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ROTATOR CUFF REPAIR STANDARD MOTION

Physical Therapy, Strength and Conditioning

PHASE I: MAXIMUM PROTECTION (WEEKS 0 TO 6)

Goals

- 1 x visit to educate on basic home program addressing below, then hold on formal therapy until 6 weeks (large to massive tears) post-operatively
- Reduce inflammation
- Decrease pain
- Postural education

Exercise Progression

- No motion x 2 weeks
- Table slides (10 repetitions of 10 second holds) out of sling once daily weeks 2-6
- Slingshot sling x 6 weeks
- Ice and modalities to reduce pain and inflammation.
- Cervical ROM and basic deep neck flexor activation (chin tucks).
- Instruction on proper head neck and shoulder (HNS) alignment.
- Active hand and wrist range of motion.
- Active shoulder retraction
- Encourage walks and low intensity cardiovascular exercise to promote healing.

Manual Intervention

- STM—global shoulder and CT junction.
- Scar tissue mobilization when incisions are healed.
- Graded GH mobilizations.
- ST mobilizations.

PHASE II: PROGRESSIVE STRETCHING AND ACTIVE MOTION (WEEKS 6-8)

Goals

- Discontinue sling
- Postural education.
- Focus on posterior chain strengthening.
- Begin AROM.
- P/AAROM:
  - *Flexion 150°+*
  - *30-50° ER @ 0° abduction*
  - *45-70° ER at 70-90° abduction*

Exercise Progression

- Progress to full range of motion flexion and external rotation as tolerated. Use a combination of wand, pulleys, wall walks or table slides to ensure compliance.
- Gradual introduction to internal rotation using shoulder extensions (stick off back).
- Serratus activation; Ceiling punch (weight of arm) many initially need assistance.
- Scapular strengthening—prone scapular series (rows and I's). Emphasize scapular strengthening under 90°.
- External rotation on side (no resistance).
- Gentle therapist directed CR, RS and perturbations to achieve ROM goals.
- Cervical ROM as needed to maintain full mobility.
- DNF and proper HNS alignment with all RC/SS exercises.
- Low to moderate cardiovascular work. May add elliptical but no running.

Manual Intervention

- STM—global shoulder and CT junction.
- Scar tissue mobilization.
- Graded GH mobilizations.
- ST mobilizations.
- Gentle CR/RS to gain ROM while respecting repaired tissue.

PHASE III: STRENGTH TRAINING (WEEKS 8 TO 12)

Goals

- 90% passive ROM, 80-90% AROM by 12 weeks. Larger tears and patients with poor tissue quality will progress more slowly.
- Normalize GH/ST arthrokinematics.
- Activate RC/SS with isometric and isotonic progression.
- Continue to emphasize posterior chain strengthening but introduce anterior shoulder loading.

Exercise Progression

- Passive and active program pushing for full flexion and external rotation.
- Continue with stick off the back progressing to internal rotation with thumb up back and sleeper stretch.
- Add resistance to ceiling punch.
- Sub-maximal rotator cuff isometrics (no pain).
- Advance prone series to include T's.
- Add rows with weights or bands.
- Supine chest-flys providing both strength and active anterior shoulder stretch.
- Supine (adding weight as tolerated) progressing to standing PNF patterns.
- Seated active ER at 90/90.
- Biceps and triceps PRE.
- Scaption; normalize ST arthrokinematics.
- 10 weeks; add quadruped or counter weight shift. Therapist directed RS and perturbations in quadruped—bilateral progressing to unilateral-tripod position.

Manual Intervention

- STM and Joint mobilization to CT junction, GHJ and STJ as needed.
- CR/RS to gain ROM while respecting repaired tissue.
- Manual perturbations.
- PNF patterns.

PHASE IV: ADVANCE STRENGTHENING AND PLYOMETRIC DRILLS/RETURN TO WORK/SPORT (WEEKS 12 TO 24)

Exercise Progression

- Full range of motion all planes—emphasize terminal stretching with cross arm, TUB, triceps, TV, sleeper and door/pec stretch.
- Begin strengthening at or above 90° with prone or standing Y's, D2 flexion pattern and 90/90 as scapular control and ROM permit. Patient health, physical condition and goals/objectives will determine if strengthening above 90° is appropriate.
- Add lat pulls to gym strengthening program; very gradual progression with pressing and overhead activity.
- **Continue with closed chain quadruped perturbations; add open chain as strength permits**
- **Progress closed kinetic chain program to include push-up progression beginning with counter, knee, then gradual progression to full as appropriate**
- Continue to progress RC and scapular strengthening program as outlined.
- Advance gym strengthening program.
- RTS testing for interval programs (golf, tennis etc.)
- Follow-up examination with the physician (6 months) for release to full activity.