SPORTS MEDICINE ASSOCIATES
Any Athlete. Any Injury. Anytime.®

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SMALL-MEDIUM ROTATOR CUFF REPAIR

PHASE I: IMMEDIATE POST-OP (0-3 WEEKS AFTER SURGERY)

Rehabilitation Goals	• Protect surgical repair • Reduce swelling, minimize pain • Maintain UE ROM in elbow, hand and wrist • Gradually increase shoulder PROM • Minimize muscle inhibition • Patient education
Sling	• Neutral rotation • Use of abduction pillow in 30-45 degrees abduction • Use at night while sleeping
Precautions	• No shoulder AROM/AAROM • No lifting of objects • No supporting of body weight with hands • Avoid scapular retraction with a teres minor repair
Interventions	*Pain/Swelling management* • Ice, compression *Range of motion/Mobility* • PROM: ER<20 scapular plane, Forward elevation <90, seated GH flexion table slide, horizontal table slide • AROM: elbow, hand, wrist (PROM elbow flexion with concomitant biceps tenodesis/tenotomy) • AAROM: none *Strengthening (Week 2)* • Periscapular: scap retraction*, prone scapular retraction*, standing scapular setting, supported scapular setting, inferior glide, low row o *avoid with subscapularis repair and teres minor repair • Ball squeeze
Criteria to Progress	• 90 degrees shoulder PROM forward elevation • 20 degrees of shoulder PROM ER in the scapular plane • 0 degrees of shoulder PROM IR in the scapular plane • Palpable muscle contraction felt in scapular and shoulder musculature • No complications with Phase I

PHASE II: INTERMEDIATE POST-OP (4-6 WEEKS AFTER SURGERY)

Rehabilitation Goals	• Continue to protect surgical repair

	• Reduce swelling, minimize pain • Maintain shoulder PROM • Minimize substitution patterns with AAROM • Patient education
Sling	• Neutral rotation • Use of abduction pillow in 30-45 degrees abduction • Use at night while sleeping
Precautions	• No lifting of objects • No supporting of body weight with hands
Additional Interventions *Continue with Phase I interventions	*Range of motion/Mobility* • PROM: ER<20 scapular plane, Forward elevation <90 • AAROM: Active assistive shoulder flexion, shoulder flexion with cane, cane external rotation stretch, washcloth press, sidelying elevation to 90 degrees *Strengthening* • Periscapular: Row on physioball, shoulder extension on physioball
Criteria to Progress	• 90 degrees shoulder PROM forward elevation • 20 degrees shoulder PROM ER in scapular plane • 0 degrees of shoulder PROM IR in the scapular plane • Minimal substitution patterns with AAROM • Pain < 4/10 • No complications with Phase II

PHASE III: INTERMEDIATE POST-OP CONT.(7-8 WEEKS AFTER SURGERY)

Rehabilitation Goals	• Do not overstress healing tissue • Reduce swelling, minimize pain • Gradually increase shoulder PROM/AAROM • Initiate shoulder AROM • Improve scapular muscle activation • Patient education
Sling	Discontinue
Precautions	• No lifting of heavy objects (>10 lbs)
Additional Interventions *Continue with Phase I-II interventions as indicated	*Range of motion/Mobility* • PROM: ER<30 scapular plane, Forward elevation <120 • AAROM: seated shoulder elevation with cane, seated incline table slides, ball roll on wall • AROM: elevation < 120, supine flexion, salutes, supine punch, wall climbs *Strengthening* • Periscapular**: Resistance band shoulder extension, resistance band seated rows, rowing, lawn mowers, robbery, serratus punches • **Initiate scapular retraction/depression/protraction with subscapularis and teres minor repair • Elbow: Biceps curl, resistance band bicep curls and triceps
Criteria to Progress	• 120 degrees shoulder PROM forward elevation • 30 degrees shoulder PROM ER and IR in scapular plane

	• Minimal substitution patterns with AROM • Pain < 4/10

PHASE IV: TRANSITIONAL POST-OP (9-10 WEEKS AFTER SURGERY)

Rehabilitation Goals	• Do not overstress healing tissue • Gradually increase shoulder PROM/AAROM/AROM • Improve dynamic shoulder stability • Progress periscapular strength • Gradually return to full functional activities
Precautions	• No lifting of heavy objects (>10 lbs)
Additional Interventions *Continue with Phase II-III interventions as indicated	*Range of motion/mobility* • PROM: ER<45 scapular plane, Forward elevation <155, ER @ 90 ABD < 60 • AROM: supine forward elevation with elastic resistance to 90 deg, scaption and shoulder flexion to 90 degrees elevation *Strengthening* • Periscapular: Push-up plus on knees, prone shoulder extension Is, resistance band forward punch, forward punch, tripod, pointer
Criteria to Progress	• 155 degrees shoulder PROM forward elevation • 45 degrees shoulder PROM ER and IR in scapular plane • 60 degrees shoulder PROM ER @ 90 ABD • 120 degrees shoulder AROM elevation • Minimal to no substitution patterns with shoulder AROM • Performs all exercises demonstrating symmetric scapular mechanics • Pain < 2/10

PHASE V: TRANSITIONAL POST-OP CONT. (11-12 WEEKS AFTER SURGERY)

Rehabilitation Goals	• Restore full PROM and AROM • Enhance functional use of upper extremity
Additional Interventions *Continue with Phase II-IV interventions as indicated	*Range of motion/mobility* • PROM: Full • AROM: Full *Stretching* • External rotation (90 degrees abduction), Hands behind head, IR behind back with towel, sidelying horizontal ADD, sleeper stretch, triceps and lats, doorjam series
Criteria to Progress	• Full pain-free PROM and AROM • Minimal to no substitution patterns with shoulder AROM • Performs all exercises demonstrating symmetric scapular mechanics • Pain < 2/10

PHASE VI: STRENGTHENING POST-OP (13-16 WEEKS AFTER SURGERY)

Rehabilitation Goals	• Maintain pain-free ROM • Initiate RTC strengthening (with clearance from MD) • Initiate motor control exercise

	• Enhance functional use of upper extremity
Additional Interventions *Continue with Phase II-V interventions as indicated	*Strengthening* • Rotator cuff: internal external rotation isometrics, side-lying external rotation, Standing external rotation w/ resistance band, standing internal rotation w/ resistance band, internal rotation, external rotation, sidelying ABD standing ABD • Periscapular: T and Y, "T" exercise, push-up plus knees extended, wall push up, "W" exercise, resistance band Ws, dynamic hug, resistance band dynamic hug • Biceps curl (begin with concomitant biceps tenodesis/tenotomy) *Motor Control* • Internal and external rotation in scaption and Flex 90-125 (rhythmic stabilization) • IR/ER and Flex 90-125 (rhythmic stabilization) • Quadruped alternating isometrics and ball stabilization on wall • PNF – D1 diagonal lifts, PNF – D2 diagonal lifts • Field goals
Criteria to Progress	• Clearance from MD and ALL milestone criteria below have been met • Full pain-free PROM and AROM • ER/IR strength minimum 85% of the uninvolved arm • ER/IR ratio 60% or higher • Negative impingement and instability signs • Performs all exercises demonstrating symmetric scapular mechanics • QuickDASH/PENN

PHASE VII: EARLY RETURN TO SPORT (4-6 MONTHS AFTER SURGERY)

Rehabilitation Goals	• Maintain pain-free ROM • Continue strengthening and motor control exercises • Enhance functional use of upper extremity • Gradual return to strenuous work/sport activity
Additional Interventions *Continue with Phase II-VI interventions as indicated	*Strengthening* • Rotator cuff: External rotation at 90 degrees, internal rotation at 90 degrees, resistance band standing external rotation at 90 degrees, resistance band standing internal rotation at 90 degrees *Motor control* • Resistance band PNF pattern, PNF – D1 diagonal lifts w/ resistance, diagonal-up, diagonal-down Wall slides w/ resistance band • See specific return-to-sport/throwing program (coordinate with physician)
Return to Sport	• For the recreational or competitive athlete, return-to-sport decision making should be individualized and based upon factors including level of demand on the upper extremity, contact vs non-contact sport, frequency of participation, etc. We encourage close discussion with the referring surgeon prior to advancing to a return-to-sport rehabilitation program.