

## **Physical Therapy Protocol: SMALL / MEDIUM ROTATOR CUFF REPAIR**

### **RESTRICTIONS:**

- NO internal rotation or hyperextension for 6 weeks
- NO upper body weighted exercises for 3 months
- NO overhead weight training >20 lbs (e.g. shoulder press) for 6 months

## **Phase I: Protection and Passive Motion (Weeks 0–6)**

### **Primary Goals:**

- Protect surgical repair / healing tissue
- Minimize pain and inflammation
- Prevent stiffness via controlled PROM
- Maintain mobility in distal joints

### **Precautions:**

- Sling with abduction pillow x3 weeks
- Sling alone x3 additional weeks
- **No active shoulder motion**
- **No lifting, pushing, or pulling**
- **No internal rotation or hyperextension for 6 weeks**

### **Interventions:**

#### **Shoulder Passive Range of Motion (PROM)**

- Flexion to tolerance
- ER in scapular plane to tolerance UNLESS Subscapularis repair performed
- Gentle pendulums

#### **Scapular and Distal Mobility**

- AROM for elbow, wrist, and hand
- Scapular retraction/depression exercises

#### **Criteria to Progress to Phase II**

- Minimal pain at rest
- PROM flexion  $\geq 120^\circ$ , ER  $\geq 30^\circ$
- Good scapular mobility without trapezial substitution

## Phase II: Active Motion and Early Strengthening (Weeks 6–12)

### Primary Goals:

- Gradually restore AROM
- Begin controlled rotator cuff and scapular muscle activation
- Protect repair while minimizing stiffness and atrophy

### Precautions:

- Avoid lifting >1–2 lb
- **No upper body weighted exercises x3 months**

### Interventions:

#### **Transition to Active-Assisted → Active Motion**

- AAROM with cane or pulley in pain-free range
- Progress to AROM in supine to minimize gravitational load
- Emphasize **isometric and eccentric control**

#### **Scapular Stabilization**

- Prone and standing scapular retraction/protraction control
- Rhomboid, lower trapezius, and serratus anterior activation
  - Exercises: wall slides with resistance

#### **Early Rotator Cuff Activation**

- Initiate isometrics (ER, IR, flexion, abduction) in neutral
- Initiate light theraband ER/IR as tolerated around ~10–12 weeks

#### **Criteria to Progress to Phase III**

- Full, pain-free AROM
- No trapezial substitution or scapular dyskinesis
- Strength  $\geq 4/5$  for rotator cuff and scapular stabilizers

## **Phase III: Strengthening and Functional Return (Weeks 12–24)**

### **Primary Goals:**

- Restore full strength and endurance of rotator cuff and scapular muscles
- Optimize dynamic stability and proprioception
- Gradually return to work/sport-specific activities

### **Precautions:**

- Avoid overloading with fatigue or poor form
- Delay overhead or plyometric activity until baseline strength achieved
- **No overhead weight training >20 lbs (e.g. shoulder press) for 6 months**

### **Interventions:**

#### **Progressive Strengthening**

- Resistance bands → free weights
- ER/IR at 0°, progress to 90° abduction positions
- Scapular plane elevation, prone horizontal abduction
- Closed-chain progression: wall push-ups → stability ball → floor

#### **Endurance and Kinetic Chain Integration**

- High-rep, low-load endurance work (15–20 reps)
- Incorporate trunk and lower extremity strength for kinetic chain contribution

#### **Functional / Sport-Specific Drills**

- Simulated ADLs, overhead reach tasks
- Return-to-sport / work test if applicable

**At 6 months no formal work or lifting restrictions. Patient's cleared for activity as tolerated. PT as patient desires up to 1 year.**