JAYSON LIAN, MD
Orthopaedic Surgery – Sports Medicine

ROTATOR CUFF REPAIR

REHABILITATION PROTOCOL

Shoulder Arthroscopy • Partial & Full-Thickness Tears • Small / Medium / Massive Repairs

LOS ANGELES ORTHOPEDIC SURGERY
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PHASE	SLING / PRECAUTIONS	ROM LIMITS	GOALS	TREATMENT	CLINICAL MILESTONES
PHASE I — Weeks 0–2 (Immobilization / Immediate Post-op)					
	• Sling at all times incl. sleeping • Remove sling to shower only • No AROM • No lifting of objects • Avoid scapular retraction • Keep incisions clean & dry	• Flexion: 90° • IR/ER scapular plane: 45° • Elbow: PROM flex / AAROM ext • No active shoulder motion	• Maintain integrity of repair • Manage pain & inflammation • Independence with ADLs in sling • Prevent distal joint stiffness	• Cryotherapy: 20 min on/off (first days); post-activity thereafter • Cervical ROM • Wrist ball squeezes • Wrist flexion/extension • Finger, hand & wrist ROM • Elbow ROM (arm close to body) • Side-lying scapular NME (unweighted) • Contralateral strengthening (cross-education) • Progressive PROM in scapular plane below 90° • Joint mobs Grade 1–2 for pain (begin Wk 2 post-op)	• Pain controlled • Incision healing • Sling tolerated • Elbow/wrist/hand ROM maintained
PHASE II — Weeks 2–6 (PROM / Protected Motion)					
	• Sling: 4 wks total at all times • D/C sling per MD (~Wk 4) • No lifting • No reaching arm behind back • Avoid sudden movements	• Wks 2–4 (PROM scapular plane): • Flexion: 90° | ER: 30° • Elbow flex: PROM • Elbow ext: AAROM • Wks 4–6 (PROM/AAROM): • Flexion: 100° | ER: 60° • Supine elevation: PROM	• Soft tissue healing environment • Achieve pain-free full PROM (~Wk 4–5) • Decrease pain & inflammation • Begin proximal stabilization	• Continue cryotherapy as needed • Progress PROM within pain-free ROM • Scapular squeezes/hold (Wk 2+) • Scapular protraction/depression (Wk 2+) • Pendulum exercises (begin day 21) • Supine cane FF in scapular plane (Wk 3+) • Towel slide scaption (Wk 3+) • AAROM flexion supine (small/med tears ~Wk 4; massive ~Wk 6) • Isometrics at Wks 4–6: IR sub-max, ER sub-max, Elbow ext sub-max • Supine non-WB serratus anterior (Wk 4+)	• PROM: Flex 90°, IR/ER 45°, Abd 90° • Adequate pain control • Ready to D/C sling per MD • Scapular control improving
PHASE III — Weeks 6–12 (AAROM → AROM / Progressive Strengthening)					
	• No sling • No heavy lifting • No sudden/jerking motions • No resistive bicep curls (if biceps tenodesis)	• Wks 7–11 (AAROM/AROM): • Flex: to tolerance • ER: to tolerance • IR: to waistline • Elbow: initiate full AROM • Full AROM by Wks 10–12	• Full AROM by Wks 10–12 • Maintain full PROM • Dynamic shoulder stability • Restore scapular control • Progressively restore shoulder strength	• ROM as needed; maintain full PROM • Dynamic stabilization exercises • Shoulder Ext. / elbow at 0° • Shoulder IR / ER / Ext (AROM) • Supine cane FF & towel slide scaption (continue) • Supine non-WB serratus anterior (continue) • Isotonics — TheraBand: Rows with retraction, Triceps (Wk 7+) • Side-lying ER • Lateral raises; side-lying to standing abduction	• Full AROM achieved (Wks 10–12) • Full PROM maintained • Improved scapular stability • Minimal/no pain with ADLs • Tolerating progressive resistance

PHASE	SLING / PRECAUTIONS	ROM LIMITS	GOALS	TREATMENT	CLINICAL MILESTONES
				• TheraBand IR/ER with towel • Low resistance standing row • Paloff press • Supine punch • PNF diagonals • Prone mid/low traps • T, Y, W exercises with resistance bands • Wall push-ups, push-up plus, dynamic hug ± band • Prone rowing, horizontal abduction, extension	
PHASE IV — Weeks 12–16 (Advanced Strengthening)					
	• No sling • Progress OH only when stability achieved • No heavy overhead loading	• No motion restrictions • Full AROM maintained	• Maintain full AROM • Advance conditioning for functional use • MMT 5/5 scapular & shoulder musculature • Begin return to functional activities	• Continue ROM & stretching • TheraBand IR/ER with towel (continue) • Low resistance standing row (continue) • Paloff press & supine punch (continue) • Side-lying ER & prone mid/low traps (continue) • PNF diagonals (continue) • Light isolated bicep curl • Lat pull down • Strict shoulder press • OH body blade progressions • Advance proprioceptive & neuromuscular activities	• MMT 5/5 shoulder musculature • Full confidence in shoulder • Pain-free with functional activities • Proper overhead stability demonstrated
PHASE V — Weeks 16–20 (Return to Activity)					
	• No restrictions	• No restrictions • Full AROM	• Maintain full AROM • Advance sport-specific conditioning • Gradually return to sport / activity	• Continue all above exercises • Functional RC strength • Strict shoulder press (progress load) • OH body blade progressions (progress) • Lat pull down (progress load) • Cardio: Walking (Wk 1), Recumbent bike (Wk 1), Elliptical & Running (Wk 12), Swimming (Wk 16)	• Full functional strength • Return to prior activity level • Pain-free activity • MD clearance obtained
PHASE VI — Week 20+ (Return to Sport / Full Activity)					
	• No restrictions	• No restrictions • Full AROM	• Full unrestricted activity • Sport-specific performance • MD clearance	• SL deadlift with D2 pattern • Stir the pot • Bottoms up KB press • Russian KB press • Czech Get-up • 90/90 Trampoline toss • Functional RC strength (full load) • Strict shoulder press (full load) • OH body blade progressions (advanced) • Maintenance program for strength & endurance	• Cleared by MD • Full confidence in shoulder • No pain with sport activity • Equal bilateral strength

PROTOCOL NOTES

*** Sling worn at all times for 4 weeks post-op (including while sleeping); may remove to shower. D/C per MD direction.*

*** No AROM for 6 weeks. AAROM → AROM progression depends on tear size: small/medium tears ~Wk 4; massive tears ~Wk 6 — speak with physician for clarification.*

*** Cardio: Walking outside Wk 1 | Recumbent bike Wk 1 | Elliptical & Running Wk 12 | Swimming Wk 16*

*** Joint mobilizations Grade 1–2 for pain management; begin Wk 2 post-op.*

*** If concomitant biceps tenodesis performed, avoid resistive elbow flexion (bicep curls) until Week 12. Protocol otherwise as above.*

*** ROM restrictions and phase progression may be modified based on intraoperative findings and tear size. Please fax progress notes to the treating surgeon.*