POST-OPERATIVE REHABILITATION PROTOCOL

# Rotator Cuff Repair: Accelerated Protocol

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## General Recommendations

### INDICATIONS

- For rotator cuff repairs with **good tissue quality**, **good repair quality**, and a **compliant patient**.
- The operative note / referral will specify the accelerated protocol. Reach out to the MD team if the patient is not progressing as expected.

- Wear sling as needed for comfort, weeks 0–2.
- Encourage gentle yet progressive ROM at home daily for the first 4 weeks.
- Ice 3–4 times daily for the first week, as needed thereafter.
- Emphasize forward flexion and forward elevation in the scapular plane (scaption).
- Return to work and sport to be determined on an individual basis by the physician.

### PRECAUTIONS

- Avoid shrugs.
- Avoid shoulder extension.
- Avoid any abduction (true abduction and prone horizontal abduction).

## Phase 1 | 0–2 Weeks

### GOALS FOR THIS PHASE

- Initiate physical therapy after the first post-operative MD visit.
- Wean from sling as tolerated once pain is controlled.
- Begin gentle PROM and AAROM as tolerated.
- Establish proper posture and scapular control.

### Sling

- Sling used only as needed for comfort or pain control; may wean as tolerated if pain is controlled.

### Range of Motion

- Gentle PROM and AAROM as tolerated, working toward full PROM by 6–8 weeks.
- Initiate AAROM as tolerated — pain-free with low rotator cuff activation:
  – Wand external rotation
  – Supine press-up, hands close
  – Table slides
  – Pulleys, facing the door

### Posture & Scapular Control

- Emphasize proper posture when sitting and standing.
- Begin scapular protraction/retraction and depression in side-lying with the arm supported.

## Phase 2 | 2–6 Weeks

### GOALS FOR THIS PHASE

- Wean completely from the sling.
- Continue progressing toward full PROM by 6–8 weeks.
- Begin pain-free AROM without compensation.

### Range of Motion

- Continue PROM, working toward full PROM by 6–8 weeks.
- Progress AAROM, including pulleys and supine self-assisted forward elevation in the scapular plane.
- Begin AROM with emphasis on pain-free motion and proper scapular mechanics — progress supine → incline → standing.
- Forward elevation in the scapular plane as tolerated.
- Side-lying external rotation.
- AROM should be pain-free and without compensation. **Avoid abduction and horizontal abduction.**

### Soft Tissue

- Begin manual scar massage on portals once healed. No Graston or other mechanical means.

## Phase 3 | 6–12 Weeks

### GOALS FOR THIS PHASE

- Full AROM against gravity by 8 weeks.
- Begin submaximal isometrics and scapular stabilization.

### Range of Motion

- Continue PROM, AAROM, and AROM progressions as appropriate, with continued focus on good mechanics.
- Continue to progress AROM against gravity, with full AROM by 8 weeks.
- Begin gentle UBE for ROM below shoulder height.

### Strengthening

- Submaximal isometrics for all shoulder motions within pain-free ROM.
- Begin scapular stabilization exercises with light resistance bands or weights.

## Phase 4 | 12–16 Weeks

### GOALS FOR THIS PHASE

- Begin progressive resistive exercise within pain-free ROM.
- Build upper extremity endurance and dynamic stability.

### Strengthening

- Begin PREs with hand weights, Theraband, etc. within pain-free ROM.
- All strengthening should be controlled and focused — avoid quick or jerky movements.
- Progress scapulothoracic strengthening, ensuring proper form and avoiding shrug or improper substitution.
- Initiate upper extremity endurance training and resistance on the UBE.

### Stabilization

- Begin closed kinetic chain (CKC) balance and stabilization progression.
- Begin open kinetic chain rhythmic stabilization progressions.

## Phase 5 | 16–24 Weeks

### GOALS FOR THIS PHASE

- Initiate overhead strengthening and low-level plyometrics.
- Progress toward full return to work- and sport-specific activities.

### Strengthening

- Initiate overhead PREs.
- Progress closed kinetic chain exercises.
- Progress to manual resistive exercises, including PNF techniques.

### Plyometrics

- Begin low-level plyometrics as tolerated, including 2-hand plyoback ball toss, Theraband exercises, and medicine ball activities.

### Return to Activity

- Begin work-specific activities as appropriate.
- Initiate sport-specific activities (throwing, racquet/club strokes, etc.) with progression toward full return to activities.
- Establish a patient-specific HEP focused on work- and/or sport-specific goals (frequency, duration, intensity).

*This protocol is a general guideline. Progression is patient-specific and at the discretion of William McLaughlin, MD.*