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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

## Rotator Cuff Physical Therapy Guidelines and Protocol

### *General Guidelines:*

- Maintain surgical motion early, but don't push it.
- Protect the repair (know what muscles were involved)!!
- Strengthen the repair only when it regains adequate strength to tolerate strengthening, usually 4 ½ months.
- Strengthen the surrounding musculature.
- Alternate between pool and land therapy.
- Minimize heavy, excessive cyclic loads for the first 6 months.
- No resistive exercise or therabands should be used to strengthen the repaired rotator cuff muscle until 4 ½ months
- No resistive cuff exercises EVER for Massive tears

This is a gradual progression, not a stepped progression!!

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### **Outpatient Rehab**

#### *Phase I 0-3 weeks post op*

- SLING: Wear for 6 weeks (EVEN when sleeping!) except when:
  - Performing exercises
  - Eating
  - Using computer or reading
  - Dressing
  - Showering: Most may shower 2-3 days postop

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- Wear at night!!!

- PROM (Performed by Therapist)

- FLEX, ABD, IR and ER – minimize reps (5), holding for 5-10 seconds.

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- No Therapist Manual PROM in Massive tears until 8 weeks
- Pendulums and Codman's ex's
- Encourage Towel slides or equivalent
- Pool for PROM.
- General conditioning (stationary bike, treadmill, etc)
- Maintain hand strength
- Maintain normal motion at the elbow/wrist
  - For Biceps Tenodesis:
    - Use Assistive elbow flexion exercise for first 3 weeks, then may progress to AROM flexion exercises without any weight, 3-6 weeks
    - No lifting anything using elbow flexion until 6 weeks

## ***Phase II 3-6 weeks post op.***

- Supine AAROM (\* this to begin at 6 wks if pt has **massive tear**)
  - FLEX, ABD, ADD, IR with towel, ER (minimize reps 5-10).
- Pool for PROM and AAROM (water is the assistance)
  - Use combined motions and teach fluidity of movement.
  - 10 reps with combined movements in pool.
- Light scapular strengthening (i.e. scapular setting, gentle MR scap protraction and retraction).
- Gentle joint mobilization and soft tissue mobilization to restore normal scapular mobility.
- Nerve glides as necessary

See pt 1-2x/week; mainly in the pool. Develop HEP for pt to work on PROM both in the pool and on land.

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## ***Phase III 6-12 weeks post op.***

- Continue with PROM.
- NO RESISTANCE EXERCISES TO THE ROTATOR CUFF!!!
- More AAROM on land
  - o Progress from SUPINE to SEATED, then to STANDING position.
- At **9 weeks** begin AROM on land, against gravity (be more cautious with **massive tear**).
- Pool – continue o AAROM and AROM
- Can begin pulley work.
- Progress to some light closed-chain proprioceptive ex's (wall washing) at 9 weeks.
- Arm bike with no resistance.
- Begin jt mobes to restore normal accessory glide motion in shldr girdle if necessary.

See 1-2x/week, (increase frequency to 3x/week if ROM is not progressing.)

## ***Phase IV 12-18 weeks post op.***

- Continue AROM with COMBINED MOTIONS

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- Begin light strengthening
  - Begin strengthening for lats, rhomboids, biceps/triceps, pecs, and deltoids.
  
- Pool – continue and may Use floats and paddles for resistive work in the pool.
- Increase scapular strengthening with theraband and light weights.
- Add more advanced proprioceptive ex specific for work, ADL's and sport.

See pt 2x/week, then transition to independent home ex program.

Light, progressive resistance may begin now for appropriate patients.