



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 Biceps tenodesis 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 follow-up: 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.

