

Patient Name:

Patient Phone:

Surgery/DOS:

Surgeon:

ROTATOR CUFF REPAIR REHABILITATION PROTOCOL

Phase I (Weeks 0-6)

- Range of Motion: Cervical ROM, Elbow/wrist/hand ROM, Ball squeeze, Ankle pumps, Scapular retraction/depression, pendulums
- PROM: ER (30 deg), Forward elevatio/ scaption (90 deg), Abd (60 deg), IR (30 deg)
- + Keep incision and sutures dry + Ice, compression, and edema control + May use computer with supported arm
- Starting week 3: ER (60 deg), forward elevation and scaption (150 deg),
- abduction (120 deg), IR (45 deg)

Phase II (Weeks 7-12) * Develop proper scapulothoracic stab / avoid compensatory patterns *****

- Range of Motion + Continue PROM. + AAROM and isometrics – IR/ER and flex/extension/abd
- + AROM – week 7 begin bench press series, sidelying ER, prone row progression
- + Week 8 begin full can, and prone exercises (Ys, lift off, ER at 90 deg)
- Low Load Prolonged Stretches: towel IR, door jam series, cross arm
- Resistance Strengthening & Proprioception:
- + Week 9 begin ER, IR, double arm ER, full can, forward punch, rows, bicep curl, triceps extension, lat pulldown.
- + Week 10 begin: closed chain stability, bear hugs, ER at 45 & 90 deg, rhythmic stab/ NM control
- Other: May begin lifting up to 5lbs, may increase at 10 week

Phase III (Weeks 13-20)

- PROM as needed. + AROM – sidelying ER, salutes, prone row progression, modified military press, full can, and prone
- Add: exercises (Ys, lift off, ER at 90 deg)
- Low Load Prolonged Stretches: continue as above
- Resistance Strengthening & Proprioception: ER, IR, double arm ER, full can, forward punch, rows, bicep curl, triceps extension, lat pulldown, bear hugs, ER at 45 & 90 deg, rhythmic stab/ NM control
- + Begin advanced closed chain stability week 17

Phase IV (Weeks 21+)

- Continue progressions of ER/IR, full can, forward punch, rows, bicep curl, triceps extension, lat pulldown, closed chain stability, bear hugs, rhythmic stabilization/ NM control, advanced

Comments:

Modalities:

Dry Needling

Cupping

Electrical Stim

Soft tissue mobilization/Manual therapy/Graston

Per treating therapist

Signature _____ **Date** _____