



The rehabilitation guidelines are presented in a criterion based progression. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance and injury severity. Restrictions or precautions may also be given to protect healing.

**REHABILITATION GUIDELINES
REGENETEN ROTATOR CUFF REPAIR**

PHASE 1: 0-1 WEEKS

DOS:

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| APPOINTMENTS | Begin Physical Therapy 5-7 days post-op |
| REHAB GOALS | <ol style="list-style-type: none"> 1. Protect the surgical site 2. Ensure wound healing 3. Diminish pain and inflammation 4. Prevent stiffness and regain motion |
| PRECAUTIONS | <ol style="list-style-type: none"> 1. Sling immobilization required for soft tissue healing for 1 week, then wean. Remove 4-5 times per day for pendulums. Must sleep with sling on. 2. No lifting >5lb 3. No excessive shoulder extension 4. No excessive stretching or sudden movements 5. No supporting of body weight with hands |
| SUGGESTED THERAPEUTIC EXERCISES | <ul style="list-style-type: none"> • Wrist and elbow AROM • Ice at least 20 minutes at a time, 4-5 times/day • Pendulums: 1-2 sets of 20-30 reps • Supine ER: 1-2 sets of 10-15 reps • Supine passive arm elevation: 1-2 sets of 5-10 reps • Scapular retraction: 1-2 sets of 5-10 reps • Shoulder shrug: 1-2 sets of 10-15 reps • All ex should be performed 4-5 times/day |
| CARDIOVASCULAR FITNESS | Walking, stationary bike—sling on. (Avoid running and jumping due to the distractive forces that can occur at landing)(NO TREADMILL) |

PHASE 2: START AT 1 WEEK POST-OP

DATE:

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| APPOINTMENTS | Physical therapy 2x per week. |
| PHASE II GOALS | <ol style="list-style-type: none"> 1. Restore non-painful ROM 2. Prevent muscular atrophy 3. Decrease pain and inflammation 4. Improve postural awareness 5. Minimize stress to healing structures 6. Independent with ADL's 7. Prevent muscular inhibition 8. Wean from sling |

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| PRECAUTIONS | <ol style="list-style-type: none"> 1. PT should not hurt. Do not force painful motions 2. Patient is okay to drive 3. Patient can use arm for ADL's- bathing, dressing, typing, eating, drinking 4. Pt can wean out of sling, but may still want to wear it out in public as a precaution |
| SUGGESTED THERAPEUTIC EXERCISE | <ul style="list-style-type: none"> • PROM (non-forceful abd and flx), AAROM, AROM • Pulleys, pendulums, cane ex, self-stretching • Isometric scapular musculature, deltoid, and RTC • Theraband IR/ER at 0 deg abd • Once pain free full ROM and no tenderness may progress to PNF, isotonic with dumbbells, and UE endurance ex • Joint mobilizations |
| CARDIOVASCULAR FITNESS | Walking, stationary bike, stairmaster. No swimming or treadmill. (Avoid running and jumping) |
| PROGRESSION CRITERIA | <ol style="list-style-type: none"> 1. Full, pain free AROM 2. No pain or tenderness on examination |
| PHASE 3: ~6 WEEKS | |
| DATE: | |
| APPOINTMENTS | Physical Therapy 1-2X/week |
| PHAES III GOALS | <ol style="list-style-type: none"> 1. Improve strength, power, and endurance 2. Improve neuromuscular control 3. Prepare athlete to begin to throw or perform sport specific activities |
| PRECAUTIONS | 1. Progress gradually into provocative exercises by beginning with low velocity, known movement patterns. |
| SUGGESTED THERAPEUTIC EXERCISE | <ul style="list-style-type: none"> • Continue dumbbell strengthening (RTC and deltoid) • Progress theraband to 90-90 for IR, ER—slow and fast sets • Scapulothoracic theraband and biceps • Plyometrics for RTC • PNF • Continue endurance ex (UBE) • Diagonal patterns |
| CARDIOVASCULAR FITNESS | Walking, biking, stairmaster. May return to sport at 12 weeks, if cleared by physician |