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ROTATOR CUFF REPAIR REHAB PROTOCOL

Introduction

- **Goal:** Maintain shoulder range of motion (ROM) while protecting repair of rotator cuff (RC) and deltoid.
- The rehab protocol may be modified, depending on the characteristics of the surgical repair.
- Do not discharge patient from care until after 5 months. Patients don't have to be seen frequently in their treatment but should be seen at least at the beginning of each phase.

Phase I –Protective Phase (POD 0 to 20)

- Active elbow, wrist and digit ROM – use putty.
- Pendulum exercises.
- Supine active assisted forward elevation (FE) to pain tolerance.
- Once patient understands the difference between active and passive motion, the patient should start passive FE with pulleys, and given instructions for home pulley system.
- Active assisted ER with elbow at side to limit set by surgeon. If not specified, ER limited to neutral.
- Use modalities to control pain and swelling (i.e. ice, HVGS, TENS).
- Home exercise program should be established so patient performs exercises 3-5 times per day.

Phase II - (3 to 6 weeks)

- Add active assisted IR behind back and shoulder extension (Wand, T-bar exercises, etc.).
- Mobilisations (Grade I or II) -- for pain control.
- Modalities as needed for pain and swelling.

Phase III – Intermediate phase (6 to 15 weeks)

- Discontinue shoulder immobilizer.
- Add isometric IR, ER, and FE exercises.
- Add active assisted ABD. Below 90 degrees.

Phase IV – Advanced Strengthening (15 to 20 weeks)

- Full ROM.
- Progressive Resistance Exercises. Start light, progress as tolerated.
- UBE 90°/sec-120°/sec for endurance.
- Wall pushups, press-ups.
- Total Gym – rows, presses, pullovers.
- Rockwood exercises – flex, abd, ext, add, IR, ER, rows, presses.
 - Can use dumbbells or theratubing for Rockwood exercises.
- Cybex strength testing – goal >85% of contralateral side at 20 weeks.

Phase V – Return to Activities (After 20 weeks)

- Work on focal deficits.
- Establish a home program.
- Improvement continues for 12 months post op.



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