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ROTATOR CUFF REPAIR REHAB GUIDELINES

These guidelines should be tailored to individual patients based on their rehab goals, age, size of rotator cuff tear, muscle tissue quality (degree of fatty infiltration), and amount of tension on the cuff repair. Progression should be based on patient progress and approval by the referring physician.

PHASE 1

(Post-op day 1-week 4 for small/medium, and week 6 for large/massive tears)

GENERAL GUIDELINES AND PRECAUTIONS

- Sling wear at all times with abduction pillow in place, including sleep. Sling may be removed for basic grooming and exercise sessions. After 2-3 weeks, sling may be removed for desk top work while arm is supported. Begin wean from sling after week 4 with use in uncontrolled settings, and full wean completed by week 6 for small/med cuff repairs; wean from week 6-8 for large/massive tears
- No active use of the operated UE on land; No weight bearing through the operated UE
- Avoid passive tension across repaired rotator cuff tendon(s) (eg. no cross body adduction for supraspinatus repairs)
- Avoid ROM behind the back (eg. no hand slide up spine for IR)
- PROM restrictions: Flexion: 0-90 for 3 weeks, 0-125 remainder of phase 1; ER in scapular plane at neutral and at 45 degrees: 0-30 for 3 weeks, 0-60 for remainder of phase 1 **unless Subscapularis is repaired**. In Subscapularis repair, PROM for ER is restricted to 0 for 3 weeks and then 30 degrees for 3 additional weeks.
- No driving while on narcotic pain medication; Sling must be worn if choose to drive when weaned off pain meds unless sling removal cleared by surgeon
- No bathing until after suture removal and wounds healed; may shower with water-proof covering over sutures (Tegaderm/OpSite); suture removal post-op day 10-14
- Ice and elevation used in combination with medication for control of pain and swelling
- Return to work as determined by MD/PT dependent on work demands

GOALS

- Patient education about the nature of the surgery, associated precautions and expected rehabilitation progression
- Protect rotator cuff repair and create an environment for optimal healing
- Control pain, swelling and inflammation
- Achieve PROM limits established above
- Establish stable scapula

- Combined muscle patterns: PNF diagonals progressing from supine to standing, seated on ball for core added, progressing resistance from none to theraband or hand weight
- Aquatics: may do full motion for all exercises, with cupped hand, progressing to use of gloves or paddle for added resistance and then increasing speed of movement
- Advanced strengthening activities (not needed for all patients - must have 4/5 in cuff and scapular mm) useful for overhead athletes or heavy laborers:
plyoball chest passes on minitramp; body blade ER neutral, 90 deg elevation in scapular plane;
sports specific arm movement simulation with theraband or Body blade (eg. tennis swing)

CRITERIA FOR RETURN TO WORK/SPORT

- Clearance from physician
- Painfree at rest and minimal pain with the work or sport specific activity simulation
- Sufficient ROM and strength with normalized mechanics for the activity