

# ROTATOR CUFF REPAIR

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PATIENT: \_\_\_\_\_

DATE OF SURGERY: \_\_\_\_\_

## 0 - 6 WEEKS

Immobilize in sling  
PROM Shoulder Flexion and External Rotation  
    Limit flexion ROM to 90 degrees or less  
    Limit external rotation ROM to 20 degrees or less  
Table Slide -shoulder flexion to 90 degrees  
External rotation stretch in supine with towel under elbow, passive stretch with dowel rod  
    Limit external rotation to 20 degrees or less  
Forward flexion with pulley  
    Limit flexion ROM to 90 degrees or less  
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  
All exercises done in the clinic and HEP  
**\*No Pendulum Exercise\***

## 6-12 WEEKS

Continue above exercises  
Initiate PROM for internal rotation, cross body abduction and extension, gradually working toward pure abduction  
AAROM  
AROM at 8 weeks for small tears if correct scapulothoracic rhythm  
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

AROM at 12 weeks for large tears  
Initiate deltoid and supraspinatus strengthening, progress strengthening program  
    Criteria - Correct scapulothoracic mechanics during all exercises  
Continue PROM/AAROM/AROM with emphasis on end ROM  
Modalities PRN

## 16 WEEKS to 6 MONTHS

Work/sport-specific exercises PRN  
Work hardening PRN  
Gradual return to work or desired activity

Physician Signature: \_\_\_\_\_