



POST-SURGICAL ROTATOR CUFF REPAIR REHABILITATION PROTOCOL:

This rehabilitation protocol has been developed for the patient following a rotator cuff surgical procedure. This protocol will vary in length and aggressiveness depending on factors such as:

- Size and location of tear.
- Acute versus chronic condition.
- Degree of shoulder laxity prior to surgery.
- Length of time immobilized.
- Strength/pain/swelling/range of motion status.
- Rehabilitation goals and expectations.

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances.

The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain, inflammation, and effusion.
- Regain normal upper extremity strength and endurance.
- Regain normal shoulder range of motion.
- Achieve the level of function based on the orthopedic and patient goals.

Prehabilitation

Apply ice as much as tolerated within a 24 hour period for first week, encourage icing 15 minutes every 3-4 hours while awake. This is also useful after therapy.

POST-OP DAYS 1 21

GOALS:

- Pain control.
- AAROM Flexion and Abduction to 90 degrees.
 - Immobilizer with abductor pillow x 4-6 weeks Even while sleeping
 - Place pillow under shoulder / arm while sleeping for comfort.
 - Hand squeezing exercises.
 - Elbow and wrist active motion (AROM) with shoulder in neutral position at side.
 - Supported pendulum exercises.
 - Shoulder shrugs / scapular retraction without resistance.
 - PROM by therapist / Active assist motion (AAROM) w/ pulleys or supine w/ wand gradually (after 15 days)
 - Flexion to 90 degrees
 - Abduction to 90 degrees
 - ER to within 30 degrees of opposite shoulder.
 - Ice pack.

WEEKS 3 6

GOAL:

- AAROM Flexion and Abduction to 150 degrees.
 - Continue immobilizer x 4-6 weeks.
 - Continue appropriate previous exercises.
 - Full pendulum exercises.
 - AAROM Flexion and Abduction > 90 degrees (pulleys, supine wand)
 - ER as tolerated (wand, doorway stretch)
 - IR as tolerated if no subscapularis repair (wand behind back).
 - Submaximal Isometrics x 6.



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Let's Begin to Live Again...

WEEKS 6 9

GOAL:

- Full AROM.
 - D/C Immobilizer.
 - Continue appropriate previous exercises.
 - AROM, AAROM through full range.
 - Light Theraband ex x 6.
 - Standing rows with Theraband.
 - Prone scapular retraction exercises (without weights).
 - Biceps and Triceps PREs with light weight.
 - Treadmill Walking progression program.
 - Pool walking / running No UE resistive exercises.

WEEKS 9 12

GOALS:

- Normal rotator cuff strength.
- 15 wall push-ups.
 - Continue appropriate previous exercises.
 - PROM / mobilization as needed to regain full ROM.
 - Theraband ex with increased resistance as tolerated.
 - Seated row with light weight.
 - Ball on wall (arcs, alphabet).
 - BAPS on hands.
 - Ball toss with arm at side using light ball.
 - Push-up progression against wall.
 - Elliptical trainer.
 - Pool therapy With UE resistance.
 - 15 wall push-ups.

MONTHS 3 4

GOALS:

- 15 chair push-ups.
- Run 2 miles at easy pace.
 - Continue appropriate previous exercises.
 - Push-up progression Table to chair.
 - Ball toss overhead.
 - Treadmill Running progression program.

MONTHS 4 6

GOAL:

- Return to all activities.
 - Continue appropriate previous exercises.
 - Weight training with light resistance (no overhead press or pull downs).
 - Gravitron Pull-ups and dips.
 - Push-ups, regular.
 - Sit-ups.
 - Swimming.
 - Running progression to track.
 - Transition to home / gym program.

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