



# UNION GENERAL ORTHOPEDICS & SPORTS MEDICINE

AFFILIATE OF: UNION GENERAL HEALTH SYSTEM

Jacob B. Stirton, MD

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706-439-6858

## STANDARD 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 (2-6 weeks)

### **Goals**

1. Decrease pain
2. Protect repair and educate patient regarding rotator cuff repair precautions
3. Full PROM all directions with exception of IR
4. Independent with home exercise program
5. Initiate scapular awareness exercises

### **Precautions:**

1. **No active abduction, or external rotation for 6 weeks**
2. **Must wear sling at all times except with HEP/rehab for 6 weeks**
3. **No passive IR stretching for 4 weeks**

### **Exercises Phase I**

1. PROM for flexion, scaption, and external rotation
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



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## Phase II (6-10 weeks)

### Goals

1. Decrease pain
2. Full PROM all directions
3. Initiate AROM with patient aware of upper trapezius substitution pattern

### Precautions

1. **No resisted abduction or external rotation for six weeks post op**
2. **When strengthening is initiated- use exercise bands only for the first 4 weeks (no free weights)**
3. **Avoid abnormal scapular substitution patterns with initiation of active motion**

### Exercise Phase II

#### Weeks 6-8

#### **TheraBand only for strengthening, no weights**

1. Continue PROM, and initiate AAROM for flexion, abduction, ER, and IR
2. Scapular strengthening exercises (with bands)
3. Band resistive exercises for IR, and extension
4. Band resistive exercises for biceps and triceps
5. Continue to maintain cervical AROM all directions
6. Can perform lower extremity strengthening and cardiovascular exercises that are non-stressful to the shoulder
7. Trunk stabilization exercises

#### Weeks 8-10

#### **TheraBand only for strengthening, no weights**

1. Initiate band resisted exercises for external rotation and abduction
2. Perform AROM for flexion, and scaption with emphasis on scapular awareness to minimize the upper trap influence
3. Initiate light resistance exercises in all scapular planes

**Note: all strengthening should be performed below 90 degrees elevation until normal scapular rhythm and sufficient rotator cuff strength is achieved.**



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## Phase III (10-14 weeks)

### **Goals**

1. Achieve full AROM all directions
2. Minimal to no shoulder pain with ADL's
3. Improved strength in rotator cuff, and scapulothoracic muscles
4. Normal scapulohumeral rhythm with active motions

### **Exercise Phase III**

#### **Week (10-14)**

1. Continue PROM and joint mobilization PRN
2. Continue strengthening of deltoid, cuff, and scapulothoracic musculature
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 (14-20 weeks)

### Goals

1. Normal strength, endurance, and power
2. Return to full ADL's and recreational activities

### Exercise Phase IV

#### Week (14-20)

1. Stretching PRN
2. Continue rotator cuff and scapulothoracic strengthening with following progression:
  - 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. Continue trunk and lower extremity strengthening

**\*Note: At four months may begin tennis ground stroke/ batting/ return to golf program if sufficient strength exists.**



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## Phase V (5 months+)

### **Goals**

1. Return to normal activity without restriction

### **Exercises**

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