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ROTATOR CUFF REPAIR REHABILITATION PROTOCOL

Phase	Restrictions	Therapeutic Exercises
Phase I: Weeks 0-4	-Sling at all times except for hygiene and physical therapy	-Passive range of motion 0-90 degrees flexion and
	x4 weeks	abduction, and external rotation 0-30 degrees x4
Goals: Reduce swelling and edema, minimize pain,	-No elevation of the arm above 90 degrees x4 weeks	weeks
retard muscle atrophy, protect the surgical repair, and	-No lifting greater than 3lbs with the surgical limb x6	-When supine: place a towel roll or pillow under the
avoid shoulder stiffness	weeks	elbow to remain in a neutral position
	-May shower post-op day 2 with bulky dressing off	-No support of body weight through surgical extremity
	-No strengthening	x6 weeks
		-Full elbow ROM without resistance, arm at the side
	Criteria for progression:	-Modalities PRN
	-Tolerates PROM	-Pain control and edema control
	-At least 4 weeks s/p	-Periscapular strengthening
		-Neck stretches and neck ROM
		-Soft tissue mobilization
		-Ball squeezes
		-Pendulums
		-Scapular isometrics
		-Cryotherapy
		-Joint mobilizations Grade I and II, and oscillations for
		pain relief
Phase II: Weeks 5-6	-Sling at all times except for hygiene and physical therapy	-Progress to full passive range of motion
	x6 weeks	-Correct postural dysfunctions
Goals: Progress range of motion, minimize pain, retard	-Continue phase I exercises	-Be careful not to overstress healing tissues
muscle atrophy, protect the repair, and begin	-No lifting greater than 3lbs with the surgical limb x6	-Pain control and inflammation control
neuromuscular control	weeks	-Initiate supine AAROM
		-Posture exercises
	Criteria for progression:	-Core strengthening
	-Tolerated PROM, AAROM, isometrics	-May begin sub-max isometrics after 4 weeks:
	-Passive forward flexion to 135 degrees	shoulder flexion, abduction, extension, and external
	-At least 6 weeks s/p	rotation
		-Prone row to neutral
		-Cardio: walking and stationary bike (no treadmill,
		elliptical, stairmaster, or road bike)

		-Progress to full passive, active, and active assisted
	-Continue phase I and II exercises	range of motion
Goals: Full range of motion, minimal pain, improve	-No strengthening	-Focus on neuromuscular control and good mechanics
neuromuscular control, improve mechanics	-No lifting greater than 5lbs with the surgical limb	-Scapular stabilization and strengthening exercises -Controlled progression of AROM activities
	Criteria for progression:	-Initiate scaption, AROM for shoulder
	-Tolerates AROM	-Cardio: walking and stationary bike (no treadmill,
	-Active flexion to 120 degrees with good mechanics	elliptical, stairmaster, or road bike)
	-At least 8 weeks s/p	
Phase IV: Weeks 10-12	-Continue phase II and III exercises	-Initiate light strengthening exercises
	-Progress multi-planar movements	-Progress non-painful AROM
Goals: Full range of motion, no pain, good mechanics, begin strengthening	-No heavy strengthening	-Advanced shoulder motions and neuromuscular control
	Criteria for progression:	-PNF patterns with light resistance
	-Able to perform all functional activities without	-Good scapulothoracic awareness
	limitations or pain	-Closed chain exercises: ball on the wall exercises
	-Able to actively flex the shoulder to 140 degrees in a	-Progress External Rotation ROM in varying angles of
	standing position with good mechanics	abduction
		-Progress prone exercises to include strengthening
		-Core strengthening progression
Phase V: Week 12 and onward	-Sport or work specific training	-Continue to work on shoulder motion in varying
	-Return to recreational activities	speeds and angles without compensation
Goals: Full range of motion, increase strengthening, great mechanics, sports specific functional activity	-Normalize strength and endurance	-Progress rotator cuff strengthening in different angles and velocities
progression	Criteria for progression:	-Progress weight strengthening with high reps and low
F0	-May return to sports after clearance from therapist and	weight to low reps and higher weight
	surgeon	-Throwing progression or overhead program if
	-Full return to activity typically at 5 months s/p	indicated
	Criteria for discharge:	
	-<10% strength deficit	
	-Limb similarly index of 90% or greater	
	-45/50 on biomechanical functional tests (if performed)	
	-NO pain or complains of instability	