Physical Therapy Protocols
Contact Dr. Barden's ATC,
Sarah Williams, with any questions
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PEACHTREE ORTHOPEDICS

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DR. BARDEN PHYSICAL THERAPY PROTOCOL: ROTATOR CUFF REPAIR, STANDARD REPAIR *v0.1*

PATIENT NAME: ______________________________ **SURGERY DATE: ___________**

PROCEDURES:

☐ RCR | ☐ SAD w/acromioplasty | ☐ DCE | ☐ Biceps Tenotomy | ☐ Biceps Tenodesis | ☐ Labral Repair

The intent of this protocol is to provide the therapist with a guideline for the postoperative rehabilitation course of a patient that has undergone an arthroscopic rotator cuff repair. It is not intended to be a substitute for appropriate clinical decision-making regarding the progression of a patient's postoperative course. The actual post-surgical physical therapy management must be based on the physical exam findings, individual progress, and, in some cases, tendon and bone quality as they influence the repair construct. For any questions or concerns, please call my clinical assistant, Sarah Williams ATC, (404) 355-0743 ext.1615

Phase I – Immediate Post Surgical (Weeks 1-6):

Goals:
- Maintain / protect integrity of repair
- Gradually increase passive range of motion (PROM)
- Diminish pain and inflammation
- Prevent muscular inhibition
- Become independent with activities of daily living with modifications

Precautions:
- Maintain arm in abduction sling / brace, remove only for exercise
- No active range of motion (AROM) of shoulder
- No lifting of objects
- No shoulder motion behind back
- No excessive stretching or sudden movements
- No supporting of any weight
- No lifting of body weight by hands
- Keep incision clean and dry, may leave steri-strips in place for up to 2 weeks post-op

Criteria for progression to the next phase (II):
- Passive forward flexion to at least 125 degrees
- Passive external rotation (ER) in scapular plane to at least 75 degrees
- Passive internal rotation (IR) in scapular plane to at least 75 degrees
- Passive Abduction to at least 90 degrees in the scapular plane

DAYS 7 TO 28:

- Continue use of abduction sling / brace
- Pendulum exercises

Begin passive ROM to tolerance (these should be done supine and should be pain free)

- Flexion to 90 degrees
- ER in scapular plane to at least 35 degrees
- IR to body/chest
- Continue Elbow, wrist, and finger AROM* resisted
- Cryotherapy as needed for pain control and inflammation
- May resume general conditioning program – walking, stationary bicycle, etc.
- Aquatherapy / pool therapy may begin at 3 weeks postop

No active elbow flexion if biceps tenodesis performed.

Phase II – Protection / Active motion (weeks 5 - 10):

Goals:

- Allow healing of soft tissue
- Do not overstress healing tissue
- Gradually restore full passive ROM (week 4-5)
- Decrease pain and inflammation

Precautions:

- Active-assist ROM for weeks 5 and 6, then progress to Active ROM
- No lifting
- No supporting of body weight by hands and arms
- No sudden jerking motions
- No excessive behind the back movements
- Avoid active elbow ROM until 6 weeks if biceps tenodesis performed

Avoid upper extremity bike or upper extremity ergometer at all times.

Criteria for progression to the next phase (III):

- Full active range of motion

WEEK 5-6:

- Continue use of sling/brace full time until end of week 5
- Between weeks 5 and 6 may use sling/brace for comfort only
- Discontinue sling/ brace at end of week 6
- Initiate active assisted range of motion (AAROM) flexion in supine position
- Progressive passive ROM until approximately Full ROM at Week 4-5.
- Gentle Scapular/glenohumeral joint mobilization as indicated to regain full passive ROM
- Initiate prone rowing to neutral arm position
- Continue cryotherapy as needed
- May use heat prior to ROM exercises
- May use pool (aquatherapy) for light active ROM exercises
- Ice after exercise

Weeks 6-8

- Continue active and active assisted ROM and stretching exercises
- Begin rotator cuff isometrics
- Continue periscapular exercises
- Initiate active ROM exercises
- Flexion scapular plane
- Abduction
- External rotation
- Internal rotation
- Begin AROM of elbow if biceps tenodesis performed

Phase III – Early strengthening (weeks 10-14):

Goals:

- Full active ROM (week 10-12)
- Maintain full passive ROM
- Dynamic shoulder stability
- Gradual restoration of shoulder strength, power, and endurance
- Optimize neuromuscular control
- Gradual return to functional activities

Precautions:

- No heavy lifting of objects (nothing heavier than 5 lbs.)
- No sudden lifting or pushing activities
- No sudden jerking motions
- No overhead lifting
- Avoid upper extremity bike or upper extremity ergometer at all times.

Criteria for progression to the next phase (IV):

- Able to tolerate the progression to low-level functional activities
- Demonstrates return of strength/dynamic shoulder stability
- Re-establish dynamic shoulder stability
- Demonstrates adequate strength and dynamic stability for progression to higher demanding work/sport specific activities.

WEEK 10:

- Continue stretching and passive ROM (as needed)
- Dynamic stabilization exercises
- Initiate strengthening program
- External rotation (ER)/Internal rotation (IR) with therabands/sport cord/tubing
- ER side-lying (lateral decubitus)
- Lateral raises*
- Full can in scapular plane* ***(avoid empty can abduction exercises at all times)***
- Prone rowing
- Prone horizontal abduction
- 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 exercises

WEEK 12:

- Continue all exercise listed above
- Initiate light functional activities

WEEK 14:

- Continue all exercise listed above
- Progress to fundamental shoulder exercises

Phase IV – Advanced strengthening (weeks 16-22):

Goals:

- Maintain full non-painful active ROM
- Advance conditioning exercises for enhanced functional use
- Improve muscular strength, power, and endurance
- Gradual return to full functional activities

WEEK 16:

- Continue ROM and self-capsular stretching for ROM maintenance
- Continue progression of strengthening
- Advance proprioceptive, neuromuscular activities
- Light sports (golf chipping/putting, tennis ground strokes), if doing well

WEEK 20:

- Continue strengthening and stretching
- Continue stretching, if motion is tight
- May initiate interval sport program (i.e. golf, doubles tennis, etc.), if appropriate.