



Michael H. Metcalf, M.D.
M. Daniel Hatch, M.D.

ROSENBERG COOLEY METCALF
THE ORTHOPEDIC CLINIC AT PARK CITY
www.rcmclinic.com

Rotator Cuff Repair Rehabilitation

Phase 1

Sling

- 1) Full time use for 6 weeks
- 2) Sleep in sling until after week 6
- 3) Discontinue only after week 6

Weeks 0-6

- 1) Passive motion only beginning first post-operative day
 - Forward elevation (Goal $\geq 140^\circ$ ASAP)
 - External rotation (Goal $\geq 40^\circ$ ASAP)
** Hold at 40° if labral repair was also done **
 - Extension not beyond 0°
 - **No** internal rotation until week 7
- 2) Hand/wrist/elbow AROM, NO RESISTANCE.
- 3) Scapular stabilization exercises (Shrugs, Retraction, Protraction)
- 4) Home exercise program
 - Passive External rotation with caregiver
- 5) **NO pulleys, pool therapy, or electric stimulation until after week 6**

Phase 2

Weeks 7-12

- 1) Continue passive motion as needed until full range of motion, then start AAROM and advance to full AROM
- 2) Continue Scapular Stability exercises
- 3) Add passive internal rotation
- 4) Home exercise program
 - Add wall climb, self-controlled active assisted elevation, supine wand exercises

Phase 3

Week 12+

- 1) **Begin strengthening upon approval**
 - Low Level therabands/tubes: FE, IR, ER, Rows
- 2) Transition to Independent Home Exercise Program
 - Stretching Daily
 - Strength 3x/wk max

Month 6

- 1) Return to full activity

Specific Needs:

- 1) Biceps tenodesis
 - Elbow slight active motion only first 6 weeks (no resistance/repetitive use)
 - Avoid terminal extension of elbow first 6 weeks
 - Gradual Biceps strengthening after 12 weeks
- 2) Labral repair
 - Limit external rotation to 40° and Forward Elevation to 140° for first 6 weeks

