







# Sports Rehabilitation & Performance Center Rotator Cuff Repair Guidelines<sup>®</sup> \*

## POST – OPERATIVE PHASE III (WEEKS 7-13) EARLY STRENGTHENING PHASE

**GOALS:**

- Eliminate/ minimize pain and inflammation
- Restore full PROM
- Gradual return to light ADLs below 90° elevation
- Improve strength/ flexibility
- Normal scapulohumeral rhythm below 90° elevation

**Emphasize:**

- PROTECTING SURGICAL REPAIR
- Full PROM
- Avoiding shoulder shrug with AROM elevation
- Limiting excessive overhead activity

**TREATMENT RECOMMENDATIONS:**

- Continue wand exercise to restore ROM, functional ROM exercises (IR behind back), flexibility, advance scapula/ rotator cuff strengthening (sidelying ER, ER/ IR with elastic band), UBE
- AROM elevation in plane of scapula (supine progress to standing), progress closed chain exercises

**PRECAUTIONS:**

- Monitor activity level (patient to avoid jerking movements and lifting heavy objects)
- Limit overhead activity
- Avoid shoulder “shrug” with activity and AROM/strengthening exercises

**MINIMUM CRITERIA FOR ADVANCEMENT:**

- Minimal pain and/or inflammation
- Full PROM
- Improved rotator cuff and scapula strength
- Normal scapulohumeral rhythm with shoulder elevation below 90°

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### POST – OPERATIVE PHASE IV (WEEKS 14-19) LATE STRENGTHENING PHASE

**GOALS:**

- Improve strength to 5/5 for scapula and shoulder musculature
- Improve neuromuscular control
- Normalize scapulohumeral rhythm throughout the full ROM

**TREATMENT RECOMMENDATIONS:**

- Progress periscapular and RC isotonics, scapular stabilization, initiate plyometrics below horizontal if sufficient strength base, posterior capsule/cuff flexibility, isokinetic strengthening (IR/ER) scapular plane

**PRECAUTIONS:**

- Progress to overhead activity only when proper proximal stability is attained

**CRITERIA FOR ADVANCEMENT:**

- Normal scapulohumeral rhythm throughout the full ROM
- Normal strength 5/5 MMT of scapular and humeral muscles

### POST – OPERATIVE PHASE V (WEEKS 20 - 24) RETURN TO SPORT PHASE

**GOALS:**

- Maximize flexibility, strength & neuromuscular control to meet demands of sport, return to work, recreational and daily activity
- Isokinetic testing - 85% limb symmetry
- Independent in home & gym therapeutic exercise programs for maintenance and progression of functional level at discharge

**TREATMENT RECOMMENDATIONS:**

- Plyometrics above horizontal, continued isotonics and stabilization for rotator cuff, periscapular muscles and larger upper body muscle groups, isokinetic exercise and testing for ER/IR if appropriate (painfree, overhead athlete), periodization training and interval training for overhead athletes

**PRECAUTIONS:**

- Avoid pain with therapeutic exercises and activity
- Avoid sport activity until adequate strength, flexibility and neuromuscular control
- MD clearance needed for sport activity

**CRITERIA FOR DISCHARGE:**

- Isokinetic testing close to normal ER/IR ratios (66%), 85% symmetry
- Independence with home/gym program at discharge for maintenance and progression of flexibility, strength and neuromuscular control