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Rotator Cuff Repair Rehab Protocol

	GOALS	PRECAUTIONS	SLING	ROM GOALS	EXERCISES / MODALITIES
PHASE I – Post-Op 0-6 weeks	<ul style="list-style-type: none"> Maintain & protect integrity of repair Gradually increase PROM Diminish pain and inflammation Prevent muscular inhibition Become independent with ADLs with modification <p>Criteria to Progress</p> <ul style="list-style-type: none"> FF $\geq 125^\circ$ ER in scapular plane $\geq 75^\circ$ IR in scapular plane $\geq 75^\circ$ <p>Abduction in scapular plane $\geq 90^\circ$</p>	<ul style="list-style-type: none"> Maintain arm in abduction sling/brace <ul style="list-style-type: none"> Remove only for exercise NO ACTIVE or ACTIVE-ASSISTED ROM No lifting objects No shoulder motion behind back No excessive stretching No sudden movements No supporting any weight No lifting of body weight by hands Keep incisions clean/dry 	<ul style="list-style-type: none"> Abduction brace/sling Position in NEUTRAL to avoid excessive shoulder IR 	<ul style="list-style-type: none"> PASSIVE RANGE OF MOTION ONLY! <ul style="list-style-type: none"> Can begin POD#6 Small Tear <ul style="list-style-type: none"> FF 140° ER in scaption 75° IR in scaption 75° Abduction $60-80^\circ$ WITHOUT rotation Medium Tear <ul style="list-style-type: none"> FF 125° ER in scaption 50° IR in scaption 75° Abduction $60-80^\circ$ WITHOUT rotation Subscapularis Tear <ul style="list-style-type: none"> Week 0-2: FF 90°, IR to abdomen, ER to 30° Week 2-6: FF 140°, ER as tolerated without assisted stretching 	<ul style="list-style-type: none"> Pendulum exercises several times per day Finger, wrist, and elbow AROM / grip Begin scapula musculature isometrics / sets Cervical ROM Cryotherapy Resume general conditioning after 1 week (walking, stationary bike, etc) Aquatherapy may begin at 3 weeks NO canes/pulleys until week 6 post-op (these are active-assist exercises) Heat before PT, ice after PT

- Do NOT change bandages unless instructed by physician
- Monitor for pain and swelling. Modify as necessary.
- Encourage home exercises program daily
- Encourage ice 4x a day for 20 minutes while swelling is present.
- For any questions or concerns please contact Dr. Tauberg's office



South Hills Orthopaedic

SURGERY ASSOCIATES, P.C.

Rotator Cuff: Small to Medium Tear Protocol

	GOALS	PRECAUTIONS	SLING	ROM GOALS	EXERCISES / MODALITIES
PHASE II – Protection / Active Motion 6-12 weeks	<ul style="list-style-type: none"> Maintain integrity of repair Do not overstress healing tissue Gradually increase passive and active ROM to full Re-establish dynamic shoulder stability Re-establish scapulohumeral rhythm 	<ul style="list-style-type: none"> No resisted exercises Avoid exercises in coronal plane and ABDuction No lifting No supporting body weight by hands/arms No sudden jerking motions No excessive movements behind the back Avoid upper extremity bike 	<ul style="list-style-type: none"> Discontinued at 6 weeks if no extension lag 	<ul style="list-style-type: none"> Gradually progress to full ROM all planes Begin AAROM progression to AROM as tolerated <ul style="list-style-type: none"> Flexion scapular plane, abduction, ER, IR Full AROM by weeks 10-12 <p>Subscapularis Tear</p> <ul style="list-style-type: none"> Increase motion as tolerated, begin AROM 	<ul style="list-style-type: none"> Continue with Phase I Continue periscapular exercises Light passive stretching at end ranges May begin overhead pullies ER stretch at 0° and 90° abduction Wall slide IR behind back and side lying IR at 90° (sleeper stretch) Horizontal adduction and hands behind head Active-assisted arm elevation progressing to active elevation with scapulohumeral rhythm Sub-max isometric ER/IR Rhythmic stabilization & proprioceptive drills Dynamic exercises (starting week 10) <ul style="list-style-type: none"> Side lying ER, side lying scaption, prone row, prone T, prone extension, prone scaption, standing scaption <p>*Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; if unable, continue glenohumeral joint exercises</p>
PHASE III – Early Strengthen 12-18 weeks	<ul style="list-style-type: none"> Progressive rotator cuff strengthening and scapular stability Progressive functional training Gradual restoration of strength, power, and endurance Dynamic shoulder stability 	<ul style="list-style-type: none"> Avoid exercise in coronal plane and ABDuction No weight training No lifting of objects heavier than 3lbs No sudden lifting or pushing No sudden jerking motions No overhead lifting 	<ul style="list-style-type: none"> none 	<ul style="list-style-type: none"> Maintain full ROM 	<ul style="list-style-type: none"> ER stretch at 0° and 90° abduction Wall slides IR behind back and side lying IR at 90° abduction (sleeper stretch) Horizontal adduction and hands behind head Strengthening only 3x/week to avoid rotator cuff tendonitis Theraband exercises <ul style="list-style-type: none"> ER, IR forward, punch, shrugs, dynamic hug, 'W's, biceps curl, seated row Dynamic exercises <ul style="list-style-type: none"> Continue from phase II; limit resistance to 3lb max Proprioception drills Scapulohumeral rhythm exercises



Rotator Cuff: Small to Medium Tear Protocol

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PHASE IV – Advanced Strengthen 18-26 weeks	<ul style="list-style-type: none"> • Maintain full non-painful AROM • Advance conditioning exercises for enhanced functional use • Improve muscular strength, power, and endurance • Gradual return to full functional activities 	<ul style="list-style-type: none"> • Continue to avoid excessive force on the shoulder • Slow progression of weight training 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Continue full motion • Continue self-capsular stretching for ROM maintenance 	<ul style="list-style-type: none"> • Strengthening <ul style="list-style-type: none"> - Continue dynamic exercises and theraband exercises from phase III - Theraband: may add T's, diagonal up and down, prone U - Advance as tolerated - Only do 3x/week to avoid rotator cuff tendonitis • Advance proprioceptive, neuromuscular activities • Light sports if doing well <ul style="list-style-type: none"> - Golf chipping/putting - Tennis ground strokes - Etc. • Week 22 – May initiate interval sports program if appropriate <ul style="list-style-type: none"> - Golf, doubles tennis, etc
PHASE V – Return to Sport 26+ Weeks	<ul style="list-style-type: none"> • Return to Sports 	<ul style="list-style-type: none"> • Weight training precautions 	<ul style="list-style-type: none"> • none 	<ul style="list-style-type: none"> • Continue stretching if motion is tight 	<ul style="list-style-type: none"> • Continue strengthening • Continue plyometrics • Sports-related rehab, including advanced conditioning <ul style="list-style-type: none"> - Return to throwing at 6 months - Throw from pitcher's mound at 9 months - Collision sports at 9 months • Maximum medical improvement (MMI) usually at 12 months post-op

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