Complex Rotator Cuff Repair Rehabilitation Protocol

Jacob Mikula MD | Orthopedic Sports Medicine

This protocol provides general guidelines for rehabilitation following complex rotator cuff repair. Progression should be individualized based on the procedure, healing, and patient response, with modifications as directed by the surgeon.

Phase	Goals	Precautions / Restrictions	Treatment
Weeks 0-6	• **Protect surgical site** • Decrease pain and inflammation • PRICE principles • Minimize muscle atrophy • **No shoulder range of 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 bolster except for hygiene and exercise performance	**General guidelines** • Shoulder arm hang exercises • Active assisted range of motion of elbow, wrist and hand • Scapular retraction isometrics • Cryotherapy: 5-7times per day **Initial visit** • QuickDASH, FOTO PRO **Week 2-3** • May begin stationary bike • **No use of handle bars**

Weeks 6-16	• **Maintain integrity of repair**
	• Initiate PROM to AAROM to AROM
	  • Functional AROM at week 16
	• Functional scapular mechanics at week 16
	• Initiate muscle activation
	• Improve motor control
		• Sling worn for comfort beginning week 6, wean as tolerated
		• **Do not force motion**
		• **No weight bearing through involved shoulder**
			General guidelines
			• Scapular retraction AROM
			• Continue with stationary bike
			  • Up to 30 minutes
			• Modalities as needed
			Week 6
			• Supine passive range of motion in all planes of motion
			• QuickDASH, FOTO PRO
			Week 8
			• AAROM initiated once PROM achieved
			• Core/LE training
			  • **No stress to repair**
			  • Single plane/multi joint exercises
			  • Balance/proprioception
			Week 10
			• Shoulder isometrics may be initiated
			• AROM initiated once AAROM achieved
			Week 12
			• Rhythmic stabilization may be initiated
			  • IR/ER at **45 degrees** in scapular plane
			  • Flexion at **100 degrees**

Weeks 16-24	• **Maintain integrity of repair** • Initiate RTC exercises	• **Do not force motion** • **No weight bearing through involved shoulder**	**General guidelines** • Modalities as needed

Phase	Goals	Precautions / Restrictions	Treatment

	● Initiate scapular stabilizer strengthening
	● Range of motion without compensation
			Week 16
			● Continue AROM
			● Advancement to isotonic exercise per tolerance in all planes, including multiplane exercises **provided:**
			  ● Isometrics progressing
			  ● **No compensations during exercise**
			● QuickDASH, FOTO PRO

Weeks 24+	● Initiate return to sport progression
	● Initiate plyometric exercise progression
	● Initiate higher level impact activity
		● 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
			General guidelines
			● Low level sport specific activity, progressing to higher demand activity
			● Continue with Anaerobic and aerobic interval training
			● Continue with core stability per tolerance
			  ● Multiple planes
			  ● Stability in all 3 planes of motion
			  ● Sport specific movements when able
			● Plyometric activities progressing from simple to complex, less load to more load
			Week 24
			● QuickDASH, FOTO PRO
			● HHD/isokinetic testing
			1-year follow-up
			● HHD testing