

# Rotator Cuff Repair

## Physical Therapy Protocol

### Keys to a Successful Outcome

- Pain > 4/10 = Hold progression
- Do not push ROM exercises too hard early in therapy as to not disrupt the repair
- 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 0-4	Worn at all times (day and night)	PROM only, limit FF to 90°, ER 30°, Ext 20°, ABD 60-90°, ABER 45°	NWB	Elbow/wrist ROM, grip strength, pendulums at home (weeks 0-2), posterior capsule mobilization, closed chain scapula
Weeks 4-12	Discontinue brace at 6 wks	AAROM, begin AROM at 6 wks, FF 120°, ABD 90°, ABER 60	NWB	Isometrics at 8 weeks, resistive exercises for scapular stabilizers
Weeks 12-16	None	Gradual return to full AROM	PWB	ER and lat eccentrics, GH stabilization, muscle endurance
Months 4-6	None	FAROM	PWB	Scapular and eccentric strengthening, begin plyometrics
Months 6-8	None	FAROM	PWB	HEP, progress slowly with activities, no "heavy" lifting
Months 8-12	None	FAROM	WBAT	Return to activities, no "heavy" lifting

### 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
- Throwing program: 3 mo (small tear), 4 mo (medium tear)
- Desk/light return to work: Depends on profession
- Golf: putting (6-10 wks), chipping (12-16 wks), irons (20-22 weeks), full (6 mo)