

## Rotator Cuff Repair Protocol Dr. Green

\*Avoid active elevation 4-6 weeks

<b>Time Frame</b>	<b>Treatment</b>	<b>Goals</b>
Post-Op Day	<ul style="list-style-type: none"> <li>-Dressing change</li> <li>-Instruct in signs/symptoms of infection</li> <li>-Removal of pain pump</li> <li>-Cryotherapy</li> <li>-E-stim for swelling/pain if needed</li> </ul> <p>HEP: scapular retraction, elbow ROM, fist pumps, pendulum exercises</p>	<ul style="list-style-type: none"> <li>-Independent in HEP</li> <li>-Independent in cryotherapy</li> <li>-Home e-stim unit if needed</li> </ul>
Phase I 0-6 weeks	<p>Frequency: 1-3x/week</p> <ul style="list-style-type: none"> <li>-Immobilizer with abd pillow for 4 weeks, followed by sling for 2 weeks</li> <li>-Gentle PROM into flexion and scaption only</li> <li>-AAROM may be initiated at 4 weeks (pulleys, wand)</li> <li>-Gentle PROM in abduction, IR, and ER begins at 4 weeks</li> <li>-Massive tear may require abduction pillow for 4-6 weeks per MD post-op report</li> </ul>	<ul style="list-style-type: none"> <li>-Continue HEP</li> <li>-Progression of HEP as tolerated</li> </ul>
Phase II 6-12 weeks	<p>Frequency: 1-2x/week until full ROM/strength</p> <ul style="list-style-type: none"> <li>-DC sling at 6 weeks</li> <li>-PROM, AROM in all directions at 6 weeks</li> <li>-Instruction in PREs at 8-10 weeks, progressing to in-clinic strengthening as tolerated for shoulder/elbow and scapular stabilizers</li> </ul>	<ul style="list-style-type: none"> <li>-Full flexion/scaption at 8 weeks</li> <li>-Full/WNL ROM in all directions by 10-12 weeks</li> <li>-Independent in PRE's by 10 weeks</li> <li>-Strength progressed as tolerated in clinic</li> </ul>