



SHOULDER REHABILITATION GUIDELINES FOR ROTATOR CUFF REPAIR

Shoulder rotator cuff repair may be performed either arthroscopically or in an open fashion. Frequently, it is performed in a “mini-open” fashion. Other surgery may have been involved such as subacromial decompression, or A/C joint resection or labral reattachment. Smoking is discouraged for 6 weeks post-operatively to promote healing. Weight loss is encouraged when appropriate to decrease tissue stretching.

Please keep in mind the driving surgical intervention. Sometimes multiple simultaneous procedures are performed on the shoulder. In this event, the driving surgery should take precedence over the other procedures in terms of rehabilitation in the following order: posterior capsular stabilization (arthroscopic)>rotator cuff repair>anterior capsulorhaphy(arthroscopic)>SLAP repair>anterior capsulorhaphy or Bankart repair(open)>total shoulder replacement or hemiarthroplasty>biceps tenodesis>adhesive capsulitis MUA or resection>subacromial decompression.

Stage 1(day 1-4 weeks): Either the “mini-abduction” or the large abduction pillow stays on at all time when not exercising, ranging from 4 to 6 weeks. Gravity pendulum exercises (60 seconds--4x/day). Place back in abduction pillow when not exercising except to shower. Release wrist strap 4x/day x 60 seconds to bend and extend elbow, then reattach. Can passively externally rotate to 30 degrees with arm abducted on the pillow. Begin gripping exercises with ball or putty. Cervical spine AROM. Cryocuff use encouraged.

Stage 2(4-8 weeks): Can wall climb forward and lateral to 135 degrees 4x/day. Passively or actively externally rotate up to 30 degrees at side and 90 abduction. Submaximal isometrics may be started. If these motions are achieved: PRE and 1-2 pounds strengthening can be initiated. Shoulder shrugs and ROM retraining, no passive stretching beyond above limits; postural retraining. Can initiate deltoid strengthening, elastic tubing or Theraband or free weights, wall pulleys.

Stage 3(6-8 weeks): Can initiate peri-scapular, deltoid, biceps, triceps strengthening with elastic tubing, free weights, wall pulleys. Emphasize posture, scapular stabilization (protraction, retraction, and elevation), and external/internal muscular endurance. Range of motion as tolerated.

Stage 3(8 weeks-12 weeks): Advance to home program or self directed gym program, teaching PNF patterns, upright rows, shoulder strengthening and endurance. You may monitor this 1-2 x/month and make adjustments. Patient should avoid overhead activities and vibration. Patient may gradually progress up to lifting, pushing, pulling up to 50% of “normal” load. Range of motion as tolerated.

Stage 4(12 weeks and beyond): Patient gradually progress to lifting, pushing, pulling up to 100% over the course of the next 4 weeks. Patient may progress to overhead activities by 4 months post-operative. Start functional rehabilitation for throwing or other functional rehabilitation programs, as necessary. Range of motion as tolerated.

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