

**ROTATOR CUFF REPAIR**  
**Physical Therapy & Strength and Conditioning**  
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***PHASE I – Maximum Protection (Weeks 0 to 4 or 6)***

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- ☐ **Goals**
  - ☐ 1 x visit to educate on basic home program addressing below, then hold on formal therapy until **4 (small tears) or 6 (large to massive tears) weeks** post-operatively
  - ☐ Reduce inflammation
  - ☐ Decrease pain
  - ☐ Postural education
- ☐ **Exercise progression**
  - ☐ **No motion x 4 or 6 weeks depending on tear size (4 for small, 6 for large to massive)**
  - ☐ Ultrasling x 4 or 6 weeks
  - ☐ Ice and modalities to reduce pain and inflammation.
  - ☐ Cervical ROM and basic deep neck flexor activation (chin tucks).
  - ☐ Instruction on proper head neck and shoulder (HNS) alignment.
  - ☐ Active hand and wrist range of motion.
  - ☐ Active shoulder retraction
  - ☐ Encourage walks and low intensity cardiovascular exercise to promote healing.
- ☐ **Manual Intervention**
  - ☐ STM – global shoulder and CT junction.
  - ☐ Scar tissue mobilization when incisions are healed.
  - ☐ Graded GH mobilizations.
  - ☐ ST mobilizations.

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***PHASE II – Progressive Stretching and Active Motion (Weeks 4 or 6-8)***

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- ☐ **Goals**
  - ☐ Discontinue sling
  - ☐ Postural education.
  - ☐ Focus on posterior chain strengthening.
  - ☐ Begin AROM.
  - ☐ P/AAROM:
    - ☐ Flexion 150°+
    - ☐ 30-50° ER @ 0° abduction
    - ☐ 45-70° ER at 70-90° abduction
- ☐ **Exercise progression**
  - ☐ Progress to full range of motion flexion and external rotation as tolerated. Use a combination of wand, pulleys, wall walks or table slides to ensure compliance.
  - ☐ Gradual introduction to internal rotation using shoulder extensions (stick off back).
  - ☐ Serratus activation; Ceiling punch (weight of arm) many initially need assistance.
  - ☐ Scapular strengthening – prone scapular series (rows and I's). Emphasize scapular strengthening under 90°.
  - ☐ External rotation on side (no resistance).
  - ☐ Gentle therapist directed CR, RS and perturbations to achieve ROM goals.
  - ☐ Cervical ROM as needed to maintain full mobility.
  - ☐ DNF and proper HNS alignment with all RC/SS exercises.

- ☐ Low to moderate cardiovascular work. May add elliptical but no running.

- ☐ **Manual Intervention**

- ☐ STM – global shoulder and CT junction.
- ☐ Scar tissue mobilization.
- ☐ Graded GH mobilizations.
- ☐ ST mobilizations.
- ☐ Gentle CR/RS to gain ROM while respecting repaired tissue.

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### ***PHASE III – Strength Training (Weeks 8 to 12)***

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- ☐ **Goals**

- ☐ 90% passive ROM, 80-90% AROM by 12 weeks. Larger tears and patients with poor tissue quality will progress more slowly.
- ☐ Normalize GH/ST arthrokinematics.
- ☐ Activate RC/SS with isometric and isotonic progression.
- ☐ Continue to emphasize posterior chain strengthening but introduce anterior shoulder loading.

- ☐ **Exercise progression**

- ☐ Passive and active program pushing for full flexion and external rotation.
- ☐ Continue with stick off the back progressing to internal rotation with thumb up back and sleeper stretch.
- ☐ Add resistance to ceiling punch.
- ☐ Sub-maximal rotator cuff isometrics (no pain).
- ☐ Advance prone series to include T's.
- ☐ Add rows with weights or bands.
- ☐ Supine chest-flys providing both strength and active anterior shoulder stretch.
- ☐ Supine (adding weight as tolerated) progressing to standing PNF patterns.
- ☐ Seated active ER at 90/90.
- ☐ Biceps and triceps PRE.
- ☐ Scaption; normalize ST arthrokinematics.
- ☐ 10 weeks; add quadruped or counter weight shift. Therapist directed RS and perturbations in quadruped – bilateral progressing to unilateral-tri pod position.

- ☐ **Manual Intervention**

- ☐ STM and Joint mobilization to CT junction, GHJ and STJ as needed.
- ☐ CR/RS to gain ROM while respecting repaired tissue.
- ☐ Manual perturbations.
- ☐ PNF patterns.

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### ***PHASE IV – Advance Strengthening and Plyometric Drills/Return to Work/Sport (Weeks 12 to 24)***

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- ☐ **Exercise progression**

- ☐ Full range of motion all planes – emphasize terminal stretching with cross arm, TUB, triceps, TV, sleeper and door/pec stretch.
- ☐ Begin strengthening at or above 90° with prone or standing Y's, D2 flexion pattern and 90/90 as scapular control and ROM permit. Patient health, physical condition and goals/objectives will determine if strengthening above 90° is appropriate.
- ☐ Add lat pulls to gym strengthening program; very gradual progression with pressing and overhead activity.
- ☐ **Continue with closed chain quadruped perturbations; add open chain as strength permits**
- ☐ **Progress closed kinetic chain program to include push-up progression beginning with counter, knee, then gradual progression to full as appropriate**
- ☐ Continue to progress RC and scapular strengthening program as outlined.
- ☐ Advance gym strengthening program.
- ☐ RTS testing for interval programs (golf, tennis etc.)
- ☐ Follow-up examination with the physician (6 months) for release to full activity.