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Rotator Cuff Repair Rehab Protocol - Delayed

	GOALS	PRECAUTIONS	SLING	ROM GOALS	EXERCISES / MODALITIES
PHASE I – Post-Op 0-6 weeks	<ul style="list-style-type: none"> • Maintain & protect integrity of repair • Diminish pain and inflammation • Prevent muscular inhibition • Independent with ADLs with modifications while maintaining repair integrity 	<ul style="list-style-type: none"> • Maintain arm in abduction sling/brace <ul style="list-style-type: none"> - Remove only for exercise • No lifting objects • No shoulder motion behind back • No excessive stretching • No sudden movements • No supporting any weight • No lifting of body weight by hands • Keep incisions clean/dry 	<ul style="list-style-type: none"> - Abduction brace/sling at all times (including sleep) - Position in NEUTRAL to avoid excessive shoulder IR 	<ul style="list-style-type: none"> • NO SHOULDER ROM (PROM, AROM, AAROM) 	<ul style="list-style-type: none"> • Pendulum exercises several times per day • Finger, wrist, and elbow AROM • Begin scapula musculature isometrics / sets • Cervical ROM • Cryotherapy (ice) • Resume general conditioning after 1 week (walking, stationary bike, etc) • Patient education: posture, joint protection, positioning, hygiene, etc
Phase II – Passive Motion 6-8 Weeks	<ul style="list-style-type: none"> • Allow healing of soft tissue (rotator cuff still needs to heal to bone) • Do NOT overstress healing tissue • Gradually restore PROM • Decrease pain/inflammation 	<ul style="list-style-type: none"> • No resisted motions of shoulder until <u>12 weeks</u> post-op • No lifting • No supporting body weight by hands/arms • No sudden jerking movements • Avoid UE bike or UE ergometer at all times 	<ul style="list-style-type: none"> • May discontinue brace/sling at the end of week 6 	<ul style="list-style-type: none"> • True PROM only! • Progressive PROM: <ul style="list-style-type: none"> - 90° FF - 20° ER at side - Abd max 60-80° without rotation (scapular plane) - IR to abdomen 	<ul style="list-style-type: none"> • Grip strengthening • No canes/pulleys until 8 weeks post-op (these are active-assist) • Heat before PT, ice after PT • Initiate prone rowing to neutral arm position • Continue cryotherapy PRN • May use pool (aquatic therapy) for ROM exercises

- Do NOT change bandages unless instructed by physician
- Monitor for pain and swelling. Modify as necessary.
- Encourage home exercises program daily
- Encourage ice 4x a day for 20 minutes while swelling is present.
- For any questions or concerns please contact Dr. Tauberg’s office

Rotator Cuff: Delayed Protocol

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PHASE II – Protection / Active Motion 8-12 weeks	<ul style="list-style-type: none"> • Maintain integrity of repair • Do not overstress healing tissue • Gain full PROM • Start/advance AAROM to AROM (week 10-12) • Dynamic shoulder stability • Optimize neuromuscular control • Gradual return to functional activity 	<ul style="list-style-type: none"> • No resisted exercises • Avoid exercises in coronal plane and ABDuction • No lifting heavy objects (>5lbs) • No sudden lifting/pushing • No sudden jerking motions • No overhead lifting • Avoid upper extremity bike/ergometer 	<ul style="list-style-type: none"> • none 	<ul style="list-style-type: none"> • Gradually progress to full PROM all planes <ul style="list-style-type: none"> - Full ROM by weeks 9-10 • Begin AAROM progression to AROM as tolerated <ul style="list-style-type: none"> - Flexion scapular plane, abduction, ER, IR 	<ul style="list-style-type: none"> • Continue with Phase I • Continue periscapular exercises • Light passive stretching at end ranges • Week 10: Begin rotator cuff isometrics with arm at side • Begin scapular exercises, PRE's for large muscle groups (pecs, lats, etc)
PHASE III – Early Strengthen 12-16 weeks	<ul style="list-style-type: none"> • Progressive rotator cuff strengthening and scapular stability • Progressive functional training • Gradual restoration of strength, power, and endurance • Dynamic shoulder stability 	<ul style="list-style-type: none"> • Avoid exercise in coronal plane and ABDuction • No weight training • No lifting of objects heavier than 5lbs • No sudden lifting or pushing • No sudden jerking motions • No overhead lifting • Avoid upper extremity bike or ergometer 	<ul style="list-style-type: none"> • none 	<ul style="list-style-type: none"> • Advance to full ROM as tolerated <ul style="list-style-type: none"> - Passive stretching at end ranges 	<ul style="list-style-type: none"> • Week 12: Initiate Strengthening <ul style="list-style-type: none"> - Isometrics → bands → light weights (1-5 lbs, 8-12 reps/2-3 sets per cuff, deltoid, and scapular stabilizers) - ER/IR with therabands/tubing - ER in lateral decubitus position - Full can in scapular plane (NOT in full abduction)* - Prone rowing - Prone horizontal abduction - Prone extension - Elbow flexion - Elbow Extension • Only do strengthening 3x/week to avoid rotator cuff tendinitis • Week 14: <ul style="list-style-type: none"> - Continue all exercises listed above - Progress to fundamental shoulder exercises - Eccentrically resisted motions, plyometrics, proprioception <p>* Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; if unable, continue glenohumeral joint exercises</p>

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PHASE IV – Advanced Strengthen 16-26+ weeks	<ul style="list-style-type: none"> • Maintain full non-painful AROM • Advance conditioning exercises for enhanced functional use • Improve muscular strength, power, and endurance • Gradual return to full functional activities 	<ul style="list-style-type: none"> • Continue to avoid excessive force on the shoulder • Slow progression of weight training 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Continue full motion • Continue self-capsular stretching for ROM maintenance 	<ul style="list-style-type: none"> • Week 16 <ul style="list-style-type: none"> - Continue progression of strengthening - Advance proprioceptive and neuromuscular activities - Light sports if doing well (golf chipping/putting, tennis ground strokes, etc) - Theraband: may add T's, diagonal up and down, prone U - Advance as tolerated - Only do 3x/week to avoid rotator cuff tendonitis • Week 20-22 <ul style="list-style-type: none"> - Begin sports related rehab, including advanced conditioning - Interval sports program (Golf, doubles tennis, etc) - Continue strengthening/stretching • 6 Months <ul style="list-style-type: none"> - Return to throwing • 9 Months <ul style="list-style-type: none"> - Throw from pitcher's mound - Return to collision sports • 12 Months <ul style="list-style-type: none"> - Usually reach MMI

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