



Complex Rotator Cuff Repair Rehabilitation Protocol

Phase	Goals	Precautions / Restrictions	Treatment
Weeks 0 – 6	<ul style="list-style-type: none"> Protect surgical site and repair Decrease pain and inflammation PRICE principles Minimize muscle atrophy No shoulder range of motion 	<ul style="list-style-type: none"> No shoulder motion No lifting of any object on surgical side No lifting greater than 5 lbs on uninvolved side No pushing / pulling greater than 20 lbs on uninvolved side No excessive arm motions Wear immobilizer with pillow except for hygiene and exercise performance 	<ul style="list-style-type: none"> Shoulder arm hang exercises AAROM to AROM of elbow, wrist and hand with arm in plane of body Scapular retraction isometrics Core activation with immobilizer on May initiate cardiovascular exercise (bike) beginning week 2 Week 2-3: May initiate stationary bike <ul style="list-style-type: none"> No use of handle bars Cryotherapy: 5-7 times per day Initial visit: FOTO PRO, QuickDASH
Weeks 6 – 16	<ul style="list-style-type: none"> Maintain integrity of repair Initiate PROM and slowly advance to AAROM and AROM Functional AROM of shoulder by week 16 Functional scapular mechanics by week 16 Initiate muscle activation Improve motor control Improve total arm strength If <u>Biceps tenodesis</u> may initiate strengthening at week 8 	<ul style="list-style-type: none"> May discontinue pillow at week 6, and wean out of sling as able over next 1-2 weeks Do not force motion No weight bearing through the involved shoulder 	<ul style="list-style-type: none"> Week 6: Supine PROM in all planes of motion <ul style="list-style-type: none"> FOTO, QuickDASH Scapular retraction AROM Week 8: AAROM initiated once PROM achieved <ul style="list-style-type: none"> Core / LE training No stress to repair Single plane / multi joint exercises Balance / proprioception Week 10: Initiate Shoulder isometrics <ul style="list-style-type: none"> AROM initiated once AAROM achieved Week 12: Initiate Rhythmic stabilization <ul style="list-style-type: none"> IR / ER at 45° in scapular plane Flexion at 100° Continue with stationary bike up to 30 minutes
Weeks 16 – 24 (Months 4 – 6)	<ul style="list-style-type: none"> Maintain integrity of repair Initiate RTC exercises Progress scapular stabilizer strengthening Full AROM compared bilaterally w/o compensation 	<ul style="list-style-type: none"> Do not force motion Avoid RTC pain with strengthening No weight bearing through involved shoulder 	<ul style="list-style-type: none"> Week 16: Continue Active Range of Motion <ul style="list-style-type: none"> FOTO, QuickDASH Advancement to isotonic exercise per tolerance in all planes, including multiplane exercises as long as: <ul style="list-style-type: none"> Isometrics are progressing No compensations during exercise performance
Weeks 24 + (Months 6+)	<ul style="list-style-type: none"> Initiate return to sport progression Initiate plyometric exercise progression Initiate higher level impact activity 	<ul style="list-style-type: none"> Focus on form and control during exercise performance Use of appropriate work rest intervals Assess tolerance to activity during, after and at 24 hours after activity 	<ul style="list-style-type: none"> Low level sport specific activity, progressing to higher demand activity Continue with Anaerobic + Aerobic interval training Continue with core stability per tolerance <ul style="list-style-type: none"> Multiple planes Stability in all 3 planes of motion Sport specific movements Plyometric activities progressing from simple to complex, less load to more load Week 24: QuickDASH, FOTO, HHD / Isokinetics 1 year followup: HHD Testing

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 of their injury and procedure.