

ROTATOR CUFF REPAIR

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These guidelines are a **framework** for the post-operative rehabilitation program. They **do not** substitute for any specific restrictions or requirements determined through the necessary shared decision-making and collaboration between the operating surgeon and the treating rehabilitation team. **Sling use and the start of motion depend on tear size** — see the table below.

PHASE 1 0–5/8 WEEKS Protect the repair	PHASE 2 5–8 WEEKS Wean sling, progress ROM	PHASE 3 9–16 WEEKS Begin strengthening	PHASE 4 MONTHS 4–6 Functional training	TENDON HEALING 8–12 WEEKS Tendon to humerus
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1

PROTECT THE REPAIR · GENERALLY 0 TO 5–8 WEEKS POST-OP

GOALS Control pain and swelling · protect the surgical repair · protect wound healing · normal elbow and wrist ROM · begin early shoulder motion — PROM to 90° abduction and 90° flexion for small and medium tears

PRECAUTIONS

- ◆ **NO** lifting
- ◆ **NO** push-ups or other sports participation
- ◆ **NO** supporting body weight by the hands
- ◆ **NO AROM**
- ◆ Sling **at all times** except while performing rehabilitation exercises × 4–8 weeks
- ◆ For **subscapularis repair**: ER limited at the discretion of orthopaedics

ROM & SLING

- ◆ Avoid gaining ROM too quickly by adhering to the following:
 - Forward flexion: table slides in hammer grip only; progress as pain allows
 - Passive ER (with a stick) per orthopaedic direction
 - Modified pendulums; progress to full as tolerated

SLING AND MOTION TIMING BY TEAR SIZE

TEAR SIZE	SLING USE	BEGIN PROM	BEGIN AROM
Small 0–1 cm ²	4 weeks	Immediate	4 weeks
Medium 1–3 cm ²	6 weeks	Immediate	6 weeks
Large 3–5 cm ²	6–8 weeks	6–8 weeks	8 weeks
Massive >5 cm ²	6–8 weeks	6–8 weeks	8 weeks

WOUND

- ◆ Post-op dressing removed at PT evaluation
- ◆ Shower at post-op day 3
- ◆ Submerge in water after the wound is fully healed
- ◆ Suture removal at 7–14 days post-op by orthopaedics

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MODALITIES

CRYOTHERAPY

- ◆ Cryotherapy
 - Hourly for 15 minutes for the first 24 hours after sensation is restored from the nerve block
 - Continue until acute inflammation is controlled
 - Once controlled, 3× per day for 15 minutes or longer as tolerated
- ◆ Soft tissue mobilization and other integrative medicine techniques
 - Soft tissue / trigger point work to the kinetic chain (cervical spine, scapula, forearm)

REHABILITATION

PHASE 1

- ◆ Frequent use of cryotherapy and/or ice
- ◆ Exercise prescription depends on the tissue healing process and individual functional readiness at all stages. If any concerns or complications arise, PT should contact orthopaedics.
- ◆ **Healing of the rotator cuff tendon(s) to the humerus can take 8–12 weeks**
- ◆ ROM exercises
 - Shoulder PROM for small and medium tears only, within the listed guidelines, in a non-impingement position (hammer grip)
 - Scapular retractions, shoulder shrugs and scapular depressions
 - Modified pendulums in the sling; progress to full pendulums after 3–5 days
- ◆ Strengthening
 - Hand squeezing exercises
 - Elbow / wrist AROM and grip strengthening with the shoulder in neutral at the side
 - Gentle sub-maximal (“two-finger”) isometrics for flexion, adduction, extension and abduction — **no IR or ER**
- ◆ Cardiovascular: recumbent bike while wearing the sling — **no running** or high-impact activity

FOLLOW-UP

- ◆ Supervised rehab: 1–2× per week
- ◆ PT re-eval: ~10–14 days
- ◆ Ortho re-eval: ~2 weeks

2

WEAN THE SLING · GENERALLY 5–8 WEEKS POST-OP

GOALS AAROM for flexion and abduction to 120° for small and medium tears · PROM for flexion and abduction to 90° for large and massive tears · progressing passive ER · pain-free ADLs

PRECAUTIONS

- ◆ **NO** lifting >10 lbs
- ◆ **NO** overhead motions
- ◆ Avoid impingement positions, moderate or higher exertional activities with the involved arm, and high-impact aerobic training

ROM & SLING

- ◆ Wean from the sling
- ◆ Progress ROM as tolerated

REHABILITATION

- ◆ ROM exercises
- ◆ Trunk stabilization (non-weight-bearing)
- ◆ Scapular strengthening emphasising scapular retractors and upward rotators
- ◆ Modalities PRN
- ◆ Cardiovascular: continue the recumbent bike; progress to elliptical (no push / pull with the surgical arm) and/or treadmill walking
- ◆ Adjunct treatments to consider: dry needling, cervicothoracic manual therapy, aquatic walking with water at chest level or below (no UE movement or resistance, no swimming)

FOLLOW-UP

- ◆ Supervised rehab: 2–4× per week as needed
- ◆ PT re-eval: every 2 weeks
- ◆ Ortho re-eval: 6 weeks

CRITERIA TO PROGRESS

- ◆ Full ROM
- ◆ Minimal pain and pain-free ADLs
- ◆ Discontinue the sling

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3
BEGIN STRENGTHENING · GENERALLY 9–16 WEEKS POST-OP
GOALS Normal ROM in all planes · initiate strength training · running progression protocol as indicated

PRECAUTIONS

- ◆ Minimize pain and any inflammatory response

REHABILITATION

- ◆ ROM exercises
- ◆ Trunk stabilization (full weight-bearing)
- ◆ Scapular strengthening emphasising scapular retractions and upward rotators
- ◆ Initiate strengthening as ROM normalizes, starting with high reps / low loads and progressing to low reps / high loads
- ◆ Modalities PRN
- ◆ Cardiovascular: continue recumbent bike, elliptical and/or treadmill walking; consider initiating a running progression
- ◆ Adjunct treatments to consider: dry needling, manual therapy to the GH joint and cervicothoracic regions, aquatic walking with water at chest level or below (no UE movement or resistance, no swimming)

FOLLOW-UP

- ◆ Supervised rehab: 1–2× per week as needed
- ◆ PT re-eval: every 2 weeks
- ◆ Ortho re-eval: 12 weeks

4
FUNCTIONAL TRAINING · GENERALLY 4–6 MONTHS POST-OP
GOALS Pain-free ADLs · shoulder strength equal bilaterally · meet occupational requirements at 4–6 months · pain-free functional and sports drills

REHABILITATION

- ◆ Advanced specific, functional and individualized training to achieve Phase 4 goals (lift, pull, carry and climb in unloaded and loaded conditions)

FOLLOW-UP

- ◆ Supervised rehab: 1–2× per week as needed, with gradual transition to a home program
- ◆ PT re-eval: monthly
- ◆ Ortho re-eval: ~6 months post-op

MISCELLANEOUS

- ◆ Pass service fitness test at 9–12 months
- ◆ Progress activities for return to sport, collision sports or aggressive military training (e.g. airborne school) based on the patient's functional performance and endurance. This will be directed by the orthopaedic surgeon and the physical therapist and **may require between 6–12 months before clearance without restrictions.**

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 Adapted from the Rotator Cuff Repair Rehabilitation guideline in the *Tri-Service Post-Operative Rehabilitation Guidelines*, Defense Health Agency, May 2020.

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