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ROTATOR CUFF REPAIR
PHYSICAL THERAPY PROTOCOL

Preoperative Guidelines

- Restore AROM
- Strengthen involved extremity in pain free ROM, emphasize rotator cuff/scapular stabilization musculature
- Instruct in use of abduction pillow immobilizer, icing, hand gripping, elbow ROM
- Educate Patient on post-op protocol and importance of compliance for good outcomes

Note: Exercise prescription is dependent upon the tissue healing process and *individual* functional readiness in *all* stages. If any concerns or complications arise regarding the progress of any patient, physical therapy will contact the orthopedist.

Phase I (Post-op Day 1 – Week 3)

- No ER past neutral, no IR, no extension ROM**
- Immobilizer with abductor pillow x 2 wks: must be worn all the time, even at night
- Begin scar massage once incision site sloughs/scar is formed
- Hand squeezing exercises
- Elbow and wrist AROM
- Gentle pendulum in small ranges: **no extension, ER or IR**
- PROM/AAROM in supine with wand or assist of other hand
 - Flexion to 90 degrees
 - Abduction to 90 degrees
- Supervised pulley to 90 degrees flexion and abduction
- Shoulder shrugs, scapular retraction exercises
- Begin stationary bike as tolerated
- Ice 20 mins 3-5 times/day for 5-7 days, then PRN
- Sleep with pillow under arm for comfort

Goals: Pain control, AAROM to 90 degrees in abduction and flexion, normal elbow & wrist ROM

Phase II (Weeks 4 – 6)

- Wean from immobilizer
- Continue scapular mobility exercises
- Standard pendulum
- Resisted elbow/wrist exercises (light dumbbell)
- AAROM Flexion and Abduction with wand or pulley in pain-free range
- May progress past 90 degrees as tolerated
- AAROM ER as tolerated
- AAROM IR as tolerated if no supscapularis repair
May begin to put hand slowly behind back and slide up as tolerated
- 1-2 Finger isometrics
- Continue stationary bike

Goals – AAROM to 120 flexion and abduction, no scapular adhesions

Phase III (Weeks 7 – 9)

- UBE with low resistance forward and backward
- AROM, AAROM, stretching as needed
- Begin rotator cuff Theraband exercises: ER/IR at 0 degrees shoulder abduction, flexion and scaption (thumb up) to 90 degrees
- ER in sidelying
- Standing rows with Theraband
- Prone horizontal shoulder abduction/scapular retraction at 90 degrees
- Serratus anterior exercises: “Pushouts”
- Hands and knees weight shifting, ball on wall weight shifting
- Light ball Plyoback at chest level
- Continue stationary bike
- Pool walking/running – no UE resistive devices in pool

Goals – Full AROM shoulder with normal scapulothoracic motion

Phase IV (Weeks 10 – 12)

- Progress UBE
- PROM as needed to restore full functional ROM
- Con't Theraband, free weights and scapular stabilization exercises with increased resistance as tolerated. **Emphasize muscle fatigue.** Perform all exercises to fatigue 3 times/week.
- Body Blade, BAPS, supine tubing perturbations for all directions
- Rhythmic scapular stabilization exercises
- Ball toss with arm at side using lightest ball
- Push-up progression against the wall
- Elliptical trainer
- Treadmill walking progression
- Pool therapy – with UE resistive devices

Goal – 50 wall push-ups, strength at least 4/5 rotator cuff muscles

Phase V (Months 4 – 6)

- Gym program: begin weight training starting with light resistance
- Continue push-up progression program: to table, to bent knees, to regular
- Continue strengthening and stabilization exercises as needed

- Gravitron – pull-ups and dips
- Begin functional training/ sports-specific drills:
 - Basketball – dribbling, pass and catch (no overhead), shooting in the key
 - Frisbee – throw and catch
 - Racquetball , tennis, ping pong – forehand and backhand (no overhead)
 - Football catch and underhand throw
 - Volleyball: bumping, setting and underhand serve
- When pain free, begin throwing progression and gradually work on overhead sports drills
- Pool – begin swimming laps
- May begin jogging

Goals: Shoulder strength WNL and equal bilaterally, 90% patient subjective rating, pain free functional/sports drills

No contact sports until 6 months post-op