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Rotator Cuff Repair
Post-op Rehabilitation Guidelines

These guidelines are intended for Compensation Services and Clinical Staff as general guides for the direction, timing and expected outcomes for post-surgical rehabilitation clients seen through the Visiting Specialists Clinic. Deviations from these guidelines may occur based on the specifics of individual cases and surgeon preference.

Procedure: **Rotator Cuff Repair**

Phases and Expected Time Lines	Rehabilitation Guidelines	Goals of the phase	Notes

Weeks 0-3:	• Arm sling x 3-7 days
	• Pendulum exercises immediately
	• Modalities for management of inflammation (as needed)
	• Educate re: anatomy, surgical technique, rehabilitation phases
	• Postural education and exercises
	• Active ROM elbow, wrist, hand
	• Pulleys – flexion
	• Passive ROM – in available ranges
	• By the end of 3rd week: light resisted elbow, wrist, hand exercises
		• Passive ROM:
		  • 90° flexion
		  • 30° External rotation	

Weeks 4-6:	• Active Assisted ROM: External rotation, flexion
	• Continue with Passive ROM
	• Start stretches, mobilizations
	• Modalities for management of inflammation, as needed
	• Scapular/ humeral head stabilization
	• Light isometric Internal/External rotation exercises → progress later in phase to Theraband for Internal/External rotation
	• Progress to Active ROM (shoulder)
	• Proprioceptive exercises (weight bearing through arm)
	• By week 6: progress to isotonic (in available active range)
		• Active ROM:
		  • 90° (with no compensation)
		• Passive ROM:
		  • Full	

Weeks 7-12:	• Continue with stretches, mobilizations • Progress isotonic exercises: • Internal/External rotation, scapular exercises, flexion, abduction, proprioceptive neuromuscular facilitation, general upper extremity strength exercises • NO military press, NO empty can exercises (supraspinatus) • Progress resisted exercises through ROM	• Full Active/Passive ROM • Grade 4/5 strength	
Weeks 12-16:	• Continue/progress resisted exercises • Start work simulation – carry, lift, push, pull • Focus on overhead strengthening and scapular stabilization	• Near full strength	
Weeks 16+:	• If further conditioning is required, Case Manager will consider referral to Occupational Rehabilitation 1 Program • If further conditioning and attention to functional capabilities/job demands is required, Case Manager will consider referral to Occupational Rehabilitation Program.	• Full strength • Maximize function	

Special considerations:

- Protocol is designed for a small rotator cuff repair
- Time frames will be longer for larger cuff repairs (24-48 weeks)
- If recovery and progress is slow, keep exercises/activities at or below shoulder level for a longer time
- 1st Physiotherapy visit at 7-10 days post-op

Legend of abbreviations:

- ROM = Range Of Motion

References:

1. Medcenter One Inc. (Academy of Sports Medicine and Exercise Physiology Services); Bismarck, North Dakota
2. Clinical Orthopaedic Rehabilitation. Ed.: S. Brent Brotzman; Mosby-Year Book, Inc., 1996

Developed by:

The post-operative protocols are based on existing protocols from the Orthopaedic surgeons in the Visiting Specialist Clinic (VSC), amalgamated with protocols identified from a extensive review of current surgical and rehabilitation literature. The VSC surgeons vetted the revised protocols along with a committee comprised of Sports Medicine, Occupational Medicine, Physiatrist physicians, Client Services Manager and both clinical and administrative physiotherapists within the Board. As well, representatives from Physiotherapy Association of BC have reviewed these protocols.