

ROTATOR CUFF REPAIR
Michael J. Muha, M.D.



PATIENT: _____

DATE OF SURGERY: _____

0 - 6 WEEKS

- Immobilize in sling
- Initiate shoulder PROM - forward elevation and external rotation
- Initiate forward elevation with pulley on first day post-op
(no pulley if surgeon limits flexion to 90 degrees or less)
- External rotation stretch in doorway with elbow at side on first post-op day
(limit external rotation stretch to 20 degrees for 4 weeks if subscapularis repair, the increase 10 degrees/week)
- Pendulum exercises
- AROM of elbow, forearm, wrist and hand with elbow at side
- Active scapular exercises (shrugs, retraction)
- Grade I and II glenohumeral/scapulothoracic joint mobs for pain control
- Modalities PRN
- Scar management following staple removal

6-12 WEEKS

- Continue above exercises
- Initiate PROM for internal rotation, cross body abduction and extension, gradually working toward pure abduction
- Initiate AAROM - progress to AROM as able
- Graded II and III glenohumeral/scapulthoracic joint mobilization
- Rotator cuff isometrics (submaximal)
- Initiate light strengthening for internal rotation, external rotation and extension when full AROM is achieved
- Modalities PRN
- Pool therapy PRN

12-16 WEEKS

- PROM/AAROM/AROM with emphasis on end ROM
- Initiate deltoid and supraspinatus strengthening-progress to rotator cuff strengthening
- Scapular muscle strengthening
- Bodyblade in non-provocative positions
- Appropriate variable resistance and/or free weight resistance as tolerated
- Modalities PRN

16 WEEKS to 6 MONTHS

- Bodyblade into elevated positions
- Work/sport-specific exercises PRN
- Work hardening PRN
- Gradual return to work or desired activity

Physician Signature: _____