



SMALL ROTATOR CUFF REPAIR

Rehab Protocol

Weeks 1-4:

- Sling Immobilization
- Active ROM Elbow, Wrist and Hand
- True Passive (ONLY) ROM Shoulder. NO ACTIVE MOTION.
 - Pendulums,
 - Supine Elevation in Scapular plane = 140 degrees
 - External Rotation to tolerance with arm at side. (emphasize ER, minimum goal 40°)
- Scapular Stabilization exercises (sidelying)
- Deltoid isometrics in neutral (submaximal) as ROM improves
- No Pulley/Canes until 5 weeks post-op (these are active motions)

Weeks 4-8:

- Discontinue abduction pillow at 4 weeks post-op
- Discontinue sling use at 5 weeks post-op
- Begin Active Assist ROM and advance to Active as Tolerated
 - Elevation in scapular plane and external rotation as tolerated
 - No Internal rotation or behind back until 6wks.
- Begin Cuff Isometrics at 5 wks with arm at the side

Weeks 8-12:

- Active Assist to Active ROM Shoulder As Tolerated
 - Elevation in scapular plane and external rotation to tolerance
 - Begin internal rotation as tolerated
 - Light stretching at end ranges
- Cuff Isometrics with the arm at the side
- Upper Body Ergometer

Months 3-12:

- Advance to full ROM as tolerated with passive stretching at end ranges
- Advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs);
 - 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers
- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Begin eccentrically resisted motions, pylometrics (ex. Weighted ball toss), proprioception (es. body blade)
- Begin sports related rehab at 4 ½ months, including advanced conditioning
- Return to throwing at 6 months Throw from pitcher's mound at 9 months
- Collision sports at 9 months
- MMI is usually at 12 months post-op



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