

Standard Rotator Cuff Repair Rehabilitation Protocol

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-6	 Protect surgical site Decrease pain and inflammation PRICE principles Minimize muscle atrophy Initiate passive range of motion 	 No lifting of any object Keep incision(s) clean and dry No excessive shoulder extension No excessive arm motions Wear immobilizer with bolster except for hygiene and exercise performance Do not force range of motion 	 Active assisted range of motion of elbow, wrist and hand Supine passive range of motion of shoulder ER as tolerated Supine Forward Flexion to 140 Plane of the Scapula to 90 Scapular retraction Week 2-3: Core training may be initiated No stress to repair Week 2-3: May begin stationary bike Cryotherapy: 5-7 times per day No pulley/canes until 6 weeks
Weeks 6-12	 Maintain integrity of repair Progress PROM Initiate AAROM to AROM Full AROM at week 12 Normal scapular mechanics at week 12 Improve muscle activation Improve motor control 	 Sling worn for comfort beginning week 6, wean as tolerated Immobilizer discontinued Do not force motion No weight bearing through involved shoulder 	 Week 6: Progress PROM in all planes as tolerated. Avoid internal rotation until 6 weeks Week 8: AAROM initiated and advanced to AROM as tolerated Week 8: Shoulder isometrics may be initiated Week 8: Rhythmic stabilization may be initiated IR/ER at 45 degrees in scapular plane Flexion at 100 degrees Week 8: Core/LE training No stress to repair Single plane/multi joint exercises Balance/proprioception Continue with stationary bike Up to 30 minutes
Weeks 12-16	 Initiate RTC exercises Initiate scapular stabilizer strengthening Range of motion without compensation 	 Do not force motion No weight bearing through involved shoulder 	 Advancement to isotonic exercise program per tolerance in all planes, including multiplane exercises Week 12: May initiate use of elliptical or stair stepper Modalities as needed Begin eccentrically resisted motion

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process. Each patient's progress may vary based on specifics to their injury and procedure.



0

600 Hennepin Avenue, Minneapolis MN 55403



Weeks 16-24	 Maintain integrity of repair Address any remaining asymmetries in strength, endurance and movement patterns Initiation of power development in athletes 80% strength of involved to uninvolved side 	 May begin loading through shoulder Avoid aggravation of repair Continue with low impact activity 	 Continue with multiplane strength and initiate multiplane stretching. Avoid aggravation of repair Advance proprioception exercises Anaerobic and aerobic interval training Low impact Week 16: Core/LE training Light loading through shoulder begins Multi plane/multi joint exercises Balance/proprioception Week 20: Initiate plyometric activity Week 20: Initiate interval sports program Met strength and mobility goals Begin throwing program, running program, golf program Continue with core stability Week 16: QuickDASH, FOTO PRO Week 16: HHD/ isokinteic test
Weeks 24+	 Initiate return to sport progression Initiate plyometric exercise progression Initiate higher level impact activity 	 Focus on form and control during exercise performance Use of appropriate work rest intervals Assess tolerance to activity during, after and at 24 hours after activity 	 Low level sport specific activity, progressing to higher demand activity Continue with Anaerobic and aerobic interval training Continue with core stability Multiple planes Stability in all 3 planes of motion Sport specific movements when able Plyometric activities progressing from simple to complex, less load to more load Week 24: QuickDASH, FOTO PRO 1 year follow up: HHD/ isokinetic test

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process. Each patient's progress may vary based on specifics of their injury and procedure.





