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## **“MINI-OPEN” ROTATOR CUFF REPAIR REHABILITATION PROGRAM**

Adapted from the Kerlan.lobe Orthopaedic Clinic, Department of Physical Therapy by:  
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The physical therapy rehabilitation for rotator cuff repair will vary in length depending on factors such as:

1. Degree of shoulder instability/laxity
2. Acute versus chronic condition
3. Size of tear
4. Quality of tissue
5. Fixation method
6. Length of time immobilized
7. Strength/range-of-motion status
8. Performance/activity demands

### **INITIAL 4 WEEKS POST-SURGERY**

1. Patient is immobilized for initial 3 - 4 weeks (Sleep in immobilizer)
2. Immobilizer may be removed for gentle passive range-of-motion (ROM) exercises (flexion, external rotation) \*Emphasis placed on external rotation ROM
3. Pendulum exercise (Codman's)
4. Active range-of-motion for shoulder internal/external rotation (arms are positioned at the side with elbows extended)
5. Add joint mobilizations as needed – special attention to posterior capsule
6. Shoulder shrug exercise
7. Gentle shoulder submaximal isometrics to internal and external shoulder rotation
8. Scapulothoracic stabilization – begin with isometrics progressing to isotonic as tolerated
9. Ball squeezes
10. NO active shoulder flexion or abduction during the first 4 weeks
11. Modalities as needed

### **4 TO 5 WEEKS POST-SURGERY**

1. Patient no longer required to wear immobilizer (Wean out pm)
2. Use of modalities as needed (heat, ice, electrotherapy)
3. Continue passive range-of-motion exercises - active-assistive (wall climbs, wand) and active ROM exercises may be added
4. Continue joint mobilization as needed – emphasis on posterior capsule
5. Isometric exercises – shoulder internal/external rotation, abduction, flexion, extension
6. Active internal/external rotation (as tolerated)
7. Active shoulder extension lying prone or standing (bending at the waist) - avoid the shoulder extended position by preventing arm movement beyond the plane of the body
8. Active horizontal adduction (supine) as tolerated
9. Add strengthening exercises to the elbow and wrist joint (as necessary)

10. Add upper body ergometer for endurance training

### **6 TO 8 WEEKS POST-SURGERY**

1. Continue shoulder ROM exercises (passive, active-assistive and active) as needed
2. Continue active internal/external rotation exercises with rubber tubing - as strength improves, progress to free weights  
**External Rotation:** is performed lying prone with arm abducted to 90° or side-lying with the arm at the side - perform movement through available range  
**Internal Rotation:** is performed supine with the arm at the side and elbow flexed at 90°
3. Active shoulder abduction from 0° - 90° (No shrug sign)
4. Add supraspinatus strengthening exercise, if adequate ROM is available (0° - 90°) - the movement should be pain free and performed in the scapular plane (approximately 20° - 30° forward of the coronal plane)
5. Active shoulder flexion through available range-of-motion (as tolerated)
6. Add more aggressive joint mobilization techniques if needed

### **2 TO 3 MONTHS POST-SURGERY**

1. Continue shoulder ROM exercises (as needed) - patient should have full passive and active ROM without a shrug sign
2. Continue isotonic exercises with emphasis on eccentric strengthening of the rotator cuff
3. Add push-ups - movement should be pain free - begin with wall push-ups - as strength improves, progress to floor push-ups (modified - hands and knees, or military - hands and feet) as tolerated
4. Add shoulder bar hang exercise to increase ROM in shoulder flexion and abduction (as needed)
5. Active horizontal abduction (prone)
6. Upper extremity PNF patterns may be added - shoulder flexion/abduction/external rotation and extension/adduction/internal rotation diagonals are emphasized
7. Add gentle Plyometrics

### **4 MONTHS POST-SURGERY**

1. Add advanced capsule stretches, as necessary
2. Continue to progress isotonic exercises
3. Add military press exercise
4. Add progressive Plyometrics including stair-stepper and tilt board
5. Add pitch-back beginning with a light ball
6. Add total body conditioning program

### **5 MONTHS POST-SURGERY**

1. Continue strengthening program - emphasis may be placed on exercising the shoulder in positions specific to the sport
2. Continue total body conditioning program with emphasis on the shoulder (rotator cuff)
3. Skill mastery - begin practicing skills specific to the activity (work, recreational activity, sports, etc.) - for example, throwing athletes (e.g., pitchers) may proceed to throwing program
4. May add progressive shoulder throwing program - advance through the throwing sequence, as needed