



OHSU

**Rotator Cuff Rehabilitation Protocol Guideline**

Doc. #: HC-REH-400.46-ROP-FMT Rev. 020224	Category: (Optional) Protocols	
Origination Date: 02/02/2024	Effective Date: 02/02/2024	Next Review Date: 02/02/2027
Reviser (Title): Director - Rehab	Owner (Title): Ortho PT Supervisor	

**PURPOSE:** The following protocol is a guideline based on surgical recommendations and the principles of tissue healing time. It is meant to be a guide for rehabilitation but may be adjusted based on the specifics of your surgery and the progression of your specific case.

**PERSONS AFFECTED:** Physical Therapists – Outpatient Rehabilitation

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**GUIDELINE:**

**Phase I: Protection and Passive Range of Motion**

<b>Time</b>	Weeks 0 to 4-8 (Check operative note for timeframe)
<b>Goals</b>	<ul style="list-style-type: none"> <li>○ Protect surgical repair</li> <li>○ Achieve range of motion milestones</li> <li>○ Decrease pain and inflammation</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li>○ Sling use at all times except bathing, dressing, and physical therapy exercises</li> <li>○ No active motion of the shoulder               <ul style="list-style-type: none"> <li>○ Range of motion guidelines                   <ul style="list-style-type: none"> <li>○ Review operative note for range of motion restrictions</li> <li>○ <b>Passive shoulder motion is essential</b>, unless specifically restricted</li> </ul> </li> </ul> </li> </ul>
<b>Treatment Recommendations</b>	<ul style="list-style-type: none"> <li>○ Emphasize patient compliance with home program and precautions</li> <li>○ Distal joint and neck mobility               <ul style="list-style-type: none"> <li>○ Biceps, triceps, wrist and hand movement without weight to control edema</li> </ul> </li> <li>○ Full passive glenohumeral motion in all planes, unless restricted by operative note</li> <li>○ Scapular mobility and stability               <ul style="list-style-type: none"> <li>○ Rhomboids, mid &amp; lower trapezius – periscapular strengthening is essential</li> </ul> </li> <li>○ Cryotherapy</li> </ul>
<b>Physical Therapy</b>	<ul style="list-style-type: none"> <li>○ Begin physical therapy 3-5 days post op</li> <li>○ 1-2x/week with daily home exercise program</li> </ul>
<b>Criteria for advancement</b>	<ul style="list-style-type: none"> <li>○ &gt;90% shoulder passive range of motion, unless specified in operative note</li> <li>○ Normal scapular mobility and distal joint ROM</li> </ul>



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**Phase II: Active Range of motion**

<b>Time</b>	Weeks 4-8 to 12
<b>Goals</b>	<ul style="list-style-type: none"> <li>• Passive range of motion→Active assisted range of motion→Active range of motion</li> <li>• Full active range of motion compared to contralateral upper extremity</li> <li>• Initiate low level rotator cuff isometrics</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li>• Avoid full weightbearing on surgical arm</li> <li>• Restrictions usually lifted by surgeon</li> <li>• Discharge sling at beginning of phase II</li> </ul>
<b>Treatment Recommendations</b>	<ul style="list-style-type: none"> <li>• Continue passive range of motion as needed</li> <li>• Initiate gentle isometrics from neutral             <ul style="list-style-type: none"> <li>• Includes external rotation and internal rotation</li> </ul> </li> <li>• Sidelying scapular PNF</li> <li>• Supine serratus punch</li> <li>• Active assisted range of motion:             <ul style="list-style-type: none"> <li>• Pulleys</li> <li>• Dowel</li> <li>• Ball roll for flexion/abduction</li> <li>• Standing wall slide</li> </ul> </li> <li>• Progressing to active range of motion as tolerated</li> <li>• Joint mobilizations as needed (thoracic and glenohumeral glides)</li> <li>• Stationary bicycle for aerobic exercise</li> </ul>
<b>Physical Therapy</b>	1-2x/week pending meeting surgical milestones
<b>Criteria for advancement</b>	<ul style="list-style-type: none"> <li>• Full active range of motion compared to contralateral upper extremity</li> <li>• Good scapular mechanics with active motion</li> </ul>



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**Phase III: Endurance and Strengthening**

<b>Time</b>	Weeks 12 to 20
<b>Goals</b>	<ul style="list-style-type: none"> <li>○ Scapular and shoulder muscle endurance and strength</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li>○ Unresolved stiffness and motion deficits from prior phases in the shoulder, neck, and thoracic region</li> <li>○ Subacromial pain and inflammation</li> <li>○ Progress away from side only when proximal stability is obtained</li> <li>○ Avoid poor mechanics with exercise progression (eg. shrug)</li> </ul>
<b>Treatment Recommendations</b>	<ul style="list-style-type: none"> <li>○ Early Phase:               <ul style="list-style-type: none"> <li>○ UBE</li> <li>○ Shoulder row, extension with band</li> <li>○ Active range of motion elevation: flexion, abduction, scaption</li> <li>○ Prone scapular retraction without/with shoulder extension</li> <li>○ Shoulder ER with band/light pulley</li> <li>○ Start closed chain progression: quadruped, elevated plank</li> </ul> </li> <li>○ Late Phase:               <ul style="list-style-type: none"> <li>○ High Row</li> <li>○ Internal rotation at 90 degrees with resistance- isometrics progressing to isotonic</li> <li>○ Side lying shoulder external rotation</li> <li>○ External rotation at 45 degrees abduction with resistance- isometrics progressing to isotonic</li> <li>○ Resisted shoulder elevation, scaption, abduction, flexion, overhead press</li> <li>○ Forward punch in standing</li> </ul> </li> <li>○ Manual therapy as needed for ongoing stiffness and pain</li> <li>○ Modalities for pain control as needed (eg, cryotherapy, heat, TENS, taping)</li> </ul>
<b>Physical Therapy</b>	1x/week to every other week
<b>Criteria for advancement</b>	<ul style="list-style-type: none"> <li>○ Good scapular and glenohumeral motor control</li> <li>○ Full strength 5/5 in scapular and cuff exercises</li> <li>○ External rotation/internal rotation ratio <math>\geq</math> 65-70% with sub-maximal testing, hand held dynamometry, or isokinetic dynamometry</li> </ul>



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**Phase IV: Progressive strengthening, plyometrics, return to sport**

<b>Time</b>	Weeks 21+
<b>Goals</b>	<ul style="list-style-type: none"> <li>○ Overhead strength and sport specific strengthening/endurance</li> <li>○ Initiate return to sport after passing return to sport testing below</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li>○ Continue to monitor for poor mechanics, fatigue, and pain</li> <li>○ Progressively increase intensity of exercise as indicated</li> </ul>
<b>Treatment Recommendations</b>	<ul style="list-style-type: none"> <li>○ Continue stretching and range of motion exercises to maintain motion</li> <li>○ Standing external rotation in 90 deg abduction to prone in 90 degrees abduction</li> <li>○ Push up progression/push up plus</li> <li>○ Prone horizontal abduction at 90 and 100 degrees</li> <li>○ Resisted diagonals/proprioceptive neuromuscular facilitation (PNF)</li> <li>○ Dynamic hug</li> <li>○ Plyometrics:             <ul style="list-style-type: none"> <li>○ Body blade</li> <li>○ Medicine ball chest pass</li> <li>○ Prone horizontal abduction ball toss</li> <li>○ Prone external rotation ball toss</li> <li>○ Kneeling 90/90 external rotation ball toss</li> <li>○ Plyometric pushup at incline progressing to horizontal</li> <li>○ Sport specific training</li> </ul> </li> <li>○ Initiate return to sport following return to sport testing below</li> </ul>
<b>Physical Therapy</b>	Frequency as indicated with decreased frequency as able
<b>Criteria for Discharge/ Return to Sport</b>	<ul style="list-style-type: none"> <li>○ Upper Quarter (YBT-UQ) and Closed Kinetic Chain Upper Extremity Stability Test (CKCUEST) for stability</li> <li>○ Seated Medicine Ball Throw (SMBT) for power</li> <li>○ Shoulder Arm Return-to-Sports (SARTS) battery for comprehensive upper extremity testing</li> <li>○ Posterior Shoulder Endurance Test (PSET)</li> </ul>

**DEFINITIONS:** NA

**KEY WORDS:** Brady Rotator Cuff Protocol, Herzka Rotator Cuff Protocol, Crawford Rotator Cuff Protocol

**RESPONSIBILITIES:** Outpatient PT's will use this protocol and clinical judgement as a guideline for patient progression.



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**GUIDELINE DETAILS:** As listed above

**RELATED DOCUMENTS:** NA

**EXTERNAL LINKS/RELEVANT REFERENCES:** NA

**APPROVING COMMITTEE(S)/ROLE(S):** OHSU Protocol Team in coordination with the surgeons.

**REVISION HISTORY**

**Revision History Table**

Document Number Rev. mmddyy	Final Approval by	Brief description of change/revision
HC-REH-400.46-ROP-FMT Rev. 020224	OHSU Protocol Team	Initial document (prior had separate protocols based on the surgeon)

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