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Rotator Cuff Repair Rehabilitation Protocol

| | Goals and Benchmarks | Sling | Rehabilitation Guidelines |
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| Phase I Weeks 0-4 | Passive range only Maintain elbow at or anterior to midaxillary line while supine Gentle passive stretch to 140° of forward flexion, 40° external rotation at side to 40°, and abduction to 60-80° Limit internal rotation at 90° to 40° and behind back to T12 | Sling with supporting abduction pillow to be worn at all times except for hygiene and therapeutic exercise | Codman's, Pendulum Exercise, elbow/wrist/hand ROM grip strengthening, isometric scapular stabilization |
| Phase II Weeks 5-8 | • 4-6 weeks • Gentle passive stretch to 140° of forward flexion, 40° external rotation at side to 40°, and abduction to 60-80° • Increase internal rotation gently at 90° to 60° and behind back to T7-T8 | None | 4-6 weeks: begin gentle active assistive exercises (supine position), begin gentle joint mobilizations (grades I and II), continue with phase I exercises 6-8 weeks: progress to active exercises with resistance, shoulder flexion with trunk flexed to 45° in upright position, begin deltoid and biceps strengthening* |
| Phase III Weeks 9-12 | Progress to full motion without discomfort | None | Continue with scapular strengthening, progress exercises in phase II, begin internal/external rotation isometrics, stretch posterior capsule when arm is warmed-up |
| Phase IV Weeks 13-24 | • Full without discomfort | None | Advance exercises in phase III, begin sport-specific activities, maintain flexibility, increase velocity of motion, return to sports activities** |



*If biceps tenodesis is concomitantly performed, NO biceps strengthening until 9 weeks post-operative

**If approved by Dr. Patel