. Continue PROM and joint mobilization PRN
2. Initiate strengthening of rotator cuff, deltoid, and scapulothoracic musculature with exercise bands only. Can progress to free weights 4 weeks later if good control is present. General progression recommended:
 - a. Prone scapular program
 - b. Integrate functional patterns
 - c. Increase speed of movements
 - d. Integrate kinesthetic awareness drills into strengthening program
 - e. Progress closed chain dynamic stability activities
3. Initiate proprioceptive training
4. Initiate closed chain exercises
5. Initiate active PNF patterns concentrating on technique, with gradual progression to resistive PNF patterns
6. Trunk stabilization/strengthening



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Phase IV (6 months)

***Note: At six months may begin return to golf program, lifting, etc as released by surgeon if sufficient strength exists.**

Goals

1. Return to normal ADLs without restriction

Exercises

1. Stretching PRN
2. Continue rotator cuff, scapulothoracic, and trunk strengthening program
3. Plyometric medicine ball program if appropriate
4. Initiate progressive replication of demanding ADL/ work activities.