



Delayed Rotator Cuff Repair Rehabilitation Protocol

Prescription

- PT / OT 2 times per week x 24 weeks, with 1 refill as needed
- Ordering physician – Erick Marigi, MD (NPI: 1801393509)

SLING TO BE WORN FULL TIME x 8 WEEKS AT ALL TIMES EXCEPT BATHING, DRESSING, AND THERAPY.

Post op Week 0 - 8: Protective / Healing Phase

- Emphasize pain and swelling control, Icing program, 3 to 5 times a day, 40 minutes each after exercises
- Ultrasound / E-Stim if indicated
- FULL Passive ROM / Active assisted ROM / Active ROM of the elbow / wrist / hand
- Week 2-3 – May begin stationary bike but No use of handle bars
- **NO ACTIVE USE OF THE OPERATIVE ARM OR THERAPY DIRECTLY TO THE SHOULDER DURING THIS TIME**
 - Shoulder arm hang exercises are okay but NO Pendulums

Post op Week 8 - 16: Motion Recovery Phase

- Wean out of the sling as comfort allows
- Emphasize ROM and gentle ADL's with the affected arm at the side. No active reaching with the op arm.
- Shoulder Passive ROM and Active assisted ROM in Forward elevation (Table slides, Pulleys)
- Shoulder Passive ROM and Active assisted ROM in External rotation and Internal Rotation
- Develop and Teach a HEP – Passive ROM, Active Assisted ROM in FE, ER, and IR (3 – 5 times / day)

Post op Week 16 - 22: Functional Recovery Phase

- Continue PROM / AAROM stretching (Forward Elevation, ER, IR)
- Once full PROM and AAROM is reached → Progress to full AROM in all planes
- Begin Isometric strengthening to upper extremity, progress to isotonic as pain allows.
 - Forward elevation in the scapular plane, External Rotation, Internal Rotation
- Rhythmic scapular stabilizer program – IR/ER at 45 degrees in scapular plane, Flexion at 100 degrees
- Once full AAROM + AROM is achieved → Initiate strengthening with a 10 lb. lifting restriction
- Teach HEP – (3 - 5 times / day for 5 minutes each time)

Post op Week 22 - 28: Functional and Early Strength Recovery Phase

- Continue stretching to end range as tolerated in all planes until full motion is achieved
- Advancement to isotonic exercise per tolerance in all planes, including multiplane exercises provided:
 - Isometrics progressing and No compensations during exercise
- Advance strengthening – Once safe and painless 10 lb. lifts → Progress to 20 lbs. → Advance to WBAT
- Begin functional progression as needed specific to sport and work demands
- Teach HEP – (3 - 5 times / day for 5 minutes each time)

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process. Each patient's progress may vary based on specifics to their injury and procedure.