HaysMed

Rotator Cuff Repair and Superior Capsule Reconstruction

General Principles:
This protocol was designed to provide the rehabilitation professional with a guideline of postoperative care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications.

PT will not start until 4 weeks post op. Pt can move wrist and hand following surgery and flex the elbow as long as the arm is at the side (even if pt underwent Biceps Tenodesis).

PHASE I: (Immediate Post-Op)

Week 1-3 (at home)

ROM-
1. NO shoulder ROM

Orthotics-
1. Use of abduction pillow / sling worn at all times except for exercise

Exercises-
1. Hand Grip strengthening
2. Hand and wrist ROM
3. Elbow flexion (WITH ARM AT SIDE)

Week 4 – 5

Orthotics-
1. Continue use of abduction pillow/sling at all times through week 6.

Modalities (PRN)-
1. Continue modalities as needed (cryotherapy, electrical stim, manual)

ROM-
1. Progress passive shoulder ROM: forward flexion 110*, ER to 30* in scapular plane, IR to stomach
2. NO Active ROM
3. **For small RTC repair, with surgeon approval, may start AAROM at 4 weeks**

Exercises-
1. Resisted / isotonic strengthening for wrist, forearm, hand
2. Scapula muscle isometrics / AROM (Protraction, Retraction)
3. Pendulums
4. Passive shoulder ROM within above limitations:

PHASE II: (Intermediate)

Week 6 – 12

Orthotics-
1. May discontinue shoulder immobilizer.

Modalities (PRN)-
1. Continue Phase 1 modalities as needed

ROM-
1. Work toward full ROM all planes, start with AAROM, then AROM as tolerated by pain.
2. Joint mobilizations (Grade I-III) as indicated

Exercises-
1. Active Assistive ROM on overhead pulleys, cane and/or UE ranger
2. Upper Extremity Bike – begin with no/low resistance and progress as tolerated

(Cont'd week 6-12)

3. Prone or Bent over row to neutral arm position

4. Work toward light, resisted scapular strengthening (t-band rows)
5. Resisted elbow flexion/extension (if biceps tenodesis, wait until week 8 to load biceps)
6. Resume light ADLs <2#, ensure no heavy lifting, pushing/pulling
7. Week 8 start isometric shoulder flexion, extension, abd/adduction
8. Week 10 start internal and external rotation isometrics
9. Week 12 start light resistance with shoulder flexion, scaption, abduction to 90*

PHASE III: (Strengthening)

Week 13 – 20

ROM-

1. Progress to full ROM as tolerated, with joint mobs as needed.

Exercises-

1. Can begin strengthening over 90*
2. Initiate light chest press (bench and shoulder press) *pain-free
3. Closed chain perturbation training, plank progressions
4. Push up progression (wall, counter height, knee height, floor)

PHASE IV: (Advanced Strengthening)

Week 20+

ROM-

1. Maintain full non-painful Active ROM

Exercises-

1. Progress to Rotator Cuff strengthening at 90/90 if appropriate
2. Progress to aggressive total arm strengthening
   Including free weight and weight machines
3. Initiation of light sports activity
   See Interval Golf, Interval Racquet, and Interval Throwing programs
4. Patients will have full release to play sports during this time frame, but only with physician approval based on strength and overall level of function

Revised 8/2026