

Aspect of Rehab	Treatment Goal	Intervention
<u>Presurgical Rehabilitation</u>		
Education	Patient understands goals of PT and home exercise program	Team approach with patient, surgeon, physical therapist, family, etc.
Range of motion	Regain Flexion, Internal/Ext Rotation	Table slides, pulleys, joint mobilizations, modalities
Improve strength	Scapular stabilizers/deltoid/core	Scapular retraction/shrugs/isometrics
Pain	Minimal to none prior to surgery	Ice, Tylenol, avoid painful activities
<u>Early Postoperative Phase (week 0 to 6)</u>		
Sling usage	Full time for 4 weeks (tear $\leq 2$ cm) Full time for 6 weeks (tear $> 2$ cm)	Remove only for exercises, bathing/showers Large/Massive tears or biceps tenodesis
Passive ROM only	NO ACTIVE RANGE OF MOTION	Pendulums (12 inch circles, begin Day 3)
PROM limits	Early protection of repair <b>No flexion/scaption over 90° for 4 weeks</b> <b>No ER over 30° for 4 weeks</b>	Pendulums only for 0-2 weeks <b>No flexion over 90 for 6 weeks if large/massive tear</b> No ER past 30 for 6 weeks for <b>subscapularis</b> repair
PT interventions	Pain relief, control inflammation  Joint Mobility	Patient education in posture, joint protection Ultrasound, cryotherapy, e stim Posterior capsule mobilization after 2 weeks Ant/Post/Inferior glides after 4 weeks
Specific exercises	0-2 weeks 2-4 weeks 4-6 weeks	Elbow/wrist ROM, pendulums, shrugs Supine flexion/ER within limits, table slides, scapula Seated PROM in all planes within limits Supine Active Assisted flexion within limits
Precautions	Protect Biceps <b>tenodesis</b> Avoid overstressing repair	No active elbow flexion for 6 weeks No internal rotation behind the back No excessive stretching or sudden movements

NOTES: This clinical guideline may be modified to meet the needs of specific patients. The operative note will give details of the repair. Older patients with larger, more chronic tears will need to progress more slowly than younger patients with smaller tears. Also make note of the exceptions with subscapularis repairs, biceps tenodesis and tear size. The majority of rotator cuff re-tears occur in the first 3 months after surgery so please follow the guidelines or call with questions.

Protection and Strengthening Phase (Week 6 to 10)

Pain control	May use sling intermittently	Moist heat pre therapy/ ice after PT, modalities
Range of Motion	Increase function and ROM	Continue PROM and AAROM exercise Initiate active ROM week 6 (week 8 for large tears) AROM with gentle terminal stretch after 8 weeks
Strengthening	Initiate light strengthening (small tear)	Initiate prone rows, shoulder isometrics Begin slow Active ROM in all planes
	Delay strengthening (large tear)	Delay above until 8 weeks Biceps strengthening at 8 weeks for tenodesis

Intermediate Strengthening (Week 11-12)

Goals	Normal AROM prior to progression Able to elevate arm with scapular hiking	Continue stretching and ROM exercises Continue glenohumeral joint exercises
Strengthening	Progress strengthening program	ER/IR with Therabands/tubing Full can in scapular plane Prone extension/rows/extension Standing forward punch
Instruction	Educate patient in home exercise program	

Advanced Strengthening/Return to Activity/Sports (Months 3-6+)

Early (Week 12-16)	Small tears/normal ROM Large/Massive tears	Continue cuff strengthening/dynamic stabilization Expect slower progression of strength gains No lifting over 5 lbs above chin level
Middle (Week 16+)	Begin light weight training	No overhead lifting, keep hands in front of head May begin yoga/quadruped activities
Late (Week 20+)	Gradual return to activities	Encourage daily home exercises/stretching
Return to Activity	Younger patients or smaller tears Older patient/large or chronic tears	Expect max improvement at 4-6 months May take 8-12 months for full recovery
Warning signals	Cannot achieve active 90 degrees flexion by 12 weeks Steady progress interrupted by a sudden traumatic event or painful pop with loss of AROM Continued pain after 12 weeks	