

Rotator Cuff Repair (Standard)

Phase 1 – Maximum Protection

Weeks 0 to 6

- Wear sling at all times for 6 weeks
- Avoid active motion of shoulder
- Avoid loaded elbow flexion
- Passive range of motion only
 - No motion for 2 weeks
 - Progressive PROM in all directions as tolerated
 - Avoid ER past 20 degrees if subscapularis repair

Goals:

- Reduce pain and inflammation
- Decrease pain
- Protect the surgical repair
- Postural education

Exercise Progression:

- Cervical ROM and basic deep neck flexor activation (chin tucks)
- Instruction on proper head, neck, and shoulder alignment
- Hand and wrist AROM
- Active shoulder retraction
- Passive scapular mobility
- Upper thoracic mobilization
- Pendulums
- Ice and modalities to reduce pain and inflammation

Phase 2 – Restoring Mobility, Function, and Active Range of Motion

Weeks 6-12

- Discontinue sling
- Resume light ADLs (<2lbs), ensuring no heavy lifting, pushing, pulling, or repetitive reaching

Goals:

- Continued protection of repaired tissue, while slowly progressing to full active range of motion
- Full PROM in all planes
- No compensatory arm elevation strategies (e.g. no shoulder shrug with reaching)

Exercise Progression:

- Progress from AAROM to AROM when adequate strength and motor control
- Start strengthening when full AROM is achieved (progress slowly)
- Avoid loaded RC strengthening in overhead positions until 12 weeks
- Dynamic stabilization exercises with light perturbation isometrics
- Progress to higher intensity cardio training (avoid running)
- Prone YTI drills
- Begin light bicep loading between 8 to 12 weeks, progress slowly

Phase 3 – Advanced Strengthening and Proprioception

Weeks 12 to 20

Goals:

- Progressive strengthening and endurance training
- Introduction of sport-specific drills (avoid participation in sport until cleared by surgeon)

Exercise Progression:

- Begin strengthening at or above 90 degrees with prone and/or standing YTI
- Initiate light bench press and shoulder press (pain free)
- Closed chain perturbations training, plank progression, etc
- Push-up progression (counter height -> knee height -> floor)

Criteria for return to play:

- Full, pain-free range of motion
- Normal glenohumeral and scapulothoracic arthrokinematics
- >90% MMT using handheld dynamometer