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Rehabilitation Guideline for Rotator Cuff Repair

Patient Education

General Anesthesia

- Do not drive or operate machinery for 24 hours
- Do not consume alcohol or take any sleeping medications or any other non-prescription medication for 24 hours
- Do not make important decisions or sign any important documents in the next 24 hours
- A responsible adult **MUST** stay with you for the rest of the day and also during the night

Wound Care

- Dressings are to be kept clean and dry. You may remove the dressing 72 hours after your surgery. Do not remove the paper strips over the incisions; they help support the incisions while they are healing. Incisions are closed with stitches under the skin that absorb on their own. A small amount of clear or bloody drainage is normal. A light gauze may be applied to the operative site. This should be changed daily until drainage stops.
- You may shower once dressings are removed. Gently wash incisions with soap and water. The surgical wound should be patted dry with a clean towel after showering. Do not take baths or soak the incisions until 2 weeks after surgery.
- Do not take baths or soak the incision until 2 weeks after surgery.

Pain and Swelling

- Ice your shoulder as frequently as possible for 15-20 minutes. Do not place ice directly on skin as it may cause damage to the skin. Once dressings are removed, place a towel between the ice and your skin.
- Narcotic pain medication will be prescribed for you when you leave the hospital. Take this as directed on the prescription. You may also take up to 400mg of ibuprofen every 6 hours if necessary to help control pain. Do not take this if you have a history of stomach ulcers or are taking blood thinning medications such as Coumadin or Plavix. Discontinue ibuprofen if you develop an upset stomach while taking them. You may become constipated from pain medications. Increase your fluid intake while taking pain medications such as water, prune juice, orange juice, etc. If you are still having a problem you may also take a stool softener.

Driving

- Driving may resume once you are no longer taking narcotic medications.
- You need to leave your arm in the sling to hold the bottom of the steering wheel, and should not actively raise your arm until cleared by physical therapy. Most people begin driving around 2 weeks after surgery but use your judgment as to whether you feel ready to drive.

Rehabilitation

- Below you will find the therapy program that you will be following for the next several weeks to months. They have been laid out into different categories such as appointments, rehabilitation goals, precautions, suggested therapeutic exercises, range of motion exercises, cardiovascular, and progression criteria. Keep in mind that this is a general timeline and subject to change per patient needs directed by your surgeon.

CALL YOUR SURGEON SHOULD ANY OF THE FOLLOWING OCCUR

- Fever over 100 degrees taken by mouth or 101 degrees if taken rectally
- Pain not relieved by medication prescribed
- Swelling around incision
- Increased redness, warmth, hardness, or foul odor around incision or examination site
- Numbness, tingling, or cold fingers or toes
- Blood-soaked dressing (small amounts of oozing may be normal)
- Increasing and progressive drainage from incision or examination site
- Unable to urinate
- Persistent nausea/vomiting or inability to eat or drink

Phase I (Surgery - 2 weeks post op)

Date: _____

Appointments	<ul style="list-style-type: none"> • Appointment with physician 2 weeks post op • Appointment with physical therapy begin 5-8 days post op
Rehabilitation Goals	<ul style="list-style-type: none"> • Promote healing of repaired rotator cuff • Control pain and inflammation • Gradual increase of ROM • Delay muscle atrophy • Independent and compliance of home exercise program
Precautions	<ul style="list-style-type: none"> • Wear sling at all times for 3 weeks • May take sling off 2-3 times per day for exercises only • No active shoulder flexion or abduction
Range of Motion Exercises	<ul style="list-style-type: none"> • Gradual passive ROM in scapular plane • Pendulum exercises • Elbow flexion and extension ROM
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Grip strengthening with putty or ball
Cardiovascular exercises	<ul style="list-style-type: none"> • Walking/ stationary bike with sling on • No treadmill or running
Progression Criteria	<ul style="list-style-type: none"> • 2+ weeks post op • All rehabilitation goals have been met

Phase II (2 - 6 weeks post op)

Date: _____

Appointments	<ul style="list-style-type: none"> • Appointment with physician 6 weeks post op • Appointments with physical therapy at their discretion
Rehabilitation Goals	<ul style="list-style-type: none"> • Control pain and inflammation • Initiate light RTC muscle contraction • Gradual increase in ROM • Initiate light scapular stabilizer contraction • Correct postural abnormalities • Compliance with home exercise program
Precautions	<ul style="list-style-type: none"> • Able to discontinue brace 3 weeks post op
Range of Motion Exercises	<ul style="list-style-type: none"> • Gradually continue PROM as needed • Week 3-4: Initiate rope/pulley • Week 3-4: Initiate passive ER wand exercises; not to exceed 45 degrees Er at 45 degrees abduction • Initiate grade I-II joint mobs • Pendulum exercises • Elbow ROM • Rope/pulley (flexion, abduction, and scaption) • Wand activities in all planes • Initiate gentle posterior capsule stretching • Initiate gentle IR stretching
Suggested Therapeutic	<ul style="list-style-type: none"> • Continue grip strengthening as needed • Initiate supine AROM exercises without resistance

Exercises	<ul style="list-style-type: none"> ● Initiate scapular stabilizer strengthening (active assisted) ● Shrugs ● Shoulder retraction ● Week 4: Initiate submaximal isometrics, initiate UBE without resistance ● Week 4: Initiate UBE without resistance
Cardiovascular Exercise	<ul style="list-style-type: none"> ● Walking or stationary bike ● No treadmill, elliptical, or stairmaster ● No running
Progression Criteria	<ul style="list-style-type: none"> ● 6+ weeks post op ● All rehabilitation goals have been met ● Passive forward flexion 90-120 degrees ● Passive ER to 20-30 degrees at 20 degrees abduction

Phase III (6 - 12 weeks post op)

Date: _____

Appointments	<ul style="list-style-type: none"> ● Appointments with office 6 weeks and 12 weeks post op ● Appointments with physical therapy at their discretion
Rehabilitation Goals	<ul style="list-style-type: none"> ● Minimize pain and swelling ● Reach full ROM ● Improve upper extremity strength and endurance ● Enhance neuromuscular control ● Normalize arthrokinematics ● Compliance with home exercise program
Precautions	<ul style="list-style-type: none"> ● No active abduction til Week 8 ● No external resistance to abduction and supraspinatus til Week 12
Range of Motion Exercises	<ul style="list-style-type: none"> ● Full ROM ● Continue all ROM from previous phases 10-12 wks ● Posterior capsule stretching ● Initiate grade I-IV joint mobs as needed ● Rope/pulley (flex,abd,scaption) ● Towel stretching ● Wand activities in all planes
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> ● Continue with all strengthening from previous phases increasing resistance and repetition ● Manual rhythmic stabilization exercises at 90 degrees flexion ● Shoulder shrugs with resistance ● Supine punches with resistance ● Prone shoulder extension ● Prone rowing ● Prone ER with abduction ● Initiate forward flexion, scaption, empty can ● Sidelying ER ● Initiate D1/D2 patterns supine then standing ● Push up progression ● Initiate plyotoss at chest then progress to overhead ● Bicep/tricep work ● Isokinetic ER/IR at neutral at week 10-12
Cardiovascular Exercise	<ul style="list-style-type: none"> ● UBE for endurance ● No running or jumping

Progression Criteria	<ul style="list-style-type: none"> ● 12+ weeks ● All rehabilitation goals have been met ● Full ROM ● Initiation of ER and IR musculature
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Phase IV (12 - 18 weeks post op)

Date: _____

Appointments	<ul style="list-style-type: none"> ● Appointment with physician at 18 weeks post op. ● Appointments with physical therapy at their discretion.
Rehabilitation Goals	<ul style="list-style-type: none"> ● Full painless ROM ● Maximize upper extremity strength and endurance ● Maximize neuromuscular control ● Initiate sport specific training/functional training
Precautions	<ul style="list-style-type: none"> ● Post rehab soreness should alleviate within 12 hours of activities ● No lifting of objects more than 15-20 lbs with short lever arm ● No sudden lifting, jerking, or pushing movements
Range of Motion Exercises	<ul style="list-style-type: none"> ● Continue with all ROM activities from previous phases ● Posterior capsule stretching ● Towel stretching ● Grade III-IV joint mobs as needed for full ROM
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> ● Progress strengthening program with increase in resistance and high speed repetition ● Initiate IR/ER exercises at 90 degrees abduction ● Progress rhythmic stabilization activities to include standing PNF patterns with tubing ● Initiate single arm plyotoss ● Initiate military press, bench press, flys, and lat pulldowns ● Initiate sport/work specific drills and functional drills ● Week 16-20: Initiate interval throwing program ● Progress isokinetics to 90 degrees abduction at high speeds
Cardiovascular Exercise	<ul style="list-style-type: none"> ● UBE with resistance ● Begin running program
Progression Criteria	<ul style="list-style-type: none"> ● 18+ weeks ● All rehabilitation goals have been met ● Full painless ROM ● Throwing program begun

****Not all patients will progress to Phase V. Individuals that are involved in sports and physical labor will be progressed, those that are not shoulder continue with progressive, low velocity loading.****

Phase V (18 - 24 weeks post op)

Date: _____

Appointments	<ul style="list-style-type: none"> • Appointment with physician at 24 weeks post op. • Appointments with physical therapy at their discretion.
Rehabilitation Goals	<ul style="list-style-type: none"> • Normalize muscular strength, power, and endurance • Return to high demand activities • Complete return to sport training • Develop strength and control for movements required for sport/work • Develop work capacity cardiovascular endurance for sport/work
Precautions	<ul style="list-style-type: none"> • Post rehab soreness should alleviate within 12 hours of activities • Avoid activities that result in compensation patterns
Range of Motion Exercises	<ul style="list-style-type: none"> • Continue shoulder mobilizations, stretching, and PROM as needed
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • RTC strengthening in 90 degrees of abduction as well as provocative positions and work/sport specific positions (eccentric strengthening, endurance, and velocity specific exercises) • Progressive return to weight lifting program starting with relatively lightweight and high repetitions (15-25). Increase weight while decreasing reps over 6-12 weeks. • Core and lower body strengthening • Throwing Program • Transition to upper extremity prevention/maintenance program such as throwers ten program
Cardiovascular Exercise	<ul style="list-style-type: none"> • UBE with resistance • Designed to use sport/work specific energy systems
Progression Criteria	<ul style="list-style-type: none"> • Clearance from physician. • Completion of RTP Clearance Testing with athletic trainer/physical therapy.

Comments:

Questions: contact our office at 903-729-3214 Opt. 0

****Disclaimer: Please note that this protocol is not exact to the patient. It is up to the treating physician when the athlete/patient is able to return to full activities. Time of phases will vary among the specific patient.****