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Rotator Cuff Physical Therapy Guidelines and Protocol

General Guidelines:

- Maintain surgical motion early, but don't push it.
- Protect the repair (know what muscles were involved)!!
- Strengthen the repair only when it regains adequate strength to tolerate strengthening, usually 4 ½ months.
- Need to know which tendons were repaired so that strengthening is restricted on those tendons until 4.5 months.
- Light strengthening on non-repaired tendons only before 4.5 months (if the posterior cuff fires, the anterior and superior cuff will fire to keep humeral head centered).
- Strengthen the surrounding musculature (Deltoid, lat, trapezius, etc).
- Alternate between pool (if possible) and land therapy.
- Minimize heavy, excessive cyclic loads for the first 6 months.
- No resistive exercise or therabands should be used to strengthen the repaired rotator cuff muscle until 4 ½ months
- Use great caution with resistive strengthening with massive tears
- Emphasize to patients that we do not want them using their own muscles to elevate the arm away from the body for the first six weeks.
- **Most patients will only perform self directed therapy at home and then begin supervised PT at 6 weeks postoperative**

This is a gradual progression, not a stepped progression!!

Outpatient Rehab

Phase I: 0-3 weeks post op

- SLING
 - o Wear for 6 weeks except when:
 - Performing exercises
 - Using computer or reading
 - Dressing

- Showering
 - Most may shower immediately
 - Wear at night!!!
- PROM (Performed by Therapist)
 - FLEX, ABD, IR and ER – minimize reps (5), holding for 5-10 seconds.
- No Therapist Manual PROM in Massive tears until 8 weeks
- Pendulums and Codman's ex's
- Encourage Towel slides or equivalent
- Pool for PROM.
- General conditioning (stationary bike, treadmill, etc)
- Maintain hand strength
- Maintain normal motion at the elbow/wrist
- For Biceps Tenodesis:
 - Use Assistive elbow flexion exercise for first 3 weeks, then may progress to AROM flexion exercises without any weight, 3-6 weeks
 - No lifting anything using elbow flexion until 6 weeks

3-6 weeks post op.

- Supine AAROM (* this to begin at 6 wks if pt has **massive tear**)
 - FLEX, ABD, ADD, IR with towel, ER (minimize reps 5-10).
- Pool for PROM and AAROM (water is the assistance)
 - Use combined motions and teach fluidity of movement.
 - 10 reps with combined movements in pool.
- Light scapular strengthening (i.e. scapular setting, gentle MR scap protraction and retraction).
- Gentle joint mobilization and soft tissue mobilization to restore normal scapular mobility.
- Nerve glides as necessary

See pt 1-2x/week; mainly in the pool. Develop HEP for pt to work on PROM both in the pool and on land.

Phase II: 6-12 weeks

- Continue with PROM.
- **NO RESISTANCE EXERCISES TO THE ROTATOR CUFF!!!**
- More AAROM on land
 - Progress from SUPINE to SEATED, then to STANDING position.
- At **9 weeks** begin AROM on land, against gravity (be more cautious with **massive tear**).

- Pool – continue
 - o AAROM and AROM
- Can begin pulley work, but not before 6 weeks.
- Progress to some light closed-chain proprioceptive ex's (wall washing) at 9 weeks.
- Arm bike with no resistance.
- Begin jt mobs to restore normal accessory glide motion in shldr girdle if necessary.

See 1-2x/week, (increase frequency to 3x/week if ROM is not progressing.)

Phase III: 12-18 weeks post op

- Continue AROM with COMBINED MOTIONS
- Begin light strengthening
 - o Begin strengthening for lats, rhomboids, biceps/triceps, pecs, and deltoids.
- Pool – continue
 - o Use floats and paddles for resistive work in the pool.
- Increase scapular strengthening with theraband and light weights.
- Add more advanced proprioceptive ex specific for work, ADL's and sport.

See pt 2x/week, then transition to independent home ex program.

Light, progressive resistance may begin now for appropriate patients.

Please contact Dr. Kelly's Medical Assistant with any questions.

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