

Small Rotator Cuff Repair/Accelerated Post Op Protocol

Timing of each phase varies based on: degree of shoulder instability/laxity, size of the tear, quality of tissue, length of time immobilized, strength/range of motion status, and expected performance/activity demands.

With Biceps Tenodesis:

- May do Passive and Active Range of motion from 2-6 wks then begin light elbow Resistive range of motion

② With Subscap Repair:

- Check with physician on external rotation restrictions.

Sling:

- Full time for 4 wks post-op
- OK to remove pillow for periods of time while sitting
- Wean from sling after 4-6 wks. Wear for safety.

Activities of Daily

Living:

- Walking Encouraged
- Hand Functions 0-4 wks (ex. Typing)
- Driving Automatic 4-8 wks (No Meds)

Modalities:

- At Therapists Discretion
- ICE use 3-4 x/day for first 10-14 days.

Aquatic Therapy:

- Start 4-8 wks active assistive range of motion progressing to AROM

Return to Activities:

Jogging/Run: 8+ wks
Golf: 12+ wks
Throwing: 16+ wks
Skiing: 16+ wks



Phase 1 - Protection/Range of Motion (Post-Op Weeks: 0-4)

***AVOID PULLEY'S AND WAND EXERCISES. WE PREFER THERAPIST HANDS ON PASSIVE RANGE OF MOTION ADVANCEMENT**

A. Supine Passive Range of Motion

Pendulums/Codman's

Wrist/Elbow range of motion

Work toward full external rotation Focus on glenohumeral motion and not just gross shoulder girdle motion

Glenohumeral abduction 0⁰-90⁰

After glenohumeral abduction reach 60⁰-70⁰, Ok to work on external rotation as tolerated at 45⁰ abduction.

**Check if subscapularis repair*

Gross shoulder Elevation (Scaption) 0⁰-140⁰.

No Sagittal Plane Flexion Stretch

No internal rotation stretch (arm to stomach when elbow at side only)

Postural Work

Active scapular retraction & depression

Phase 2 - Range of Motion (Post-Op Weeks: 4-8)

Goal: Full external rotation, Full Scaption, Minimal Pain, Good Posture

*Begin this phase with range of motion supine and progress to upright as motion and strength improve

A. Active Assisted Range of Motion

Assistance w/ opposite hand, use of pulley Ok

Begin active assistive range of motion scaption supine and when at ~150⁰ progress upright

Work toward full external rotation

Elevation (Scaption) 0⁰- Full

Isometrics when patient has active elevation to ~150⁰

No pure abduction isometrics

Ok to sit and pedal a stationary bike or recumbent bike

Phase 3 – Strengthening (Post-Op Weeks: 8+)

A. Active Range of Motion

Progress Range of Motion Exercise from other phases

Begin pure Flexion & abduction stretches

Begin IR stretch & external rotation stretch in full abduction

Closed chain exercises (ex. Wall Pushups)

Running progression Ok

Phase 4 – Return to Some Light Sports (Post-Op Weeks: 12+)

Chipping, Putting, Running, Biking

Phase 5 – Return to Sport (Post-Op Weeks: 16+)

Gradual Return to Sport