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## ROTATOR CUFF REPAIR PROTOCOL

### Weeks 1-3

- Full time in sling
- Range of motion: seated passive cane external rotation 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.
- Exercises:
  - Cervical range of motion
  - Elbow, wrist, and hand range of motion
  - Active elbow flexion and extension
  - Shoulder shrugs and scapular retraction (preventing shoulder extension)
- Ice for pain and swelling

### 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.
- Range of motion:
  - Begin supine passive flexion, working toward active assisted flexion at 4-5 weeks
  - Passive abduction stretch *in clinic only*, emphasizing slow return to the side
  - Progress ER stretches at 45° abduction and 80° abduction in the scapular plane
  - Begin posterior capsule stretches. *No inferior or anterior GH mobilization.*
- Exercises:
  - Begin no- load serratus exercise at 5-6 weeks.
  - Advance to passive multi-plane pulley when 120° flexion is achieved in supine.
  - Begin limited range, no resisted active ER and IR with towel roll
- If pain level is not decreasing, decreased intensity and volume of exercise
- Modalities for pain, as needed

### Weeks 6-9

- Continue passive and active assisted stretches to achieve full ROM in all planes, including ER at 90° abduction
- Mobilization to GH joint as needed
- Exercises:
  - Begin UBE, below shoulder level
  - Progress scapular strengthening
  - Supine kinesthetic awareness exercise in ER/IR only, low load

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- Begin rows with theraband, but not beyond plane of body
- Begin functional IR ROM
- Advance pulley to active assisted in multiple planes.
- Begin isometrics, submaximal, pain free for ER, IR, flexion, extension.
- Begin light theraband for ER/IR using a towel roll once isometrics are tolerated well.
- Begin strengthening exercises only if overall pain level is low
- Modalities for pain as needed.

### **Weeks 9-12**

- Continue stretches towards normal ROM
- Continue posterior capsule stretches as needed
- Exercises:
  - Begin active shoulder flexion and scaption (begin with gravity eliminated and work towards wall walking and anti-gravity exercise)
  - Increase resistance with rows, ER, and IR 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*
  - Advance kinesthetic awareness exercise to multi-angle and gradually work from short to long lever arm
  - Non-resistive, short range diagonal patterns
- Progress only without increase signs of inflammation
- Modalities as needed for pain

### **3-6 Months**

- Continue stretches and mobilizations as needed to maintain full ROM
- Exercises:
  - Advance strengthening for rotator cuff, low weight, increasing reps
  - Advance scapular exercises
  - Advance strengthening for the rest of the upper extremity
  - Advance with proprioception exercises
  - Progress to light work simulation at 4-5 months or as requested by physician