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ROTATOR CUFF REPAIR PROTOCOL (Dr. Mark Smith)

Weeks 1-3

- Full time in sling
- Range of motion: seated passive cane external rotation (**not beyond 30° for the first 6 weeks**) with a towel roll between elbow and side. If too painful then supine passive external rotation with a towel roll under elbow to position shoulder at 20° flexion and 20° abduction in scapular plane. (**If subscapularis was repaired, no external rotation beyond neutral.**)
- Exercises:
 - Cervical range of motion (as needed).
 - Elbow, wrist, and hand range of motion.
 - Active-assisted ☺ active elbow flexion and extension. **Hammer curl if biceps tenodesis performed.**
 - Scapular retraction with hands in front of body (preventing shoulder extension).
 - Begin therapist performed PROM of operative shoulder in supine in a pain free range.
- Ice for pain and swelling. Modalities as needed.

Weeks 3-6

- May gradually discontinue sling around the house at 4 weeks if comfortable. Still need sling when going out in public up until 6 weeks post-op.
- **No active abduction for 12 weeks postop** unless written on order by MD.
- Range of motion:
 - Progress ER stretches at 45°-90° abduction in the scapular plane. (**Don't force ER if subscapularis repair**)
 - Progress flexion, scaption, and abduction as tolerated without impingement.
 - Limit IR stretches to pain free range.
- Exercises:
 - Begin limited range, seated, no resistance, active ER and IR with towel (roll at side).
 - Begin patient performed supine passive flexion, working toward active assisted flexion at 4-5 weeks.
 - Progress cane ER stretch with arm abducted to at least 45° with towel roll under elbow to keep in the scapular plane.
 - Begin posterior capsule mobilization stretches. **No inferior or anterior GH mobilization.**
 - Advance to passive multi-plane pulley when 110° flexion is achieved in supine.
- If pain level is not improving, decrease intensity and volume of exercise
- Modalities for pain and inflammation, as needed

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Weeks 6-9

- Continue stretches to achieve full PROM in all planes, including ER at 90° abduction
- Continue posterior capsule stretches as needed.
- Begin strengthening exercises only if overall pain level is low. **No active antigravity flexion or abduction until 12 weeks postop.**
- Exercises:
 - Begin UBE, below shoulder level, in a pain free range for ROM only.
 - Progress scapular strengthening as tolerated, progress retractions to exercise band, but not beyond plane of body.
 - Begin no-load, supine serratus exercise if tolerated.
 - Supine kinesthetic awareness proprioceptive retraining exercises for ER/IR only, low load.
 - Begin IR behind the back stretches for functional IR ROM.
 - Advance pulley to moderate stretch in multiple planes.
 - Begin isometrics, submaximal, pain free for ER, IR, flexion, extension (elbow flexed to 90° at side).
 - Begin light exercise band for shoulder extension to neutral and adduction once isometrics are tolerated well.
- Modalities and ice for pain and inflammation as needed.

Weeks 9-12

- Continue stretches to achieve full PROM in all planes, including ER at 90° abduction.
- Mobilization to GH joint as needed to regain normal joint mobility.
- Exercises:
 - Begin active shoulder flexion and scaption (begin with gravity eliminated and work towards wall slides and functional anti-gravity exercises)
 - Increase resistance with biceps, triceps, ER and IR strengthening as tolerated.
 - Begin supine, low intensity rhythmic stabilization at 110-120° flexion for rotator cuff and deltoid co-contraction.
 - Begin prone scapular exercise *but consider supine scapular exercise if patient has history of cervical problems or adverse neural tissue signs*
 - Non-resistive, short range PNF patterns.
- Progress only without increased signs of impingement or inflammation.
- Modalities and ice as needed for pain and inflammation.

3-6 Months

- Continue stretches and mobilizations as needed to maintain full ROM
- Exercises:
 - Advance strengthening for rotator cuff, low resistance, increasing reps.
 - Advance scapular exercises.
 - Advance kinesthetic awareness exercise to multi-angle and gradually work from short to long lever arm.
 - Advance strengthening for the rest of the upper extremity.

- Progress to light work simulation at 4-5 months or as requested by physician