

Rotator Cuff Reconstruction

Physical Therapy Protocol

Keys to a Successful Outcome

- Protect tendon–bone healing as priority over early ROM; accept some stiffness if needed
- This is a conservative protocol intentionally. Do not progress if pain > 3/10
- If a distal clavicle resection is performed, restrict horizontal adduction until 8 weeks
- If a biceps tenodesis is performed, avoid eccentric loads on biceps until 6 weeks

Phase	Brace	ROM Goals	WB	Exercises
Weeks 0-6	Worn at all times	No shoulder motion, no pendulums until 4 wks	NWB	Full elbow/wrist/hand, scapular clocks, cervical ROM from day 1; grip strength
Weeks 6-12	Worn at night only until 8 wks	PROM without pushing end range, AA start supine, AROM starts 8 wks	NWB	Closed chain scapula, posture, No isolated RC resistive exercises
Weeks 12-16	None	AAROM/AROM to flexion 110-140°, Abd 90°, ABER 50-90°, gentle ABIR	PWB	Initiate resistive exercises w/ bands only; isometrics; slow temp, low load, high control; serratus work
Months 4-6	None	Gradual return to full AROM	PWB	Progress strength, integrate plyometric or sport-specific patterns, no overhead or heavy lifting
Months 6-8	None	FAROM	PWB	Progress scapular stabilization and eccentric strengthening; endurance activities; HEP
Months 8-12	None	FAROM	PWB	Return to ADLs, no heavy lifting, do not force end range

Patient Instructions

- It takes one year for the tendon to heal to the bone, and lifting too much before that time can disrupt the repair as well. This is the most common mechanism of failure

General Time Frames for ADLs

- Driving: When vehicle can be operated safely (2-8 wks typically)
- Cycling/running: 12 wks
- Light household and wait-level work: 10-16 wks
- Desk/light return to work: Depends on profession
- Golf: putting (8-10 wks), chipping (14-16 wks), irons (20-22 weeks), full (6-8 mo)
- Lifetime restrictions: No push-ups, no heavy overhead work, avoid contact sports

