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Rotator Cuff Repair Rehab Protocol

Weeks 1-4: Resting and Healing

Sling Immobilizer: At all times when out in public. May remove for exercises. May remove when at home in controlled environment, and only allowed activities at waist level with elbow resting by side of body. No active FE, Abd, or extension allowed.

HEP: Distal ROM with scapular retraction
Manual scapular manipulation with patient lying on non-operative side
Supine passive FF in scapular plane to 120 deg
Supine passive ER to 30 deg

Weeks 4-6: Protective/Early Motion Phase

Sling Immobilizer: As above. (may d/c after 6 weeks)

PROM: Forward flexion in scapular plane - No limits
External rotation 45 deg
Internal rotation 30 deg

Therapeutic exercises: Codmans, wand exercises

Strengthening: RTC isometrics with arm in 0 deg abduction and neutral rotation
Scapular stabilization, no resistance
Abdominal and trunk exercises

Weeks 7-12: Early Strengthening Phase

PROM/AAROM: FF/ ER/ IR - Full

Therapeutic exercises: Cont wand exercises for ER/IR/FF
Flexibility, horizontal adduction (post capsule stretching)

Strengthening: RTC isotonic strengthening exercises
AROM: side-lying ER and supine FF in scapular plane
Progress to standing FF
ER/IR @ modified neutral w/ elastic bands
Progress to rhythmic stabilization exercises
Progress to closed chain exercises



Weeks 12+: Late Strengthening Phase

- Progress isotonic strengthening: periscapular and RTC musculature
 - Lat pull downs
 - Row machine
 - Chest press
- Flexibility: side-lying post capsule stretch
- Progress scapular stabilization program
- Initiate isokinetic strengthening (IR/ER) in scapular plane
- Begin light plyometrics at 16-18 weeks
- Individualize program to meet demands of sport specific requirements at 20-24 weeks
Initiate throwing program for overhead athletes at 20-24 weeks