



## REHABILITATION GUIDELINES

**Edward S. Chang, MD**  
Orthopaedics and  
Sports Medicine

### OFFICE LOCATIONS

*TUESDAY*  
8100 Innovation Park  
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Fairfax, VA 22031  
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*WEDNESDAY*  
1005 N. Glebe Rd  
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Arlington, VA 22201  
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*THURSDAY*  
*FRIDAY (AM only)*  
6355 Walker Lane  
Suite 300  
Alexandria, VA 22310  
T 703-797-6980  
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### CLINICAL NURSE

Eileen Perri, BSN  
(703) 797-6918

## **ROTATOR CUFF REPAIR**

The rehabilitation guidelines are presented in a criterion based progression program. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance, tissue quality and injury severity. Specific time frames, restrictions and precautions may also be given to protect healing tissues and the surgical repair/reconstruction.

### INDIVIDUAL CONSIDERATIONS:

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## **Phase I – Immediate Post-Surgical Phase (Weeks 1-4)**

### Goals:

- Maintain integrity of repair
- Diminish pain and inflammation
- Prevent muscular inhibition
- Independent with ADL's with modifications while maintaining the integrity of the repair

### Precautions:

- No active range of motion (AROM) of Shoulder
- Maintain arm in sling, remove only for exercise
- No lifting of objects
- No shoulder motion behind back
- No excessive stretching or sudden movements
- No supporting of body weight by hands
- Keep incision clean and dry

### Biceps Tenodesis (If Applicable):

Ok for early AROM of elbow  
1-2 lb weight restriction

### **DAY 1 TO 6:**

- Abduction brace / sling
- Sleep in brace / sling



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- Begin scapula musculature isometrics / sets; cervical ROM
- Patient education: posture, joint protection, positioning, hygiene, etc.
- Cryotherapy for pain and inflammation
  - Day 1-2: as much as possible
  - Day 3-6: post activity, or for pain

#### **DAY 7 TO 28:**

- Continue use of brace / sling
- Pendulum Exercises (to begin 21 days after surgery, no pendulums before this time)
- Start passive ROM to tolerance (at 21 days)
  - Flexion
  - Abduction in the scapular plane
  - ER in scapular plane
  - IR in scapular plane
- Continue Elbow, wrist, and finger AROM / resisted
- Cryotherapy as needed for pain control and inflammation

#### **Criteria for progression to the next phase (II):**

- Passive range of motion (PROM) Flexion to at least 100 degrees
- PROM ER in scapular plane to at least 45 degrees
- PROM IR in scapular plane to at least 45 degrees
- PROM Abduction to at least 90 degrees in the scapular plane

## **Phase II – Protection Phase (Week 4-10)**

#### **Goals:**

- Allow healing of soft tissue
- Do not overstress healing tissue
- Gradually restore full passive ROM (week 4-5)
- Decrease pain and inflammation

#### **Precautions:**

- No lifting
- No supporting of body weight by hands and arms
- No excessive behind the back movements
- No sudden jerking motions

#### **WEEK 5-6:**

- Continue use of brace / sling full time until end of week 5
- Between weeks 5 and 6 may use brace / sling for comfort only
- Discontinue brace / sling at end of week 6
- Initiate active assisted range of motion (AAROM) flexion in supine position
- Progressive passive ROM until approximately Full ROM at Week 4-5.
- This ROM should be PAIN FREE
- Gentle Scapular/glenohumeral joint mobilization as indicated to regain full passive ROM
- Continue previous exercises in Phase I as needed
- Continue all precautions



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- Initiate prone rowing to neutral arm position
- Continue cryotherapy as needed
- May use heat prior to ROM exercises
- May use pool (aquatherapy) for light ROM exercises
- Ice after exercise

**WEEK 6-8:**

- Continue AAROM and stretching exercises
- Begin rotator cuff isometrics
- Initiate active ROM exercises
  - Shoulder flexion scapular plane
  - Shoulder abduction

**Criteria for progression to the next phase (III):**

- Full AROM

**Phase III – Intermediate phase (week 10-14)**

**Goals:**

- Full AROM (week 10-12)
- Maintain Full PROM
- Dynamic Shoulder Stability
- Gradual restoration of shoulder strength, power, and endurance
- Optimize neuromuscular control • Gradual return to functional activities

**Precautions:**

- No heavy lifting of objects (no heavier than 5 lbs.)
- No sudden lifting or pushing activities
- No sudden jerking motions

**WEEK 10:**

- Continue stretching and passive ROM (as needed)
- Dynamic stabilization exercises
- Initiate strengthening program
  - External rotation (ER)/Internal rotation (IR) with therabands/sport cord/tubing
  - ER Sidelying
  - Lateral Raises\*
  - Full Can in Scapular Plane\* (avoid empty can abduction exercises at all times)
  - Prone Rowing
  - Prone Horizontal Abduction
  - Prone Extension
  - Elbow Flexion
  - Elbow Extension

\*Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; if unable, continue glenohumeral joint exercises



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**WEEK 12:**

- Continue all exercise listed above
- Initiate light functional activities

**WEEK 14:**

- Continue all exercise listed above
- Progress to fundamental shoulder exercises

**Criteria for progression to the next phase (IV):**

- Able to tolerate the progression to low-level functional activities
- Demonstrates return of strength / dynamic shoulder stability
- Re-establish dynamic shoulder stability
- Demonstrates adequate strength and dynamic stability for progression to higher demanding work/sport specific activities.

**Phase IV – Advanced strengthening phase (week 16-22)**

**Goals:**

- Maintain full non-painful active ROM
- Advance conditioning exercises for Enhanced functional use of UE
- Improve muscular strength, power, and endurance
- Gradual return to full functional activities

**WEEK 16:**

- Continue ROM and self-capsular stretching for ROM maintenance
- Continue progression of strengthening
- Advance proprioceptive, neuromuscular activities

**WEEK 20:**

- Continue all exercises listed above
- Continue to perform ROM stretching, if motion is not complete

**Phase V – Return to activity phase (week 20-26):**

**Goals:**

- Gradual return to strenuous work activities
- Gradual return to recreational activities
- Gradual return to sport activities

**WEEK 23:**

- Continue strengthening and stretching
- Continue stretching, if motion is tight

**WEEK 26:**

- May initiate interval sport program (i.e. golf, etc.), if appropriate