Post-Operative Rotator Cuff Repair

*Unless otherwise informed, please schedule your physical therapy appointment to being 5-7 days after surgery. One times per week for the first 6 weeks is recommended. This may be modified based on intra-operative findings and repair construct.

Sling Wear:
- 6 Weeks (8 weeks if massive tear)
    - Sling at all times (abductor pillow may be removed after 2 week post-operative visit)
    - Sling may be removed only for showering and exercises

2 Weeks Post Op:
- Follow up appointment in clinic.
- Suture removal and review of intra-operative pictures

8 Weeks Post Op:
- Follow up appointment in clinic.

16 Weeks Post Op:
- Follow up appointment in clinic.

Phase 1:   (Protective Phase) Weeks 1 – 6 (8 weeks for massive tears) PT/OT 1x per week
Active elbow flexion allowed but not against resistance with Bicep tenotomy or tenodesis.
Limit ER to 30° until week 4 with a subscapularis repair or labral repair.

- Suture removal day 12-14 in clinic
- Abduction brace/sling – during day and night. May discontinue pillow at 2 weeks.
- Pendulum exercises and passive table slides (may begin immediately after block worn off)
- Finger, wrist, and elbow AROM(may begin immediately after block worn off)
- Begin scapula musculature isometrics; cervical AROM
- Cryotherapy and modalities for pain and inflammation as needed.
- Patient education on posture, joint protection, positioning, hygiene
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Phase 2:   Protection and active motion (week 6/8 - 10) PT/OT 2-3x per week
Active elbow flexion allowed but not against resistance with Bicep tenotomy or tenodesis.
If Subscapularis/labral repair, limit ER to 45° until week 8

Discontinue sling at 6 weeks (8 weeks for massive tears)
- Continue or begin supine self-passive shoulder flexion using other hand on elbow
- Active Range of Motion below shoulder height.
- Begin rotator cuff isometrics beginning around 6 weeks-avoid isometrics on repaired musculature
- Continue modalities as needed

Note: These instructions are to serve as guidelines and are subject to Physician discretion. Actual progress may be faster or slower depending on the individual.

Phase 3: Weeks 8-10 :
Active elbow flexion allowed against resistance with Bicep tenotomy or tenodesis.
If Subscapularis/labral repair, limit ER to 60° until week 10
Begin active Range of Motion above shoulder height

- Continue AAROM and PROM stretching
- Rhythmic stabilization drills in supine for ER/IR and "balance position" of shoulder (100° elevated scapular plane)
- Initiate AROM exercises in standing (in all planes of motion)
- Emphasize scapular depression when performing exercises (avoiding upper trapezius compensation)
- Periscapular exercises including prone row and prone extension

Week 10:
- Dynamic stabilization exercises
- If subscapularis or labral repair, ER may progress to symmetry with contralateral shoulder
- Initiate strengthening program:
    - ER and IR with exercise bands/sport cord/tubing
    - ER side-lying
    - Exercises with light free weights
    - Lateral raises – no shoulder shrug
    - Full can in scapular plane – no empty can and no shoulder shrug
    - Prone rowing, horizontal abduction and extension
    - Elbow flexion/Extension

Considerations:
- Continue stretching and strengthening daily after you discontinue formal therapy.
- May return to medium level activities at 4 months and unrestricted heavy activities at 6 months.
- May continue to improve for up to 1 year or more after surgery.

Driving   6+ weeks at the earliest if not on pain medications or in sling
Sleep Disturbance 79% of patient report resolution by 6 months
Return to Work
        Within 2 weeks if sedentary job
        4-6 months for Full duty manual laborers (may return sooner if light duty available)

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