



INOVA[®]

Sports Medicine

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Physical Therapy Protocol Following Small/Medium Rotator Cuff Repair

Shoulder Immobilizer: 4 weeks full time (sleep included)

Post-Op Week 0-6:

Goals:

1. Minimize swelling and pain
2. Achieve staged ROM goals (avoid aggressive PROM)
3. Protect repair
4. No active shoulder ROM, lifting, supporting body weight or lifting weights with hands

Exercises Days 1-14:

1. Gentle pendulum exercises
2. Finger, hand, wrist and elbow AROM (no weight)
Elbow PROM only if biceps tenodesis is performed
3. Begin seated scapular isometrics and cervical ROM
4. Begin PROM flexion (0-90⁰) and ER at 20⁰ abduction (0-20⁰)
PROM in scapular plane
**For subscapularis repairs, ER at 0⁰ abduction (0-30⁰)
PROM/AAROM for 6 weeks unless otherwise noted by MD**

Exercises Weeks 2-3:

1. Continue PROM progression – Flexion (0-100⁰) and ER at 20⁰ abduction (0-25⁰)
No internal rotation or extension PROM
**For subscapularis repairs, ER at 0⁰ abduction (0-30⁰)
PROM/AAROM for 6 weeks unless otherwise noted by MD**
2. Begin resisted finger, hand, wrist and elbow AROM
Elbow AAROM only if biceps tenodesis is performed
3. Resume general conditioning (walking, stationary bike)
No treadmill walking or elliptical
4. Begin manual scapular strengthening exercises

Exercises Weeks 4-6:

1. Continue PROM progression - Flexion (0-125⁰) and ER at 20⁰ abduction (0-40⁰)
**For subscapularis repairs, ER at 0⁰ abduction (0-30⁰)
PROM/AAROM for 6 weeks unless otherwise noted by MD**
2. Begin joint mobilizations (Grades 1 & 2) for GH joint as tolerated.
3. Progress scapular isometrics as tolerated (sidelying retractions)
For biceps tenodesis-delay elbow flexion strengthening for 6 weeks
4. Begin rotator cuff isometric strengthening. Advance as tolerated

Restrictions for out of sling:

1. No lifting anything heavier than coffee cup for ADL's
2. No ROM beyond staged goals or excessive behind the back movements
3. No supporting body weight with hands or arms
4. No sudden jerk motions
5. No long lever rotator cuff strengthening exercises that can stress repair
6. No empty can exercises at ANY stage of rehab

Criteria before Phase 2: Staged ROM goals achieved, minimal to no pain

Post-Op Weeks 6-8:

Goals:

1. Begin AAROM and progress to AROM per patient tolerance
2. Avoid scapular substitution
3. Achieve passive FROM by 8 weeks

Exercises:

1. UE bike with light resistance
2. Begin closed chain UE activities
3. Towel wipes – horizontal, diagonal and vertical
4. Continue advancing isometric strengthening

Post-Op Weeks 8-12:

Goals:

1. Restore full AROM
2. No scapular or trapezius substitution

Exercises:

1. Begin light strengthening (< 5 lbs) in all planes (T, I, Y)
2. Begin rhythmic stabilization exercises (supine)
3. Light theraband exercises
4. Side lying ER and IR exercises (with towel under elbow as needed)

Criteria before Phase 3: Full AROM without pain, strengthening exercises with minimal pain

Post-Op Months 3-6:

Goals:

1. Continue with strengthening progression
2. 5/5 rotator cuff strength
3. Return to sport and activity at 5-6 months

Exercises:

1. Progress theraband exercises
2. Progress strengthening program with weights
3. Functional eccentric strengthening – scaption, bent over rows, diagonal patterns
4. Progress closed chain UE strengthening – push-ups, swiss ball activities
5. Initiation of throwing program (only after patient can elevate arm in scapular plan without shoulder or scapular hiking)

Criteria for release to sport(s):

1. ROM is symmetric and painless
2. Strength is 90% of contralateral side
3. Completion of throwing program