

**REHABILITATION GUIDELINES FOR ROTATOR CUFF REPAIR FOR  
TYPE I TEARS (+/- SUBACROMIAL DECOMPRESSION)**

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.

- ❖ Sleep with sling for 4 weeks for Type I repairs and 6 weeks for Type II repairs.

**DOS:**

**PHASE I (Surgery to 2 weeks): Begin PT 3-5 days post-op**

APPOINTMENTS	Physician Appointment: Begin Physical therapy 3-5 days post-op.
REHAB GOALS	<ol style="list-style-type: none"> <li>1. Reduce Pain and swelling in the post-surgical shoulder</li> <li>2. Maintain AROM of elbow, wrist and neck.</li> <li>3. Protect healing of the repaired tissues</li> </ol>
PRECAUTIONS	<ol style="list-style-type: none"> <li>1. Use sling continuously</li> <li>2. Relative rest to reduce inflammation.</li> </ol>
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"> <li>• Elbow, wrist and neck AROM</li> <li>• Ball squeezes</li> <li>• Completely PROM for flexion and abduction (0°-90°)</li> <li>• Gentle painfree PROM for internal and external rotation with the arm at 0° abduction</li> </ul>
CARDIOVASCULAR FITNESS	Walking, stationary bike with sling on. No Treadmill (Avoid running and jumping due to the forces that can occur at landing)
PROGRESSION CRITERIA	14 days post op

**PHASE II (begin at 2 weeks post-op)**

**Begin Date:** \_\_\_\_\_

APPOINTMENTS	Physical Therapy 2x per week
REHAB GOALS	<ol style="list-style-type: none"><li>1. Controlled restoration of PROM.</li><li>2. Activate shoulder and scapular stabilizers in protected position (0°-30° abduction).</li><li>3. Correct postural dysfunctions.</li></ol>
PRECAUTIONS	<ol style="list-style-type: none"><li>1. Continue use of sling for the first 4 weeks, weaning out of the sling slowly, discontinuing use by the end of 4-5<sup>th</sup> week.</li><li>2. No active abduction for the first 8 weeks.(protect repair)</li><li>3. No Pulleys for 4-6 weeks with the exception of forward flexion at 4 weeks.</li></ol>
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"><li>• Gentle AAROM IR/ER with arm at neutral</li><li>• P/AAROM for the shoulder in all cardinal planes (abduction should be passive only)</li><li>• Pulleys for forward flexion okay at 4 weeks.</li><li>• Begin AROM for rotation at 3 weeks.</li><li>• Gentle shoulder mobilizations as needed</li><li>• Multi-angle isometric internal and external rotator cuff strengthening in no provocative positions (0°–30° abduction)</li><li>• Scapular strengthening with arm in neutral, including prone scapular retraction with arm extension to neutral.</li><li>• Cervical spine and scapular AROM.</li><li>• Postural exercises</li><li>• Core strengthening</li></ul>
CARDIOVASCULAR FITNESS	Walking and stationary bike. No Treadmill or Stairmaster. (Avoid running and jumping until athlete has full rotator cuff strength in a neutral position due to forces that can occur at landing)
PROGRESSION CRITERIA	The patient can progress to phase III when they have achieved full PROM (equal to uninvolved side) and 5/5 strength for IR/ER at 0 abduction and are at least 5 weeks post op.

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**PHASE III (begin when pt has met prog. Criteria from phase II, ~6-8 wks post op)**

**Begin Date:** \_\_\_\_\_

APPOINTMENTS	Physician Appointment: Physical Therapy 1 x per week.
REHAB GOALS	<ol style="list-style-type: none"><li>1. Full AROM in all planes without abduction</li><li>2. 5/5 strength for IR/ER at 0° abduction</li><li>3. Correct postural dysfunction</li></ol>
PRECAUTIONS	<ol style="list-style-type: none"><li>1. No active abduction for the first 8 weeks post-op may be 12 weeks (this is patient dependent please check with surgeon).</li><li>2. No external resistance (bands or wts) for abduction or supraspinatus strengthening for the first 12 weeks. Begin strengthening of the supraspinatus very gradually, this should be pain free and avoid long lever arms that will significantly change the torque throughout the motion.</li></ol>
SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none"><li>• IR/ER isotonics with theraband or wts that begin at 0° abduction and gradually increases abduction as strength improves</li><li>• PNF patterns</li><li>• Side lying shoulder flexion</li><li>• Scapular stabilization and strengthening</li><li>• AA/PROM as needed</li><li>• Core strengthening</li><li>• Begin trunk and hip mobility exercises</li></ul>
CARDIOVASCULAR FITNESS	Walking And stationary bike. No Treadmill, Stairmaster or swimming (Avoid running and jumping until athlete has full rotator cuff strength in a neutral position due to forces that can occur at landing)
PROGRESSION CRITERIA	The patient can progress to phase IV when they have achieved full AROM (equal to uninjured) & 5/5 strength for IR/ER at 30° abd.

**PHASE IV (begin when pt has met prog. Criteria from phase III, ~12 wks post op)**

**Begin Date:** \_\_\_\_\_

APPOINTMENTS	Physician Appointment: Physical Therapy 1x per 2-3 weeks.
REHAB GOALS	<ol style="list-style-type: none"><li>1. 5/5 rotator cuff strength and endurance at 90° abduction and scaption.</li><li>2. Begin proprioceptive and dynamic neuromuscular control retraining.</li><li>3. Correct postural dysfunctions with work and sport specific tasks.</li><li>4. Develop strength and control for movements required for work or sport.</li></ol>
PRECAUTIONS	<ol style="list-style-type: none"><li>1. Post-rehab soreness should alleviate within 12 hours of the activities.</li></ol>
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"><li>• Multi-plane AROM with gradual increase in velocity of movement-assessing scapular rhythm</li><li>• Shoulder mobilizations as needed</li><li>• Rotator cuff strengthening in at 90° abduction, and overhead.</li><li>• Scapular strengthening and dynamic neuromuscular control in OKC and CKC positions CKC should be cautious starting at 12 weeks with hands and knees only.</li><li>• Core and lower body strengthening</li><li>• OKC Shoulder rhythmic stabilizations in supine at 90° elevation (stars or alphabet)</li><li>• Gentle CKC shoulder and scapular stabilization drills(WILL PLACE AT 12 weeks)</li></ul>
CARDIOVASCULAR FITNESS	Walking, stationary bike, Stairmaster, and treadmill. No swimming or throwing. May begin light jogging, running, and jumping if pt has full RTC strength in neutral and normal AROM, but not before 12 weeks.
PROGRESSION CRITERIA	<ol style="list-style-type: none"><li>1. Full AROM in all planes and multi-planes movements</li><li>2. 5/5 strength at 90° abduction</li><li>3. Negative impingement signs</li></ol>

**PHASE V (begin when pt has met prog. Criteria from phase IV, ~16-17 wks post op)**

**Begin Date:** \_\_\_\_\_

APPOINTMENTS	Physician Appointment: Physical Therapy 1 x per 2-3 weeks
REHAB GOALS	<ol style="list-style-type: none"> <li>1. 5/5 rotator cuff strength at 90° abduction and supraspinatus.</li> <li>2. Advance proprioceptive and dynamic neuromuscular control retraining.</li> <li>3. Correct postural dysfunctions with work and sport specific tasks.</li> <li>4. Develop strength and control for movements required for work or sport.</li> <li>5. Develop work capacity cardiovascular endurance for work and/or sport.</li> </ol>
PRECAUTIONS	<ol style="list-style-type: none"> <li>1. Post-rehab soreness should alleviate within 12 hours of the activities.</li> </ol>
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"> <li>• Multi-plane AROM with gradual increase in velocity of movement-assessing scapular rhythm</li> <li>• Shoulder mobilizations as needed</li> <li>• Rotator cuff strengthening in at 90° abduction, provocative positions and work/sport specific positions-including eccentric strengthening, endurance and velocity specific exercises.</li> <li>• Scapular strengthening and dynamic neuromuscular control in overhead positions and work/sport specific positions.</li> <li>• Work and Sport specific strengthening</li> <li>• Core and lower body strengthening</li> <li>• Throwing program, Swimming program or overhead racquet program as needed</li> <li>• CKC progression including plank on forearms if cleared by surgeon.</li> </ul>
CARDIOVASCULAR FITNESS	Design to use work or sport specific energy systems.
PROGRESSION	The patient may return to sport after receiving clearance from

CRITERIA	the Orthopedic Surgeon and the Physical Therapist/Athletic Trainer. This will be base on meeting the goals of this phase.
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**Updated: 02/09/09**