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Post-Operative Physical Therapy Protocol for Rotator Cuff Repair

Precautions for isolated supraspinatus repair:

- Caution with excessive passive and active IR range of motion (ROM) for 6-8 weeks

Precautions for combined supraspinatus and infraspinatus repair:

- Caution with excessive passive and active IR ROM for 8 weeks

Precautions for isolated subscapularis repair:

- No ER for 4 weeks
- Progress ER slowly from 4 weeks until 8-10 weeks

Precautions for concomitant biceps tenodesis:

- Passive elbow ROM only x 4 weeks; avoid aggressive passive terminal extension
- No Active elbow ROM x 4 weeks
- Gentle Passive ROM of terminal extension begins at 4 weeks
- At week 4 begin gentle active elbow flexion
- No active supination x 6 weeks
- Biceps strengthening exercises begin when full pain free active range of motion is achieved (~8-12 weeks)

Weeks 4-6:

PRECAUTIONS:

- No lifting
- No active motion

Passive SHOULDER ROM:

- Passive FORWARD FLEXION to 120°
- Passive EXTERNAL ROTATION to 30°

Elbow/hand ROM and gripping exercises

Initiate isotonic elbow flexion

Continue use of cryotherapy as needed

Week 6:

PRECAUTIONS:

- No lifting
- No active motion

Discontinue use of sling or brace

May use heat prior to exercises

Passive SHOULDER ROM:

- Passive FORWARD FLEXION to 120°
- Passive EXTERNAL ROTATION to 30°

Week 7-9:

PRECAUTIONS:

- No lifting
- No active motion

Passive SHOULDER ROM:

- Passive FORWARD FLEXION to tolerance
- Passive EXTERNAL ROTATION to 45°

Active assisted SHOULDER ROM to tolerance

- Flexion (continue use of arm support)
- ER/IR in scapular plane at 45° abduction
- ER/IR at 90° abduction

Week 10-12:

PRECAUTIONS:

- No lifting or strengthening

Passive SHOULDER ROM to tolerance

Active assisted SHOULDER ROM to tolerance

Initiate Active SHOULDER ROM exercises

Weeks 12-16:

Progress all exercises

- Continue ROM and flexibility exercises

Begin isotonic strengthening exercise program

- ER/IR tubing
- Side-lying ER
- Lateral raises to 90° of abduction*
- Full can in scapular plane to 90° of flexion*
- Prone rowing
- Prone horizontal abduction (bent elbow)
- Biceps curls (isotonics) very light weight
- Prone extension
- Elbow flexion
- Elbow extension

** Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonics; if unable, continue glenohumeral joint stabilization drills and exercises*

Therapist may initiate isotonic resistance (0.5-kg weight) during flexion and abduction*

If non-painful normal motion is exhibited and no substitution pattern is present

- Progress strengthening program (increase 0.5 kg/10 days if non-painful)*

** Be sure when progressing patient no residual pain is present following exercises*

** For massive rotator cuff tears and revision repairs, delay strengthening until 16 weeks post-operatively*

Weeks 16-20:

- Continue ROM and stretching to maintain full ROM
- Self-capsular stretches
- Progress shoulder strengthening exercises

Weeks 20-26:

- Continue all exercises listed above
- Gradually increase resistance but patient should exhibit no pain during or after exercise and no substitution pattern
- Initiate interval golf program (if appropriate)

Week 26:

Progress golf program to playing golf (if appropriate)

Initiate interval tennis program (if appropriate)

May initiate light swimming (if appropriate), weeks 26-29

Continue stretching, if motion is tight

Continue progression to sport or work activity