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## Rotator Cuff Repair: Medium Tear Post-Operative Rehabilitation Protocol Illinois Bone & Joint Institute

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*The intent of this protocol is to provide the clinician with a guideline for the postoperative rehabilitation course of a patient that has undergone a rotator cuff repair. This protocol is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon*

Phase 1:       **Time Frame:** 0-4 weeks

**Immobilization:** Sling Immobilizer / Brace 4-6 weeks

**Restrictions:** Avoid AROM and strengthening. Limit FF to 140 degrees. No IR. ROM should be a slow stretch (not forceful). Rotator cuff repair takes 10-12 weeks to heal.

**Exercises:** Gripping exercises, elbow, wrist and finger ROM, PROM for shoulder. Instruct on HEP to perform twice daily.

Phase 2:       **Time Frame:** 4-8 weeks

**Immobilization:** None

**Restrictions:** No AAROM until 4 weeks or AROM until 6 weeks. No restriction on ROM degrees. No strengthening.

**Exercises:** Gradually increases ROM exercises and add AAROM at 4 weeks. Add AROM at 6 weeks. Modalities used as needed.

Phase 3: **Time Frame:** 8-12 weeks

**Immobilization:** None

**Restrictions:** Exercise advancement should be gradual and in slow increments while avoiding pain. If patient develops pain, drop back to early phase of rehabilitation, until pain free.

**Exercises:** Continue with shoulder PROM and AROM (Goal is 85% or greater of normal PROM by 12 weeks). At 8 weeks begin shoulder isometric strengthening with arms at side (IR, ER, scapular stabilization). At 10 weeks add shoulder resistance strengthening exercises. Progression should be gradual and in slow increments while avoiding pain.

Phase 4: **Time Frame:** 12-26 weeks

**Immobilization:** None

**Restrictions:** No specific restrictions. Patients ROM, strength and endurance should be advanced progressively while avoiding pain.

**Exercises:** ROM should be returning to normal; if not, continue to address with stretching and a HEP. Progressive upper-body strengthening may be more aggressive after 16 weeks. Add plyometric training for athletes at 18 weeks. Add exercises simulating work requirements at 18 weeks as part of return to work program.

Phase 5: **Time Frame:** 26 weeks

**Goal:** Restore normal shoulder function and progress to return to sport or return to work.

**Restrictions:** No specific restrictions. Advance progressively while avoiding pain. If the patient develops pain they are to return to earlier stage of rehabilitation.

**Exercises:** Aggressive upper-body strengthening and with initiation of plyometric training and sports or work specific training. Consider work conditioning program based on patients job requirements and patient motivation.